Delivering the Next **Generation** of Health Care

Walking the path with our enrollees every day

Collaborating & delivering integrated person-centered care

Investing & scaling community-based care efforts to expand access

Transforming Louisiana health with innovation & leadership

Simplifying provider & LDH relationships to focus on quality care

Promoting diversity, equity & inclusion

Request for Proposal

Louisiana Department of Health

Response to RFP #: 3000017417 for

Louisiana Medicaid Managed Care Organizations

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.®

REDACTED COPY

About the Cover Image

One of AmeriHealth Caritas Louisiana's youngest members enjoys a healthy food and fitness event at our New Orleans Wellness & Opportunity Center.

Cover Sheet

1.8 Confidential Information, Trade Secrets, and Proprietary Information

Pursuant to the request in section **1.8 Confidential Information, Trade Secrets, and Proprietary Information** of Solicitation Number 300017417, Louisiana Medicaid Managed Care RFP, the **Redaction Table** contains all information necessary to be compliant with this request. Each row includes an identification of the document title, the section number, the page number as it is listed within this response, and the grounds for redaction.

The data contained in pages identified in the following table of the proposal have been submitted in confidence and contain trade secrets and/or privileged or confidential information and such data shall only be disclosed for evaluation purposes, provided that if a contract is awarded to this Proposer as a result of or in connection with the submission of this proposal, the State of Louisiana shall have the right to use or disclose the data therein to the extent provided in the contract. This restriction does not limit the State of Louisiana's right to use or disclose data obtained from any source, including the Proposer, without restrictions.

Redaction Table

Document	Section	Page(s)	Redacted Information
Cover Letter	2.4.1	3, 4	Medicaid-related litigation.
Business Proposal	2.5.4	4	Future state subcontractor.
Attachments: Financial Statements	2.5.5.1.1	All	Financial statements.
Attachment: Exhibit D	2.5.6.3	10, 19, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74, 76, 78, 80, 82, 84, 86, 88, 90	Social security number, date of birth, home address, and/or personal phone number.
Technical Proposal	2.6.2.2	6	Current and proposed staffing levels.
Attachment: Instances of Non-Compliance	2.6.2.1.3	1-14, 17-27	Compliance actions taken against affiliate health plans.
Technical Proposal	2.6.3	2	AmeriHealth Caritas Louisiana program outcome.
Technical Proposal	2.6.3	3, 5-10, 12	Per-member, per-month actuarial calculations.
Technical Proposal	2.6.4	7, 9	Future state initiative.
Technical Proposal	2.6.4	10	AmeriHealth Caritas Louisiana program outcome.
Technical Proposal	2.6.5	7, 9-10, 12	Future state initiative.
Technical Proposal	2.6.6	1, 3-6	AmeriHealth Caritas Louisiana program outcome.
Technical Proposal	2.6.6	3	Proprietary algorithm for risk stratification.
Technical Proposal	2.6.8	2, 4	Future state initiative.
Technical Proposal	2.6.8	8	Provider network details not publically available.
Technical Proposal	2.6.9	8	Proprietary network details not publically available.
Technical Proposal	2.6.9	9	Staffing level details.
Technical Proposal	2.6.9	10	Future state initiative.
Technical Proposal	2.6.10	3	Authorization process flowchart.
Technical Proposal	2.6.10	4-5	Member story.
Technical Proposal	2.6.10	6-7, 11-12	AmeriHealth Caritas Louisiana program outcome.
Technical Proposal	2.6.11	2, 6-9, 12	AmeriHealth Caritas Louisiana program outcome.

Document	Section	Page(s)	Redacted Information
Technical Proposal	2.6.12	1	Percentage of payments linked to a value-based payment model.
Technical Proposal	2.6.12	1	Percentage receiving care from a provider participating in a value-based payment model.
Technical Proposal	2.6.12	2, 4-5	Future state initiative.
Technical Proposal	2.6.12	2, 6, 8	Value-based payment details not publically disclosed.
Technical Proposal	2.6.12	7-9	Value-based payment initiatives not publically disclosed.
Technical Proposal	2.6.13	8-9	Future state system enhancements.
Attachments: Data Flows and Charts	2.6.13.2	All	Management information system diagram.
Technical Proposal	2.6.14	7-8	Special Investigations Unit investigation details.
Technical Proposal	2.6.14	9	Provider recovery collections.
Technical Proposal	2.6.15	4-6, 8	Future state initiative.
Technical Proposal	2.6.15	9	AmeriHealth Caritas Louisiana program outcome.
Attachment: Louisiana Veteran and/or Hudson Initiative	4.4.2.6	All	Veteran and Hudson Initiative subcontract values.

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AmeriHealth Caritas Louisiana
P.O. Box 83580
Baton Rouge, LA 70884

AmeriHealth Caritas Louisiana

9/2/2021

Ali Bagbey
Louisiana Department of Health
628 N. Fourth Street
Baton Rouge, LA 70802

Dear Ms. Bagbey:

AmeriHealth Caritas Louisiana, Inc. ("AmeriHealth Caritas Louisiana") is pleased to respond to the Louisiana Department of Health's (LDH) Request for Proposals (RFP) for Louisiana Medicaid Managed Care Organizations (MCOs), RFP #: 3000017417.

We have provided Louisiana Medicaid and Children's Health Insurance Program enrollees with access to quality health care services since Medicaid managed care was first introduced in Louisiana in 2012. More than nine years later, we serve more than 225,000 Healthy Louisiana enrollees in all 64 Louisiana parishes.

Care is at the heart of all that we do, and our care and commitment to Louisiana and enrollees is evidenced by the following:

- We lead among Healthy Louisiana MCOs in nine out of 15 (60%) incentive-based measures, including all well-care visit measures (LDH 2020 Managed Care Quality Dashboard).
- In 2021, NCQA awarded us their Multicultural Health Care Distinction for the third time, and we earned a perfect score in each of the program's five categories.
- NCQA renewed our Health Plan Accreditation for the third time, and we earned Accredited status, losing no points on the standards.
- The Greater Baton Rouge Business Report recognized us as a Best Place to Work for the fifth consecutive year.
- We are the only Healthy Louisiana MCO that is a member of the Association for Community Affiliated Plans, whose Safety Net Health Plans provide high-quality health care to people with low incomes and complex health care needs.

We have the experience, resources, and capabilities to meet **and regularly exceed** Healthy Louisiana program requirements. Like LDH, we are dedicated to serving diverse communities and populations in inclusive and caring ways and effectively managing costs of care. Throughout the next Contract term, we will build on our clinical, operational, and innovative strengths by continuing to:

- Transform Louisiana health with innovation and leadership.
- Walk the path with our enrollees every day.
- Invest and scale community-based care efforts to expand access.
- Collaboratively deliver integrated person-centered care.
- Simplify provider and enrollee relationships to focus on quality.
- Promote diversity, equity, and inclusion.

AmeriHealth Caritas Louisiana's mission is simple: we help people get care, stay well, and build healthy communities. We take our mission seriously and will continue to offer initiatives and take actions tailored to our Louisiana enrollees. With our solutions and our existing fully integrated model of care, AmeriHealth Caritas Louisiana is ready to continue to promote health and well-being, and to foster the resiliency and self-determination of our Louisiana enrollees.

2.4.1.1 Location of Our Administrative Office

AmeriHealth Caritas Louisiana's administrative functions are performed and full-time personnel are located at 10000 Perkins Rowe, Block G, Suite 400, Baton Rouge, Louisiana 70810. Outside of the COVID-19 public health emergency, more than 230 AmeriHealth Caritas Louisiana associates work at this location daily or use it as a home office when not telecommuting or working in the community.

Additional administrative functions for AmeriHealth Caritas Louisiana are performed at 200 Stevens Drive, Philadelphia, Pennsylvania 19113.

2.4.1.2 Our Corporate Principal Office Contact Information

Name	AmeriHealth Caritas Louisiana
Address	10000 Perkins Rowe, Block G, Suite 400 Baton Rouge, Louisiana 70810
Email Address	kviator@amerihealthcaritas.com
Website URL	www.amerihealthcaritasla.com
Telephone Number	1-225-300-9238

2.4.1.3 Our Corporate Principal Office for Issuing Checks and/or Drafts

Name	AmeriHealth Caritas Louisiana
Address	10000 Perkins Rowe, Block G, Suite 400 Baton Rouge, Louisiana 70810

2.4.1.4 Our Alternative Plan Names

AmeriHealth Caritas Louisiana, Inc. was formed on October 5, 2010, as **AmeriHealth Mercy of Louisiana, Inc. d/b/a LaCare**. LaCare was a trade name we registered with the Louisiana Secretary of State on October 7, 2010, which we have not used after October 31, 2013. On June 20, 2013, **AmeriHealth Mercy of Louisiana, Inc.'s** name was changed to **AmeriHealth Caritas Louisiana, Inc**.

The following entities affiliated with AmeriHealth Caritas Louisiana, Inc. have also been registered with the Louisiana Secretary of State:

- **AmeriHealth Caritas Health Plan** was registered with the Secretary of State on December 27, 2005. AmeriHealth Caritas Health Plan formerly provided executive and administrative support services to AmeriHealth Caritas Louisiana under the Healthy Louisiana program.
- **AmeriHealth Caritas Services, LLC**, was registered with the Secretary of State on August 16, 2013. AmeriHealth Caritas Services, LLC has provided executive and administrative support services to AmeriHealth Caritas Louisiana since it assumed such responsibilities from AmeriHealth Caritas Health Plan on December 1, 2017.
- **PerformRx, LLC**, our current pharmacy benefit management subcontractor, was registered with the Secretary of State on September 27, 2012.
- **PerformSpecialty, LLC**, a specialty pharmacy provider contracted with PerformRx, LLC, was registered with the Secretary of State on June 5, 2014.

2.4.1.5 Our Ownership Status

AmeriHealth Caritas Louisiana, Inc. is privately held and a member of the AmeriHealth Caritas Family of Companies. We are an indirect, wholly owned subsidiary of AmeriHealth Caritas Health Plan, which is wholly owned through subsidiaries by BMH, LLC. BMH, LLC is ultimately owned (61.3%) by Independence Health

Group, Inc. (a Pennsylvania non-profit corporation) and (38.7%) Blue Cross Blue Shield of Michigan Mutual Insurance Company (a Michigan non-profit mutual insurance company).

The address for AmeriHealth Caritas Health Plan and BMH, LLC is 200 Stevens Drive, Philadelphia, PA 19113. The address for Independence Health Group, Inc. is 1901 Market Street, Philadelphia, PA 19103. The address for Blue Cross Blue Shield of Michigan Mutual Insurance Company is 600 E. Lafayette Blvd., Detroit, MI 48226.

Exhibit D: Louisiana Medicaid Ownership and Disclosure Form provides the names and addresses of intermediate entities with an ownership interest in AmeriHealth Caritas Louisiana.

2.4.1.6 Our Type of Legal Entity

AmeriHealth Caritas Louisiana, Inc. is a Louisiana for-profit business corporation licensed to operate as a Medicaid risk-bearing "prepaid entity" pursuant to La. R.S. 22:1016. (A copy of our Louisiana Department of Insurance Certificate of Compliance is included as **Attachment 2.4.1.6 – 1**.) Our parent organization, BMH, LLC, is a Delaware limited liability company. Of our ultimate parent organizations, Independence Health Group, Inc. is a Pennsylvania non-profit corporation, and Blue Cross Blue Shield of Michigan Mutual Insurance Company is a Michigan nonprofit mutual insurance company. Our intermediate parent, AmeriHealth Caritas Health Plan, is a Pennsylvania general partnership.

2.4.1.7 Out-Of-State Proposer Contact Information

Not applicable. AmeriHealth Caritas Louisiana is an in-state Proposer.

2.4.1.8 Planned Personnel Formerly Employed By the State

Not applicable. AmeriHealth Caritas Louisiana does not have any planned personnel who are current Louisiana State employees or were employed by the State of Louisiana within the past two years.

2.4.1.9 Our Tax ID, LaGov, and Louisiana Department of Revenue Numbers

State Tax Identification Number	5877931-001-200
Federal Identification Number	27-3575066
LaGov Vendor Number	2000441825
Louisiana Department of Revenue Number	5877931-001-200

2.4.1.10 Our Involvement in Medicaid-Related Litigation in the Last Ten Years

Caption/Plaintiff	[redacted]	Status
AmeriHealth Caritas Louisiana, Inc. v. Dr. Bruce Samuels, LLC, Glenn Hedgpeth, M.D., and Bruce S. Samuels, M.D.		Closed
AmeriHealth Caritas Louisiana, Inc. v. Promise Hospital of Ascension, Inc.		Closed

Caption/Plaintiff	[redacted]	Status
Laguna Commercial Capital, LLC v. Wish Health Services, LLC and AmeriHealth Caritas Louisiana, Inc., et al.		Open
AmeriHealth Caritas Louisiana, Inc. v. Community Specialty Hospital, LLC		Closed
Louisiana Independent Pharmacies Association, Inc. v. Catamaran Corporation, Prime Therapeutics, LLC, Caremark-PCS Health, LLC, and PerformRx, LLC		Open
Northern Louisiana Medical Center v. Roshander Bell		Open

Our more than nine years' experience serving the Medicaid population in Louisiana eminently qualifies us to implement LDH's program quickly, ably, and effectively. It also provides us with insight into the needs of Louisiana enrollees and the means required to best meet those needs. It would be our honor to be selected by LDH to continue our partnership with the State, providing high-quality, cost-effective, and integrated services to Louisiana Medicaid enrollees throughout the next Contract term.

Sincerely,

Kyle Viator

CEO of AmeriHealth Caritas Louisiana, Inc.

2.2.1
Board Resolution

CERTIFICATE OF SECRETARY

I, Robert E. Tootle, do hereby certify that:

1. I am the duly elected Secretary of AmeriHealth Caritas Louisiana, Inc. (the "Company").

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Company duly held on April 26, 2019:

   RESOLVED, that the Company is hereby authorized to pursue and enter into a contract with the State of Louisiana (the "State"), acting through the Louisiana Department of Health, Bureau of Health Services, for the provision of Medicaid Managed Care services.

   RESOLVED FURTHER, that Rebecca J. Engelman, President of the Company, and Kyle Viator, as her designee, are hereby authorized on behalf of the Company to execute said contract and to execute any and all documents, proposals, agreements and other instruments, and any amendments, revisions, or modifications thereto, as she or he may deem necessary, desirable or appropriate.

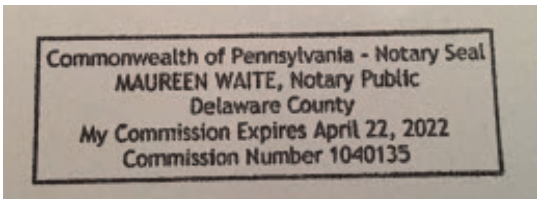
3. The foregoing resolutions have not been amended or revoked, and remain in full force and effect as of the 3rd day of August, 2021.

Robert E. Tootle DIGITALLY SIGNED 08/03/2021 09:10 AM EDT

Robert E. Tootle

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF DELAWARE

The forgoing instrument was acknowledged before me this 3rd day of August, 2021, by Robert E. Tootle.



Online Notary Public. This notarial act involved the use of online audio/video communication technology.

Maureen Waite DIGITALLY SIGNED 08/03/2021 09:16 AM EDT

Maureen Waite
Commission Expires: April 22, 2022

Attachment 2.4.1.6-1 Louisiana Department of Insurance Certificate of Compliance

LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

September 7, 2021

Alexandra Rio-O'Donnell
AmeriHealth Caritas Louisiana, Inc.
200 Stevens Drive, PA 19113

RE: **Certificate of Compliance for AmeriHealth Caritas Louisiana, Inc**

Dear Ms. Rio-O'Donnell:

Please find enclosed the Certificate(s) requested for the above-mentioned entity.

If you have any questions about the enclosed certificate, please feel free to contact me. You may email me at www.renglish@ldi.la.us or by phone at 225-219-0565.

Sincerely,

Rose English
Compliance Tech, Company Licensing
Office of Licensing and Compliance
(225) 219-0565 fax (225) 219-9322
(800) 259-5300
renglish@ldi.la.gov

Enclosure

State of Louisiana

James J. Donelon

COMMISSIONER OF INSURANCE

I, THE UNDERSIGNED COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA, DO HEREBY CERTIFY THAT

AmeriHealth Caritas Louisiana, Inc.

NAIC Number 14143

Of Louisiana is duly organized under the laws of said State and is authorized to transact business of Health and accident in this State. I further certify that the said AmeriHealth Caritas Louisiana, Inc. is possessed of admitted assets in the amount of 373,999,172 dollars, and has a paid-in capital of 0 dollars, and is possessed of a surplus of admitted assets over all liabilities, reserves and capital of at least 77,299,008 dollars, as shown by its annual statement submitted to this Department as of December 31, 2020.

Given Under my signature, authenticated with the impress of my Seal of office, at the City of Baton Rouge, this 7th day of September A.D. 2021.

James J. Donelon
Commissioner of Insurance

2.5
Business Proposal

AmeriHealth Caritas Louisiana is committed to building a healthier legacy for Louisiana children.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.5.1 Mandatory Qualifications

2.5.1.1

AmeriHealth Caritas Louisiana meets the federal definition of an MCO, as defined in 42 CFR §438.2. We have a comprehensive risk Contract with the State of Louisiana under the Healthy Louisiana program; meet the advance directives requirements of subpart I of part 489; make the services we provide to our Healthy Louisiana Medicaid enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid beneficiaries in the State; and meet the solvency standards of 42 CFR §438.116. We fully understand all functions and duties required of us, as the Proposer, and we will continue to comply with the requirements.

2.5.1.2

With the experienced and qualified staff, provider network, programs, processes, systems, and other technologies we already have in place, AmeriHealth Caritas Louisiana has the capacity, willingness, **and ability to successfully perform** all of the functions in this **RFP** and the **Model Contract**.

Since implementation of the Louisiana Medicaid Managed Care Program in 2012, we have worked alongside the Louisiana Department of Health (LDH) helping enrollees get the quality care they need. We currently provide coverage for all required benefits and services under the Healthy Louisiana program, and we have a proven track record of improving health outcomes for our enrollees and strengthening the communities we serve. We have fostered a business culture devoted to service delivery and constantly monitor and work to enhance our performance in terms of access, quality, and effectiveness.

We look forward to continuing our partnership and collaboration with Louisiana and helping the State exceed its goals through the new **RFP** and **Model Contract**.

2.5.1.3

AmeriHealth Caritas Louisiana is not an excluded entity as described in 42 CFR §438.808(b). AmeriHealth Caritas Louisiana is not:

- An entity excluded under section 1128(b)(8) of the Social Security Act as being controlled by a sanctioned individual.
- An entity that has a substantial contractual relationship as defined in § 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes as described in section 1128(b)(8)(B) of the Act or an individual described in § 438.610(a) and (b).
- An entity that employs or contracts, directly or indirectly, for the furnishing of health care, utilization review, medical social work, or administrative services, with one of the following:
  - Any individual or entity described in § 438.610(a) and (b).
  - Any individual or entity that would provide those services through an individual or entity described in § 438.610(a) and (b).

2.5.1.4

AmeriHealth Caritas Louisiana has **more than nine years of experience** as an MCO for a Medicaid managed care program through our existing contractual relationship with LDH for the Healthy Louisiana program. We began offering Medicaid managed care services in Louisiana in February 2012, and we continue to provide these services today. We have adapted and grown with LDH over the years,

successfully implementing Contract requirements and making program improvements to help Louisiana Medicaid enrollees access timely and appropriate care for their health and social needs.

2.5.1.5

Through our existing contractual relationship with LDH, AmeriHealth Caritas Louisiana is engaged in a contract as a Medicaid MCO in a state with a Medicaid managed care population greater than 1.5 million enrollees.

2.5.1.6

AmeriHealth Caritas Louisiana's principal place of business is located within the continental United States, at 10000 Perkins Rowe, Block G, Suite 400, Baton Rouge, Louisiana 70810.

2.5.2 Conflict of Interest

2.5.2.1 to 2.5.2.3

A signed **Exhibit A, Certification Statement** is attached, which attests that:

- AmeriHealth Caritas Louisiana does not have any financial, legal, contractual, and other business interests that will conflict in any manner or degree with the performance required under the Contract.
- AmeriHealth Caritas Louisiana does not have, nor do any of our Material Subcontractors have, any financial, legal, contractual, or other business interests in the LDH's Enrollment Broker Contractor, or in such vendors' subcontractors. We note that Change Healthcare, a Material Subcontractor of AmeriHealth Caritas Louisiana, licenses its InterQual® software products to Maximus®, LDH's Enrollment Broker Contractor. This, however, constitutes a contractual relationship with, and not a contractual interest in, Maximus.
- AmeriHealth Caritas Louisiana agrees to submit any additional information requested by LDH that, in LDH's judgment, may be relevant to our financial, legal, contractual, or other business interests as they relate to the RFP and Contract.

2.5.2.4

Throughout this Proposal we have described how our relationships with our affiliates and subcontractors will positively affect and impact our performance under the Contract. In order to avoid potential conflicts of interest with affiliates and subcontractors, we have standard contracts in place that require the disclosure of any actual or potential conflicts of interest. In addition, with respect to relationships with affiliates, services are provided at cost and each company is independently managed and governed by a separate board of directors. Neither we, nor our affiliates, partners, parents, subsidiaries, related organizations, or our subcontractors, have any financial, legal, contractual, and other business interests that may negatively affect or impact our or our subcontractors' performance under the Contract, or create a potential or actual conflict of interest. Louisiana Public Health Institute, Inc. (LPHI), a value-added benefit (VAB) subcontractor, is contracted with LDH to implement various public health programs within the State, and LDH provides funding to LPHI to support the costs of managing the statewide Tobacco Quitline services. We do not believe these relationships will negatively affect or impact LPHI, Inc.'s performance under the Contract, or create a potential or actual conflict of interest.

2.5.2.5

Information relevant to AmeriHealth Caritas Louisiana's or its material subcontractors' financial, legal, contractual, or other business interests as they relate to the RFP and Contract is provided in **Section 2.5.**

2.5.3 Moral or Religious Objections

2.5.3.1

AmeriHealth Caritas Louisiana attests that we have no moral or religious objections to providing any MCO Covered Services described in the **Model Contract, Part 2, Services**.

2.5.3.2

AmeriHealth Caritas Louisiana has no moral or religious objections to providing any MCO Covered Services. As such, no codes — including CPT codes, HCPCS codes, diagnosis codes, revenue codes, modifier codes, etc. — are impacted by moral or religious objections.

2.5.4 Material Subcontractors

2.5.4.1 to 2.5.4.2

AmeriHealth Caritas Louisiana will leverage the expertise of Subcontractors and Material Subcontractors to fulfill specific services under the **RFP** and the **Model Contract**. The Subcontractors and Material Subcontractors we have chosen share our commitment to quality and person-centered care and service, and they have distinguished themselves in Louisiana and often throughout the country with their best practices and innovative solutions. These Subcontractors and Material Subcontractors and the designated tasks they will perform are identified in our Subcontractor Services and Material Subcontractor Services tables.

Subcontractor Services

Subcontractor Name	Designated Tasks Performed
Council for Affordable Quality Healthcare, Inc.®	Provides provider demographic, credentialing, and enrollment data.
Infomedia Group, Inc. d/b/a Carenet Healthcare Services®	Provides a 24/7 nurse advice call line.
InComm Healthcare & Affinity Inc.	Provides and tracks AmeriHealth Caritas Louisiana CARE Card, a reloadable rewards card that allows enrollees to earn rewards and make purchases for health-related items.
Language Services Associates	Provides oral interpretation services.
Launch Point Ventures, LLC d/b/a Discovery Health Partners, LLC™	Provides subrogation and reimbursement investigation and recovery services.
LPHI	Provides VAB tobacco cessation services.
Mindoula® Health, Inc.	Provides enrollee engagement and care coordination services as an extender of our case management team.
PerformRx, LLC (Affiliate)	Maintains a medication therapy management program, and provides retrospective drug utilization review services.
Provider Trust, Inc.	Monitors provider list for exclusions, verifying names and social security numbers against its matching database, public records, and public record exclusions.
ShareCor, LLC	Operates the Louisiana Health Information Network — a data-sharing program for participating health care providers.

Subcontractor Name	Designated Tasks Performed
SourceHOV Healthcare, Inc.	Provides mailroom and data entry services to translate paper claims into electronic form for processing and adjudication.
Symphony Performance Health, Inc. d/b/a SPH™ Analytics	Administers and performs analytics of disease management and case management surveys to measure enrollee satisfaction.
TraduccioNOLA LLC d/b/a TNOLA Languages	Provides oral interpretation services.
VIA LINK, Inc.	Provides a 24/7 behavioral health crisis intervention line.

[redacted]

Material Subcontractor Services

Name	Designated Tasks Performed	Address	Telephone Number
AmeriHealth Caritas Services, LLC (Affiliate)	Provides executive and administrative support services, including: legal and compliance; data processing; treasury; corporate secretarial; marketing; recordkeeping and reporting; purchasing services; insurance services; human resources and staffing services; and managed care services (including enrollee and provider services; marketing; enrollment; billing; claims; reporting; basic finance; information systems; utilization management; case management; community outreach; quality management; medical executive and medical affairs; oversight of health–plan-wide company Subcontractors; and program integrity/fraud, waste, and abuse).	200 Stevens Drive Philadelphia, PA 19113	215-937-8000
BHM HealthCare Solutions, Inc.	Provides behavioral health utilization management recommendations to AmeriHealth Caritas Louisiana.	5601 Mariner Street #490 Tampa, FL 33604	888-831-1171
Change Healthcare Solutions, LLC	Provides check printing and payment services. Also provides clearinghouse activities for electronic claims and payments, licenses its InterQual software, and maintains a Coding Advisor educational program that seeks to reduce overpayments by leveraging information about providers' coding behaviors to determine peer-to-peer provider outliers for specific modules.	100 Airpark Center Drive East Nashville, TN 37217	617-595-7128
Cotiviti, Inc.	Provides prospective claims payment review services to identify improper billing; retrospective data mining services; and retrospective medical chart reviews. Performs Medical/Pharmacy Carrier Direct Bill services to recover third–party-liability related overpayments from the carriers when identified after claim payment.	10701 South River Front Parkway, Unit 200 South Jordan, UT 84095	770-379-2800
National Imaging Associates, LLC	Provides radiology benefits management services, including radiology benefit utilization management.	4801 East Washington Street Phoenix, AZ 85034	410-953-1040

Name	Designated Tasks Performed	Address	Telephone Number
OptumInsight, Inc.	Provides a Claim Editing System that edits all claims prior to adjudication. Provides Clinical Validation Services that edit professional claims after adjudication but prior to payment, flagging improperly billed claims for denial with a medical record review. Provides credit balance recoveries.	11000 Optum Circle Eden Prairie, MN 55344-2503	952-833-7100
Performant Recovery, Inc.	Identifies potential outpatient claims payment errors.	333 North Canyons Parkway, Suite 100 Livermore, CA 94551	866-256-0057
Vheda Inc.	Provides care management through a Digital Mobile Disease Management Platform that includes telemonitoring services; biometric, telemonitoring equipment; and enrollee outreach.	8325 Guilford Road, Suite F Columbia, MD 21046	866-878-4332

AmeriHealth Caritas Louisiana acknowledges and understands that we will remain the single point of contact for all subcontract work and that we have total responsibility for fulfilling the Contract terms.

2.5.4.3

Not applicable. We have not provided any completed Exhibit B, Material Subcontractor Response Templates because we are not using material subcontractors to provide behavioral health or vision services, or a VAB.

2.5.4.4

AmeriHealth Caritas Louisiana's signed **Exhibit A, Certification Statement** is attached to our proposal and contains our attestation and acknowledgement that:

- We will not be relieved of any legal obligations under any contract resulting from this RFP as a result of any contracts with Subcontractors.
- We will be fully responsible for our Subcontractors' performance.
- All partnerships agreements, subcontracts, and other agreements or arrangements for reimbursement will be in writing and will contain terms consistent with all terms and conditions of the Contract.
- Proposals to use Subcontractors shall not cause any additional administrative burden on LDH as a result of the use of multiple entities.
- Unless provided for in the Contract, we will not contract with any other party for any of the services provided for in the Contract without the express prior written approval of LDH.

2.5.4.3

Material Subcontractor Response Template and Draft Agreement (Exhibit B)

This exhibit is not applicable to our response as noted in Section 2.5.4.3.

2.5.5
Financial Condition

AmeriHealth Caritas Louisiana associates give their time to pack emergency preparedness kits at Catholic Charities of Baton Rouge.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.5.5 Financial Condition

2.5.5.1

Audited financial statements are provided electronically with this proposal, as **Attachments 2.5.5.1.1-1** through **2.5.5.1.1-4**, to demonstrate to the Louisiana Department of Health that AmeriHealth Caritas Louisiana; our parent organization, BMH, LLC; and our ultimate parent organizations, Independence Health Group, Inc. and Blue Cross Blue Shield of Michigan Mutual Insurance Company, have adequate financial resources for performance.

Attachment 2.5.5.1.1-1 includes copies of AmeriHealth Caritas Louisiana's audited 2018–2020 financial statements; **Attachment 2.5.5.1.1-2** includes copies of BMH, LLC's audited 2018-2020 financial statements; **Attachment 2.5.5.1.1-3** includes copies of Independence Health Group, Inc.'s audited 2018-2020 financial statements; and **Attachment 2.5.5.1.1-4** includes copies of Blue Cross Blue Shield of Michigan Mutual Insurance Company's audited 2018–2020 financial statements.

Attachment 2.5.5.1.1-1

AmeriHealth Caritas Louisiana, Inc. 2018-2020 Audited Financial Statements

Attachment 2.5.5.1.1-1

AmeriHealth Caritas Louisiana, Inc. 2018 Audited Financial Statement

Attachment 2.5.5.1.1-1

AmeriHealth Caritas Louisiana, Inc. 2019 Audited Financial Statement

Attachment 2.5.5.1.1-1

AmeriHealth Caritas Louisiana, Inc. 2020 Audited Financial Statement

Attachment 2.5.5.1.1-2
BMH, LLC 2018-2020 Audited Financial Statements

Attachment 2.5.5.1.1-2
BMH, LLC 2018 Audited Financial Statement

Attachment 2.5.5.1.1-2
BMH, LLC 2019 Audited Financial Statement

Attachment 2.5.5.1.1-2
BMH, LLC 2020 Audited Financial Statement

Attachment 2.5.5.1.1.-3: Independence Health Group, Inc. 2018-2020 Audited Financial Statements

Attachment 2.5.5.1.1.-3: Independence Health Group, Inc. 2018 Audited Financial Statement

Attachment 2.5.5.1.1.-3: Independence Health Group, Inc. 2019 Audited Financial Statement

Attachment 2.5.5.1.1.-3: Independence Health Group, Inc. 2020 Audited Financial Statement

Attachment 2.5.5.1.1.-4: Blue Cross Blue Shield of Michigan Mutual Insurance Company 2018-2020 Audited Financial Statements

Attachment 2.5.5.1.1.-4: Blue Cross Blue Shield of Michigan Mutual Insurance Company 2018 Audited Financial Statement

Attachment 2.5.5.1.1.-4: Blue Cross Blue Shield of Michigan Mutual Insurance Company 2019 Audited Financial Statement

Attachment 2.5.5.1.1.-4: Blue Cross Blue Shield of Michigan Mutual Insurance Company 2020 Audited Financial Statement

2.5.6
Required Forms and Certifications

AmeriHealth Caritas Louisiana's associates are deeply connected to the communities they serve.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.5.6 Required Forms and Certifications

2.5.6.1

Our completed **Exhibit C: Proposal Compliance Matrix** is attached.

2.5.6.2

AmeriHealth Caritas Louisiana is registered as a vendor with the Louisiana Procurement and Contract Network (LaPAC). Our LaPAC vendor number, 310094097, is included at the end of our **Exhibit A, Certification Statement**.

2.5.6.3

Our completed **Exhibit D: Medicaid Ownership and Disclosure Form** is included electronically with this proposal.

2.5.6.1
Proposal Compliance Matrix (Exhibit C)

Exhibit C: Proposal Compliance Matrix

RFP #:	3000017417
Proposer:	AmeriHealth Caritas Louisiana, Inc.

RFP Section	Requirement	Proposal Section	Proposal Page(s)
2.4	Table of Contents	Cover Sheet; Table of Contents	1 of 2; 1 of 1
2.4.1	Cover Letter	Cover Letter; 2.2.1	1 of 4; 1 of 1
Business Proposal – Section 2.5			
2.5.1	Mandatory Qualifications	2.5.1-2.5.4	1 of 5
2.5.2	Conflict of Interest	2.5.1-2.5.4	1 of 5
2.5.3	Moral or Religious Objections	2.5.1-2.5.4	1 of 5
2.5.4	Material Subcontractors	2.5.1-2.5.4; Att. 2.5.4.3	1 of 5; N/A
2.5.5	Financial Condition	Att. 2.5.5.1.1.-1; Att. 2.5.5.1.1.-2; Att. 2.5.5.1.1.-3; Att. 2.5.5.1.1.-4	Electronic Only; Electronic Only; Electronic Only; Electronic Only
2.5.6	Required Forms and Certifications:		
2.5.6.1	✓ Proposal Compliance Matrix	2.5.6.1	1 of 2
2.5.6.2	✓ Certification Statement	2.5.6.2	1 of 2
2.5.6.3	✓ Medicaid Ownership Disclosure Form	2.5.6.3	Electronic Only
Technical Proposal – Section 2.6			
2.6.2	Proposer Organization and Experience:		
2.6.2.1	✓ Proposer Organization	2.6.2.1; Att. 2.6.2.1.3-1	1 of 2; 1 of 27
2.6.2.2	✓ Proposed Staff Qualifications and Organizational Structure	2.6.2.2; Att. 2.6.2.2.2-1; Att. 2.6.2.2.3-1	1 of 6; 1 of 19; 1 of 1
2.6.3	Enrollee Value-Added Benefits	2.6.3	1 of 13
2.6.4	Population Health	2.6.4	1 of 12
2.6.5	Health Equity	2.6.5	1 of 12
2.6.6	Care Management	2.6.6	1 of 15
2.6.7	Case Scenarios	2.6.7	1 of 45
2.6.8	Network Management	2.6.8	1 of 10
2.6.9	Provider Support	2.6.9	1 of 12
2.6.10	Utilization Management	2.6.10	1 of 14
2.6.11	Quality	2.6.11; Att. 2.6.11.5-1; Att. 2.6.11.7-1	1 of 15; 1 of 36; 1 of 2
2.6.11.6	Quality Response Template	Att. 2.6.11.6-1	Electronic Only
2.6.12	Value-Based Payment	2.6.12	1 of 10
2.6.13	Claims Management and Systems and Technical Requirements	2.6.13; Att. 2.6.13.2-1; Att. 2.6.13.2-2; Att. 2.6.13.2-3;	1 of 10; 1 of 2; 1 of 1; 1 of 1;

		Att. 2.6.13.2-4; Att. 2.6.13.2-5; Att. 2.6.13.2-6; Att. 2.6.13.2-7;	1 of 1; 1 of 1; 1 of 1; 1 of 1
2.6.14	Program Integrity	2.6.14	1 of 10
2.6.15	Physical & Specialized Behavioral Health Integration Requirements	2.6.15	1 of 10
Veteran and Hudson Initiative Programs Participation – Section 1.4.4 and 4.4			
4.4		4.4	Electronic Only

2.5.6.2
Certification Statement (Exhibit A)

EXHIBIT A: CERTIFICATION STATEMENT

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Proposals (RFP), including attachments.

OFFICIAL CONTACT. The State requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. The Proposer should identify the Contact name and fill in the information below: (Print Clearly)

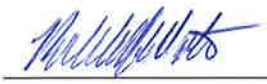
Official Contact Name:	Kyle Clifford Viator
E-mail Address:	kviator@amerihealthcaritasla.com
Facsimile Number with area code:	225-300-9124
US Mail Address:	10000 Perkins Rowe, Block G, Suite 400, Baton Rouge, LA 70810

Proposer shall certify that the above information is true and shall grant permission to the State or Agencies to contact the above named person or otherwise verify the information provided.

By its submission of this proposal and authorized signature below, Proposer shall certify that:

1. The information contained in its response to this RFP is accurate and all copies are correct and complete.
2. Proposer shall comply with each of the mandatory requirements listed in the RFP and will meet or exceed the functional and technical requirements specified therein.
3. Proposer shall accept the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this RFP.
4. Proposer agrees to submit any additional information requested by LDH that, in LDH's judgment, may be relevant to the Proposer's financial, legal, contractual, or other business interests as they relate to the RFP and contract.
5. Proposer does not have any financial, legal, contractual, and other business interest that will conflict in any manner or degree with the performance required under the contract.
6. Proposer does not have, nor does any of the Proposer's Material Subcontractors have, any financial, legal, contractual or other business interest in LDH's Enrollment Broker or in such vendor's subcontractors, if any.
7. Proposer acknowledges it will not be relieved of any legal obligations under any contract resulting from this RFP as a result of any contracts with subcontractors, that it shall be fully responsible for the subcontractor's performance, and that all partnership agreements, subcontracts, and other agreements or arrangements for reimbursement will be in writing and will contain terms consistent with all terms and conditions of the contract.
8. Proposer acknowledges that proposals to use subcontractors shall not cause any additional administrative burden on LDH as a result of the use of multiple entities.
9. Unless provided for in the contract, the Proposer shall not contract with any other party for any of the services provided for therein without the express prior written approval of the Department
10. Proposal shall be valid for at least ninety (90) Calendar Days from the date of proposer's signature below.

11. Proposer understands that if selected as the successful Proposer, he/she will have twenty (20) Calendar Days in which to complete contract negotiations and twenty (20) Calendar Days from the date of delivery of final contract in which to execute the final contract document.
12. Proposer shall certify, by signing and submitting a proposal for $25,000 or more, that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA) in accordance with the requirements in 2 CFR §200 Subpart F. (A list of parties who have been suspended or debarred can be viewed via the internet at https://www.sam.gov.)
13. Proposer understands that, if selected as a contractor, the Louisiana Department of Revenue must determine that it is current in the filing of all applicable tax returns and reports and in payment of all taxes, interest, penalties, and fees owed to the State and collected by the LDR. Proposer shall comply with La. R.S. 39:1624(A)(10) by providing its seven-digit LDR account number in order for tax payment compliance status to be verified.
14. Proposer further acknowledges its understanding that issuance of a tax clearance certificate by LDR is a necessary precondition to the approval of any contract by the Office of State Procurement. The contracting agency reserves the right to withdraw its consent to any contract without penalty and proceed with alternate arrangements, should a prospective contractor fail to resolve any identified outstanding tax compliance discrepancies with the LDR within seven (7) days of such notification.
15. Proposer certifies and agrees that the following information is correct: In preparing its response, the Proposer has considered all proposals submitted from qualified, potential subcontractors and suppliers, and has not, in the solicitation, selection, or commercial treatment of any subcontractor or supplier, refused to transact or terminated business activities, or taken other actions intended to limit commercial relations, with a person or entity that is engaging in commercial transactions in Israel or Israeli-controlled territories, with the specific intent to accomplish a boycott or divestment of Israel. Proposer also has not retaliated against any person or other entity for reporting such refusal, termination, or commercially limiting actions. The State reserves the right to reject the response of the Proposer if this certification is subsequently determined to be false, and to terminate any contract awarded based on such a false response.
16. Proposer certifies that its proposal was independently arrived at without collusion.

Signature of Proposer or Authorized Representative:	
Typed or Printed Name:	Kyle Clifford Viator
Date:	09/02/21
Title:	CEO
Company Name:	AmeriHealth Caritas Louisiana, Inc.
Address:	10000 Perkins Rowe, Block G, Suite 400
City:	Baton Rouge
State:	Louisiana
Zip:	70810

AmeriHealth Caritas Louisiana, Inc.'s Louisiana Procurement and Contract Network Vendor Number is 310094097.

2.5.6.3

Medicaid Ownership and Disclosure Form (Exhibit D)

Exhibit D

Instructions for Louisiana Medicaid Ownership Disclosure Information Entity/Business

This is a multi-page form. Please review the instructions in their entirety before completing the form. ***Every field on the Disclosure of Ownership Form must be completed, and every question must be answered. Failure to complete the form in its entirety will result in a rejection.***

Refer to the web sites listed on the previous pages for information regarding full disclosure of ownership, social security number requirements, and the Louisiana Medicaid Assistance Program Integrity Law (MAPIL).

Note: Enter your Provider Name at the top of each page in the space provided.

SECTION I – DISCLOSING ENTITY/BUSINESS PROVIDER INFORMATION

Louisiana Medicaid Provider Number – Enter your seven (7) digit Medicaid provider number, if known. If this application is for a new Medicaid provider number, leave this field blank.
Taxpayer ID Number – Enter the nine (9) digit Tax ID number for this provider.
National Provider Identifier (NPI) – Enter your ten (10) digit National Provider Identifier (NPI). This number can be obtained by going to https://nppes.cms.hhs.gov
This enrollment packet is for a – Check the appropriate box from among New Enrollment, Update to Current Enrollment, Re-Validation, Re-Enrollment or Change of Ownership (CHOW). If CHOW, provide the date of the CHOW and the current Louisiana Medicaid Provider number in the spaces provided.
Provider Type – Enter the Louisiana Medicaid Provider Type for this Entity/Business.
Primary Telephone Number(s) of Disclosing Entity/Business - Enter the area code and telephone number(s) at the street address of this Entity/Business.
Doing Business As (DBA) Name – Enter the DBA Name in the space labeled "Doing Business As (DBA) Name." If a license is required, the name entered must match the operating name on the Entity/Business license.
Legal Name of Disclosing Entity/Business – Enter the legal name of the Entity/Business in the space labeled "Legal Name of Entity/Business."
Primary Disclosing Entity/Business Street Address, City, State, Zip - Enter the physical business street address of the Entity/Business requesting enrollment. Enter the city, state and zip code of the physical business street address.
Primary Disclosing Entity/Business Mailing Address/PO Box, City, State, Zip – Enter the mailing address or PO Box of the Entity/Business requesting enrollment. Enter the city, state and zip code of the mailing address.
Additional Post Office Boxes Not Identified Above – Enter any additional Post Office Boxes for the Entity/Business that are stand-alone or not associated with any business location.
Disclosing Entity/Business Telephone Number to Request Medical Records – Enter the area code and telephone number(s) that the Entity/Business uses to answer requests for medical records.
Disclosing Entity/Business Primary Fax Number – Enter the area code and fax number(s) of this Entity/Business.
Email Address of Entity/Business contact person - Enter the email address of the contact person who should receive official LDH notices.
Entity/Business Website – Enter the web address of the Entity/Business website if applicable.

A. **Is there a Corporate Office location for the disclosing Entity/Business?** Check the appropriate box.
DBA Name of Corporate Office – If the Entity/Business does have a corporate office location, enter the DBA Name of that office.
Corporate Office contact information – Enter the street address, mailing address/PO Box, additional PO boxes, phone number, fax number and email address for the corporate office.

B. **Does the disclosing Entity/Business have any business locations in addition to the primary location listed above (i.e. satellite, branch or regional locations) related to Louisiana healthcare services?** Check the appropriate box. If yes, provide the number of locations in the box to the left and complete the section(s) below. Lists are not acceptable.
DBA Name of Additional Location – Enter the DBA name of the additional practice location.
Medicaid Provider # - Enter the Medicaid Provider number of the additional practice, if applicable.
Additional Location contact information – Enter the mailing address/PO Box, street address, additional PO boxes, phone number, fax number and email address for the additional location office. Continue identifying additional locations and the contact information in the spaces provided. If needed, please attach additional sheets if there are more than three additional locations.

C. **Identify how this disclosing Entity/Business is registered with the Internal Revenue Service – Select only 1 of the categories.** Multiple selections may result in a rejection for clarification.
Privately owned or Non-profit Providers Only – Identify the type of Entity/Business as it is registered with the Internal Revenue Service (IRS). Check only one box from among Sole Proprietorship, Partnership/Limited Liability Partnership, Corporation, Limited Liability Corporation (LLC), or Non-profit. Answer any questions associated with the type of Entity/Business in the space(s) provided. Optional: May add comments in the space provided. Continue to Section II.
OR
Louisiana Government Providers Only – Identify the type of Entity/Business if Louisiana government owned. Select only one from among City and/or Parish, Department of Children and Family Services (DCFS), Office of Behavioral Health (OBH), Office of Public Health (OPH), Office of Aging and Adult Services (OAAS), Office for Citizens with Developmental Disabilities (OCDD), Villa, Other LDH agency, Local Education Agency (LEA), Louisiana State University (LSU), or Other State-owned entity. Check the appropriate box and complete the applicable fields.

D. **Is this disclosing Entity/Business publicly traded?** A publicly traded company is one which is traded on the open market, also called publicly held or public company. Check the appropriate box.

E. **Has this disclosing Entity/Business used or previously been known by any name other than the Legal name or the Doing Business As (DBA) name documented in this application?** Check the appropriate box. If yes, list all names and Tax IDs in the spaces provided. Attach additional pages if needed.

SECTION II – ENTITY/BUSINESS CRIMINAL CONVICTION DISCLOSURE AND ADDITIONAL INFORMATION

A. **Has this Entity/Business (since its existence) AND any entity/business affiliated with the same Tax ID number AND any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs) as follows:** Check the appropriate yes or no box for each statement. Every item needs to have either a yes or no check. Do not leave any blanks. If yes for any question, 1) provide a written statement including the details on all occurrences and 2) attach all official legal documents, including any reinstatements.

SECTION III – ENROLLMENT IN HEALTHCARE PROGRAMS

A. **Is the disclosing Entity/Business and the disclosing Entity/Business Tax ID listed in Section I currently enrolled in a Federal/State Funded healthcare program?** Check the appropriate box. If yes, identify the applicable plan(s) [Louisiana Medicaid, Medicare Part A, Medicare Part B, Medicare Part C, Medicare Part D (for pharmacies only), CHAMPUS, **and/or** Other Government Funded Program]. In each instance, provide the Doing Business As (DBA) Name, the Tax ID number, the Plan Numbers for Enrollments, and the location (state) of Enrollments. Attach additional sheets as needed.

SECTION IV – PREPARER INFORMATION – INDIVIDUAL COMPLETING DISCLOSURE OF OWNERSHIP INFORMATION

List the full name (including maiden name and hyphenated last name if applicable), social security number, date of birth, and job title. Check one box to identify whether the person completing the form is staff, owner, third party/independent agent, or other. If you check other, please specify by writing the relationship in the space provided. List the Entity/Business address, Entity/Business telephone number, and the Entity/Business email address of the person completing this form. Finally, enter any additional Entity/Business telephone number(s) and Entity/Business email address(es).

SECTION V – OWNERSHIP INFORMATION

Medicaid requires that an Entity/Business fully disclose **ALL** persons and entities that have an ownership interest (either separately or in combination) of 5% or more of this Entity/Business. A separate form, Section V(b), is required for each owner, therefore, please make the necessary copies as a list of owners will not be accepted. Incomplete applications will be rejected.

When reporting a name, use the individual's FULL LEGAL NAME, i.e. *John R. Smith*, not *J.R. Smith* or *Johnny Smith*; or Jenny Rae Jones-Smith, not J.R. Jones-Smith or Jenny Jones-Smith.

Owners are individuals and/or organizations having direct, indirect, or controlling ownership interest in this disclosing Entity/Business.

- Direct ownership is defined as the possession of stock, equity in capital, or any interest in the profits of this disclosing Entity/Business.
- Indirect ownership is defined as an ownership interest in an Entity/Business that has direct or indirect ownership in this disclosing Entity/Business.
- Controlling interest is defined as having operational direction or management or the ability and authorization:
    - To amend or change the corporate identity.
    - To nominate or name members of the board, directors, or trustees
    - To amend or change the bylaws, constitution, or other operating or management direction
    - To control the sale of any or all of the assets or property upon dissolution of the Entity/Business.
    - To dissolve or transfer this disclosing Entity/Business to new ownership or control.
    - Et cetera.

Owners may also be individuals associated with the Entity/Business:

- Whose personal assets are used to satisfy the Entity/Business creditors.
- Who join together to carry on an Entity/Business and expect to share in the profits and losses of the Entity/Business.
- Who report their share of profits and losses of the Entity/Business on their own personal tax returns.
- Who own corporate stock.
- Who are policy makers.
- Who have veto powers.
- Who have voting power.
- Who have any other responsibilities similar to the ones described above.

Ownership might be implied by titles like the following:

- Founder
- Incorporator
- Member
- Owner
- Shareholder

These lists are not all-inclusive, and other titles that imply or assume similar powers or responsibilities may apply.

SECTION V(a) – INFORMATION ON ALL OWNERS

NEW FORMAT! Please read these directions in detail.

A. **Individuals & Entities/Businesses with Direct Ownership** –List all individual owners or entities/businesses that have any direct stake/shareholding/ownership/ or controlling interest of 5% or greater in the disclosing Entity/Business. Add additional pages if needed.
NOTE: Section V(b) must be completed for each individual listed. Item B and Section V(c) must be completed for each entity/business listed.

B. **Individuals and Entities/Businesses with an Indirect Ownership Stake of 5% or more in the disclosing Entity/Business** –
First column: List all Entity/Business/Organizations identified in item A that have direct ownership in the disclosing Entity/Business in the first column. The disclosing Entity/Business cannot list itself as an owner.
Second column: Name all owners of the entity/business listed in the first column.
Third column: Indicate the percent of ownership each owner has in the entity/business in the first column.
Fourth column: Indicate the percent ownership each owner has in the disclosing Entity/Business. This percent of indirect ownership in the disclosing Entity/Business is determined by multiplying the percentages of ownership in e

ach entity. For example, if individual A owns 10% percent of the stock in a corporation which owns 80% of the stock in the disclosing entity, A's interest equates to an 8% indirect ownership interest in the disclosing entity and must be reported. Conversely, if individual B owns 80% of the stock of a corporation which owns 5% of the stock of the disclosing entity, B's interest equates to a 4% indirect ownership interest in the disclosing entity and need not be reported.
Add additional pages if needed.
NOTE: Section V(c) must be completed for each Entity/Business listed and Section V(b) must be completed for each individual listed.

SECTION V(b) – INFORMATION ON INDIVIDUAL OWNER

An entire Section V(b) (consisting of two pages) must be completed for **each and every individual owner named in Section V(a)**, whether the individual owns a direct or indirect stake in the disclosing Entity/Business. A list of all owners will not be accepted. **Make a copy of the blank form for each owner you report before you fill it out the first time.** For example, if you have five owners, you need to submit five completed Section V(b) forms.

A. **Individual Owner Information** – Enter the First Name, Middle Name, Maiden Name, Last Name and Hyphenated Last Name (if applicable) in the spaces provided. Enter the Title/Job Position within this Entity/Business, the percentage of ownership of the Entity/Business, the Social Security Number (required), date of birth, current mailing address and physical address, telephone number and email address of the owner in the spaces provided.

B. **Has the owner named above ever used or been known by any other name including married, maiden, hyphenated, or alias?** – Read the question carefully and check the appropriate box. If yes, enter the name(s) in the spaces provided. Attach additional pages if needed.

C. **Is this owner a U.S. citizen?** Check the appropriate box. If no, provide the Alien Verification number.

D. **Does this owner reside outside the State of Louisiana?** – Check the appropriate box. If yes, has this owner been issued any Medicaid or Medicare provider numbers by the domicile state? Check the appropriate box. If yes, enter the Domicile State name, the Medicaid Provider Number, and the Medicare Provider Number in the spaces provided. Attach additional pages if needed.

E. **Is this owner related to any other individual owners, agents, managing employees, or subcontractor business owners associated with the disclosing Entity/Business?** Check the appropriate box. If yes, list all individuals and how they are related (e.g. spouse, parent, child, sibling) in the spaces provided. Attach additional pages if needed.

F. **Does the individual owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?** Check the appropriate box. If yes, provide the Subcontractor Business Name, Owner, Address and Phone Number for each subcontractor.

G. **Does the individual owner have direct or indirect ownership or controlling interest of 5% or greater in any other Entity/Business participating in a Federal/State funded healthcare program?** Check the appropriate box. If yes, identify the applicable plan(s) [Louisiana Medicaid, Medicare Part A, Medicare Part B, Medicare Part C, Medicare Part D (for pharmacies only), CHAMPUS, **and/or** Other Government Funded Program]. In each instance, provide the Doing Business As (DBA) Name, the Tax ID number, the Plan Numbers for Enrollments, and the location (state) of Enrollments. Attach additional sheets as needed.

H. **Has the individual owner named above (ever) –** Read the questions carefully and check the appropriate yes or no boxes. Every item needs to have either a yes or no check. Do not leave any blanks. If yes to any question, 1) provide a written statement providing the details on all occurrences and 2) attach all official legal documents regarding the occurrence, including any reinstatements.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. **Entity/Business Owner Information** – Enter the Entity/Business Name, the DBA Name, the Tax ID Number, the current street address of the primary location, the mailing address, any additional Post Office Boxes not previously identified, telephone number, fax number, email address of the contact person and website of the Entity/Business in the spaces provided.

B. **Are there any business locations in addition to the location listed above?** Check the appropriate box. If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location. Enter the DBA Name of the additional location, the Tax ID Number, the current street address of the additional location, the mailing address, any additional Post Office Boxes not previously identified, telephone number, fax number, email address of the contact person and website of the Entity/Business in the spaces provided. Attach additional pages if needed.

C. **Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?** Check the appropriate box. If yes, list all names and Tax IDs below. Attach additional pages if needed.

D. **Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?** Check the appropriate box. If yes, provide the Subcontractor Business Name, Owner, Address and Phone Number for each subcontractor.

E. **Is this Entity/Business and Tax ID listed in the Section I currently enrolled in a Federal/State funded healthcare program?** If yes, provide the Doing Business As (DBA) Name, the Tax ID number, the Plan Numbers for Enrollments, and the location (state) of Enrollments.

F. **Has this Entity/Business (since its existence) AND any Entity/Business affiliated with the same Tax ID number AND any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with, since the inception of those programs, as follows:** Check the appropriate yes or no box for each statement. Every item needs to have either a yes or no check. Do not leave any blanks. If yes for any question, provide a written statement including the details on all occurrences. Attach all official legal documents, including any reinstatements.

SECTION VI – INFORMATION ON EACH INDIVIDUAL OR AGENT WHO IS PART OF MANAGEMENT

Under Federal Regulations, a provider must disclose to the Medicaid agency, prior to enrolling, the name and address of each person who is a managing employee of the provider (General Manager, Business Manager, Administrator or other individual who exercises operational or managerial control or conducts day to day operations of the agency) as well as the name and address of any person who is an agent of the provider, which is any person with authority to obligate or act on behalf of the disclosing entity. See Federal Regulations 42 CFR § 455.106(a)(1)(2) at http://www.access.gpo.gov/nara/cfr/waisidx_01/42cfr455_01.html.

A separate VI(b) form is required for each agent or managing employee, therefore, please make the necessary copies as a list of all managing employees and/or agent names will not be accepted. Incomplete applications will be rejected.

When reporting a name, use the individual's FULL LEGAL NAME, i.e. *John R. Smith*, not *J.R. Smith* or *Johnny Smith*; or Jenny Rae Jones-Smith, not J.R. Jones-Smith or Jenny Jones-Smith.

Managing employee is defined as a general manger, business manager, administrator, director, or other individual who exercises operational or manager control over, or who directly or indirectly conducts the day-to-day operations of an institution, organization or agency.

Agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider.

Members of management, or agents, may hold job titles similar to the ones shown below:

- Administrator
- Board of directors
- Board of trustees
- Chairman or chairperson
- Chief Business Officer (CBO)
- Chief Executive Officer (CEO)
- Chief Financial Officer (CFO)
- Chief Operating Officer (COO)
- Director
- Managing employee/agent
- Officer
- Trustee

Members of management, or agents, are non-owners who are part of a chain of command within a company and may perform tasks similar to the ones shown below:

- Analyze performance
- Develop directional policy
- Direct and control management activities
- Manage risk
- Oversee operations
- Participate in the election and/or removal of officers and employees
- Supervise

These lists are not all-inclusive, and other titles that imply or assume similar powers or responsibilities may apply.

SECTION VI(a) – INFORMATION ON ALL MANAGING EMPLOYEES/AGENTS

In the first table, enter the names of each agent, member or officer who is a part of management for the disclosing Entity/Business. In the second table, enter the names of each managing employee for the disclosing Entity/Business. Select the appropriate box to indicate if the individual is also an owner. If so, list their percentage of ownership. Add additional pages if needed.

NOTE: Section VI(b) must be completed for each individual listed unless individual has already been reported in Section V.

SECTION VI(b) – INFORMATION ON EACH INDIVIDUAL OR AGENT WHO IS PART OF MANAGEMENT

Make a photocopy of Section VI(b) for each managing employee/agent you report.

A. **AGENT– or – MANAGING EMPLOYEE –** Check a box to specify whether the person is a Managing employee or an Agent. Enter the managing employee/agent's First Name, Middle Name, Maiden Name, Last Name, and Hyphenated Last Name (if applicable), Title/ Job Position, Social Security Number, Date of Birth, current mailing address, current physical address, telephone number and email address in the spaces provided.

B. **Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias? – C**heck the appropriate box. If yes, enter the name(s) in the spaces provided. Attach additional pages if needed.

C. **Is this agent or managing employee a U.S. citizen?** Check the appropriate box. If no, provide Alien Verification number.

D. **Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?** Check the appropriate box. If yes, list all individuals and how they are related in the spaces provided. Attach additional pages if needed.

E. **Has the agent or managing employee named above (ever) –** Read the questions carefully and check the appropriate yes or no boxes. Every item needs to have either a yes or no check. Do not leave any blanks. If yes to any question, 1) provide a written statement providing the details on all occurrences and 2) attach all official legal documents regarding the occurrence, including any reinstatements.

F. **Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?** Check the appropriate box. If yes, identify the applicable plan(s) [Louisiana Medicaid, Medicare Part A, Medicare Part B, Medicare Part C, Medicare Part D (for pharmacies only), CHAMPUS, **and/or** Other Government Funded Program]. In each instance, provide the Doing Business As (DBA) Name, the Tax ID number, the Plan Numbers for Enrollments, and the location (state) of Enrollments. Attach additional sheets as needed.

SECTION VII – AUTHORIZED REPRESENTATIVES

List the individuals who are authorized to sign into legal, binding documents on behalf of this provider, such as direct deposit forms and/or changes to the disclosure of ownership forms. Every person listed here must be either an owner or a managing employee as disclosed in the Disclosure of Ownership forms. Check one box for each person to indicate whether the individual is an owner, a managing employee, or other (specify the title in the space provided).

Printed Name of Authorized Representative – print the name of the authorized representative who can enter into a binding agreement with Louisiana Medicaid.
Title/Position of Authorized Representative – indicate the Authorized Representative's relationship to the entity or business (e.g., owner, administrator, agent, managing employee, billing manager, etc.).
Signature of Authorized Representative – the authorized representative must sign the form. Signatures must be original and in blue ink (stamped signatures and initials are not accepted). Only an authorized representative may sign this form. This authorized representative must be someone designated to enter into a legal and binding contract with Louisiana Medicaid. This person must be someone currently listed on the Disclosure of Ownership as either an owner or manager. Any other signature will be grounds for rejecting this form.
Date of Signature – enter the date this agreement was signed.

Carefully review all sections of the Disclosure of Ownership. Requires original signature of the authorized representative (no stamps or initials) and the date.
Please sign in colored ink (not black).

Reference Material for Louisiana Medicaid Ownership Disclosure Information
For an Entity/Business

Louisiana Medicaid follows the regulations as outlined in The Code of Federal Regulations (CFR).

The information being requested on this Louisiana Medicaid **Disclosure of Ownership form** can be found in Title 42 (Public Health), Part 455 (Program Integrity: Medicaid), Subpart B (Disclosure of Information by Providers) in the CFR at the following web address**:** http://url.ie/ywri

MAPIL Louisiana R.S., Title 46:437.1-14. http://url.ie/yw45

Louisiana Register, Vol. 29, No. 4, April 20, 2003: http://url.ie/yw46

Louisiana Update January/February 2009: http://url.ie/yw47

Notice Regarding Disclosure of Social Security Numbers

Louisiana Medicaid policy, including Louisiana's Medical Assistance Programs Integrity Law (MAPIL Louisiana R.S., Title 46, Chapter 3, Part V1-A) and Administrative Rules, (Louisiana Register, Vol. 29, No. 4, April 20, 2003), as well as Louisiana Provider Update January/February 2009 (available at www.lamedicaid.com) requires potential Medicaid providers, including Officers, Trustees, Partners and Boards of Directors, furnish social security numbers. (Links are available below.) A Social Security number is also required for any person listed on the Disclosure of Ownership Form.

Please refer to the following web sites, if clarification is needed:

42 USC 1320 a – 3: http://tinyurl.com/ne58pwb

Social Security Act 1128 a: http://tinyurl.com/3lnj2z9

Provider Name: AmeriHealth Caritas Louisiana, Inc.

LOUISIANA MEDICAID OWNERSHIP DISCLOSURE INFORMATION – ENTITY/BUSINESS

Must be completed in its entirety. Refer to Instructions found at www.lamedicaid.com

SECTION I – DISCLOSING ENTITY/BUSINESS PROVIDER INFORMATION

Louisiana Medicaid Provider Number (Leave blank if applying for new number)	2	1	6	2	9	3	4

Taxpayer ID Number	2	7	3	5	7	5	0	6	6

National Provider Identifier (NPI)	N	/	A							

This enrollment packet is for a
☐ New Enrollment ■ Update to Current Enrollment
☐ Re-Validation ☐ Re-Enrollment

☐ Change of Ownership (CHOW) N/A (Date of CHOW) N/A (Current Medicaid Provider Number)

Provider Type: Coordinated Care Network

Primary Telephone Number of Disclosing Entity/Business: (225) 300-9124

Doing Business As (DBA) Name: AmeriHealth Caritas Louisiana, Inc.	Legal Name of Disclosing Entity/Business: AmeriHealth Caritas Louisiana, Inc.		
Primary Disclosing Entity/Business Street Address: 10000 Perkins Rowe, Suite 400	City: Baton Rouge	State: LA	Zip: 70810
Primary Disclosing Entity/Business Mailing Address/PO Box: 10000 Perkins Rowe, Suite 400	City: Baton Rouge	State: LA	Zip: 70810
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A
Disclosing Entity/Business Telephone number to request medical records: (225) 300-4652	Disclosing Entity/Business Primary Fax Number: (225) 300-9209		
Email Address of Entity/Business contact person: lboudreaux@amerihealthcaritasla.com	Entity/Business Website (if applicable): www.amerihealthcaritasla.com		

A. ■ **Yes** ☐ **No** **Is there a Corporate Office location separate from the primary location of the disclosing Entity/Business?**

If yes, complete the section below.

DBA Name of Corporate Office: AmeriHealth Caritas

Corporate Office Street Address: 200 Stevens Drive	City: Philadelphia	State: PA	Zip: 19113
Corporate Office Mailing Address/PO Box: 200 Stevens Drive	City: Philadelphia	State: PA	Zip: 19113
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A
Corporate Office Phone Number: (215) 937-8000 -	Corporate Office Fax Number: (215) 937-5353 -		

Corporate Office Email address: mbonnes@amerihealthcaritas.com

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to list additional locations

B. ■ **Yes** □ **No** **Does the disclosing Entity/Business have any business locations in addition to the primary location listed above (i.e. satellite, branch or regional locations) related to Louisiana healthcare services?** Lists are not acceptable.

2 If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location	Medicaid Provider #, if applicable		
AmeriHealth Caritas Louisiana, Inc.	N/A		
Additional Location Street Address	**City**	**State**	**Zip**
3735 Jewella Road, Suite M18	Shreveport	LA	71109
Additional Location Mailing Address/PO Box	**City**	**State**	**Zip**
3735 Jewella Road, Suite M18	Shreveport	LA	71109
Additional Post Office Boxes Not Identified Above	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Additional Location Phone Number	**Additional Location Fax Number**		
(318) 626-6262	(318) 631-6074		
Additional Location Email address	ddawson@amerihealthcaritasla.com		

DBA Name of Additional Location	Medicaid Provider #		
AmeriHealth Caritas Louisiana, Inc.	N/A		
Additional Location Street Address	**City**	**State**	**Zip**
3155 Gentilly Boulevard	New Orleans	LA	70122
Additional Location Mailing Address/PO Box	**City**	**State**	**Zip**
3155 Gentilly Boulevard	New Orleans	LA	70122
Additional Post Office Boxes Not Identified Above	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Additional Location Phone Number	**Additional Location Fax Number**		
(504) 218-2972	(504) 283-9845		
Additional Location Email address	klejeune@amerihealthcaritasla.com		

DBA Name of Additional Location	Medicaid Provider #		
N/A	N/A		
Additional Location Street Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Additional Location Mailing Address/PO Box	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Additional Post Office Boxes Not Identified Above	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Additional Location Phone Number	**Additional Location Fax Number**		
( ) -	( ) -		
Additional Location Email address	N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

C. Identify how this disclosing Entity/Business is registered with the Internal Revenue Service

Select only one (1) – multiple selections may result in a rejection for clarification

Privately Owned or Non-profit Providers Only

☐ **Sole Proprietorship**

☐ **Partnership/Limited Liability Partnership**: How many members are identified with this partnership? N/A

☒ **Corporation:** Revenue greater than or equal to $5M annually X Revenue less than $5M annually _____

In the (current) Articles of Incorporation: How many stakeholders/individual owners are identified? 1

How many Board of Director members are identified? 3

How many officers are identified? 3

☐ **Limited Liability Corporation (LLC)**

In the (current) Articles of Organization: How many members are identified? N/A

How many managing employees are identified? N/A

☐ **Non-profit:** How many members are appointed to the governing board? N/A (Must attach IRS verification showing the non-profit status)

Comments: N/A

Louisiana Government Providers Only

☐ **CITY and/or PARISH**

☐ **DCFS**

☐ **LDH**

☐ OBH ☐ OPH
☐ OAAS ☐ OCDD
☐ Villa ☐ Other _____

☐ **LEA (Local Education Agency)**

☐ **LSU**
Hospital -_____

☐ **Other State-owned entity:** _____

D. ☐ **Yes** ☒ **No Is this disclosing Entity/Business publicly traded? See instructions.**

E. ☒ **Yes** ☐ **No Has this disclosing Entity/Business used or previously been known by any name other than the Legal name or the Doing Business As (DBA) name documented in this application?**

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name AmeriHealth Mercy of Louisiana, Inc. d/b/a LaCare	Tax ID 27357066
Name N/A	Tax ID N/A
Name N/A	Tax ID N/A
Name N/A	Tax ID N/A
Name N/A	Tax ID N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION II – DISCLOSING ENTITY/BUSINESS CRIMINAL CONVICTION DISCLOSURE AND ADDITIONAL INFORMATION

Check the appropriate yes or no box regarding the questions below.
Every item needs to have either a yes or no check.
Do not leave any blanks.

A. Has this Entity/Business (since its existence) – AND –

Any Entity/Business affiliated with the same Tax ID number – AND –

Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs) as follows:

☐ Yes ☒ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ☒ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ☒ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ☒ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ☒ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ☒ No	Currently have any open or pending healthcare court cases?
☐ Yes ☒ No	Been denied malpractice insurance?
☐ Yes ☒ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item A below

SECTION III – ENROLLMENT IN HEALTHCARE PROGRAMS

A. ☒ **Yes** ☐ **No** **Is the disclosing Entity/Business and the disclosing Entity/Business Tax ID listed in Section I currently enrolled in a Federal/State Funded healthcare program?**
If yes, provide the details in the fields below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

SECTION IV - PREPARER INFORMATION – INDIVIDUAL COMPLETING THE DISCLOSURE OF OWNERSHIP

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Maureen	Waite	N/A	Bonnes		N/A

Social Security Number	Date of Birth	Job Title
[redacted]	[redacted]	Corporate Paralegal

The person completing this form is (please check one):

☒ Staff ☐ Owner ☐ Third Party/Independent Agent ☐ Other (explain) _____

Entity/Business Address	Entity/Business City	Business State	Business Zip
200 Stevens Drive	Philadelphia	PA	19113

Entity/Business Telephone Number	Entity/Business Email Address
(215) 937-7398	mbonnes@amerihealthcaritas.com
Additional Entity/Business Telephone Number(s)	Additional Entity/Business Email Address(es)
	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

NEW FORMAT! PLEASE REFER TO THE INSTRUCTIONS FOR DETAILED EXPLANTIONS!

Make a photocopy of this page if more space is needed to list owners in items A and B

SECTION V(a) – INFORMATION ON ALL OWNERS

A. Individuals & Entities/Businesses with Direct Ownership

List all individual owners or entities/businesses that have any direct stake/shareholding/ownership/or controlling interest of 5% or greater in the disclosing Entity/Business.

*Fill out Section V(b) for each **Individual**. Fill out both item B and Section V(c) for each **Entity/Business** listed below.*

Individuals or Entities/Businesses with ownership	% of ownership
1. AMHP Holdings Corp.	100%
2. N/A	N/A
3. N/A	N/A
4. N/A	N/A
5. N/A	N/A
6. N/A	N/A
7. N/A	N/A
8. N/A	N/A
9. N/A	N/A
10. N/A	N/A

B. Individuals and Entities/Businesses with an Indirect Ownership Stake of 5% or more in the disclosing Entity/Business

List all Entity/Business/Organizations identified in item A that have direct ownership in the disclosing Entity/Business. Identify the owners of that Entity/Business and their % of ownership below.* The disclosing Entity/Business cannot be listed as an owner.

*Fill out Section V(b) for each **Individual** and Section V(c) for each **Entity/Business** listed below.*

Entity/Business/Organization with a direct ownership interest listed in item A	Owners of the Entity/Business identified on the left.	% of ownership in Entity/Business identified on the left	% of ownership in the disclosing Entity/Business
1. AMHP Holdings Corp.	a. AmeriHealth Caritas Health Plan	100%	100%
	b. BMH Subco I LLC	50%	50%
	c. BMH Subco II LLC	50%	50%
	d. BMH LLC	100%	100%
2.	a. IBC MH, LLC	61.3%	61.3%
	b. AHI SubCo 2, Inc.	58.2%	58.2%
	c. AHI SubCo 1, Inc.	58.2%	58.2%
	d. AmeriHealth, Inc.	61.3%	61.3%
3.	a. Independence Health Group, Inc.	61.3%	61.3%
	b. Blue Cross Blue Shield of Michi	38.7%	38.7%
	c.		
	d.		
4. N/A	a.		
	b.		
	c.		
	d.		
5. N/A	a.		
	b.		
	c.		
	d.		

*The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if individual A owns 10% percent of the stock in a corporation which owns 80% of the stock in the disclosing entity, A's interest equates to an 8% indirect ownership interest in the disclosing entity and must be reported. Conversely, if individual B owns 80% of the stock of a corporation which owns 5% of the stock of the disclosing entity, B's interest equates to a 4% indirect ownership interest in the disclosing entity and need not be reported.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy and complete Section V(b) for each individual owner named in Section V(a)

SECTION V(b) – INFORMATION ON INDIVIDUAL OWNER

A. INDIVIDUAL OWNER INFORMATION

First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A

Title/Job Position within the disclosing Entity/Business N/A	% ownership N/A	Social Security Number (required) - -	Date of Birth /

Healthcare NPI (if applicable) N/A

Street Address N/A	City N/A	State N/A	Zip Code N/A
Mailing Address/PO Box N/A	City N/A	State N/A	Zip Code N/A

Telephone Number - -	Email address N/A

B. ☐ **Yes** ☐ **No** **Has the owner named above ever used or been known by any other name including married, maiden, hyphenated, or alias?**

If yes, enter name(s) below. Attach additional pages if needed.

First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A

C. ☐ **Yes** ☐ **No** **Is this owner a U.S. citizen? If no, provide Alien Verification** N/A

D. ☐ **Yes** ☐ **No** **Does this owner reside outside the State of Louisiana?**

☐ Yes ☐ No If yes, has this owner been issued any Medicaid or Medicare provider numbers by the domicile state?

If yes, please provide the Domicile State name and Provider Numbers.

Domicile State: N/A	Medicaid Provider Number: N/A	Medicare Provider Number: N/A
Domicile State: N/A	Medicaid Provider Number: N/A	Medicare Provider Number: N/A

E. ☐ **Yes** ☐ **No** **Is this owner related to any other individual owners, agents, managing employees, or subcontractor business owners associated with the disclosing Entity/Business?**

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
☐ Owner ☐ Agent ☐ Managing Employee ☐ Subcontractor			Relationship: N/A		Job Title: N/A
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
☐ Owner ☐ Agent ☐ Managing Employee ☐ Subcontractor			Relationship: N/A		Job Title: N/A
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
☐ Owner ☐ Agent ☐ Managing Employee ☐ Subcontractor			Relationship: N/A		Job Title: N/A
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
☐ Owner ☐ Agent ☐ Managing Employee ☐ Subcontractor			Relationship: N/A		Job Title: N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to items F and G below

SECTION V(b) – INFORMATION ON INDIVIDUAL OWNER (continued)

Name of Individual Owner: N/A

F. ☐ **Yes** ☐ **No** **Does the individual owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?**

If yes, complete the section below for each subcontractor.

Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A		
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A
Telephone Number - -	Email address N/A		
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A		
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A
Telephone Number - -	Email address N/A		
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A		
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A
Telephone Number - -	Email address N/A		
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A		
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A
Telephone Number - -	Email address N/A		

G. ☐ **Yes** ☐ **No** **Does the individual owner have direct or indirect ownership or controlling interest of 5% or greater in any other Entity/Business that participates in a Federal/State Funded healthcare program?**

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(b) – INFORMATION ON INDIVIDUAL OWNER (continued)

Name of Individual Owner: N/A

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
H. Has the individual owner named above (ever):	
☐ Yes ☐ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ☐ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ☐ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ☐ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ☐ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ☐ No	Currently have any open or pending healthcare court cases?
☐ Yes ☐ No	Been denied malpractice insurance?
☐ Yes ☐ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. SUBMIT A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section V(c) for each Entity/Business owner named in Section V(a) AND/OR make a photocopy of this page if more space is needed to respond to item E

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. ENTITY/BUSINESS OWNER INFORMATION

DBA Name	Legal Name of Entity/Business	Tax ID Number (required)
AMHP Holdings Corp.	AMHP Holdings Corp.	26-1144363

Entity/Business Street Address – Primary Location	City	State	Zip
200 Stevens Drive	Philadelphia	PA	19113

Entity/Business Mailing Address/PO Box	City	State	Zip
200 Stevens Drive	Philadelphia	PA	19113

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Telephone Number	Fax Number
(215) 937-8000 -	(215) 937-5353 -

Email address of Entity/Business contact person	Entity/Business Website (if applicable)
mbonnes@amerihealthcaritas.com	N/A

B. ☐ **Yes** ☒ **No** **Are there any business locations in addition to the location listed above?**

N/A

If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Street Address	City	State	Zip
N/A	N/A	N/A	N/A

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Street Address	City	State	Zip
N/A	N/A	N/A	N/A

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

C. ☐ **Yes** ☒ **No** **Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?**

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: AMHP Holdings Corp.

D. ☐ **Yes** ■ **No** **Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?**

If yes, complete the section below for each subcontractor.

Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			

E. ■ **Yes** ☐ **No** **Is this Entity/Business and Tax ID currently listed in Section I currently enrolled in a Federal/State Funded healthcare program?**

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: AMHP Holdings Corp.

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks. **F. Has this Entity/Business (since its existence) – AND –** **Any Entity/Business affiliated with the same Tax ID number – AND –** **Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:**	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to list individuals.

SECTION VI(a) – INFORMATION ON ALL MANAGING EMPLOYEES/AGENTS

List all AGENTS and INDIVIDUALS who are part of management.

Agent(s)/Member(s)/Officer(s)	Is this agent also an owner?	% ownership
1. Rebecca J. Engelman	☐ Yes ■ No	N/A
2. Steven Harvey Bohner	☐ Yes ■ No	N/A
3. Robert Edward Tootle	☐ Yes ■ No	N/A
4. Marilyn L. Eckley	☐ Yes ■ No	N/A
5. Michael J. Burgoyne	☐ Yes ■ No	N/A
Fill out Section VI(b) for each individual listed above unless the individual has already been reported in Section V.		

Managing employee(s)	Is this managing employee also an owner?	% ownership
1. Kyle Clifford Viator	☐ Yes ■ No	N/A
2. Grover Cornelious Harrison	☐ Yes ■ No	N/A
3. Mary Beth Scorsone	☐ Yes ■ No	N/A
4. Rodney Bryan Wise	☐ Yes ■ No	N/A
5. Lesli Christina Boudreaux	☐ Yes ■ No	N/A
6. Racheal Catrease Weary	☐ Yes ■ No	N/A
7. Lori Payne	☐ Yes ■ No	N/A
8. Tina Kelli Nolan	☐ Yes ■ No	N/A
9. Clarence Grant	☐ Yes ■ No	N/A
10. Trampas A. Cranford	☐ Yes ■ No	N/A
11. Shannan Marie Herring	☐ Yes ■ No	N/A
12. Tricia Diane Grayson	☐ Yes ■ No	N/A
13. Jeanine Arnelle Plante	☐ Yes ■ No	N/A
14. Betty Ann June Muller	☐ Yes ■ No	N/A
15. Don Charles Gregory	☐ Yes ■ No	N/A
Fill out Section VI(b) for each individual listed above unless the individual has already been reported in Section V.		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Rebecca	Jane	Schrader	Engelman	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
President, Region 1	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	rengelman@amerihealthcaritas.com

B. ■ Yes ☐ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Rebecca	Jane	Schrader	Kain	-	N/A
Rebecca	Jane	Schrader	Herman	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # _____

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Rebecca Jane Engelman

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ■ Yes ☐ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Medicaid/Medicare	Select Health of South Carolina, Inc.	57-1032456	SC	HM100/H8213
Medicaid	Blue Cross Complete of Michigan	47-2582248	MI	071B0200010
Medicaid	AmeriHealth Caritas North Carolina, Inc.	83-1481671	NC	AMESTC00

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to list individuals.

SECTION VI(a) – INFORMATION ON ALL MANAGING EMPLOYEES/AGENTS

List all AGENTS and INDIVIDUALS who are part of management.

Agent(s)/Member(s)/Officer(s)	Is this agent also an owner?	% ownership
1. (6.) James Michael Jernigan	☐ Yes ■ No	0
2. N/A	☐ Yes ☐ No	N/A
3. N/A	☐ Yes ☐ No	N/A
4. N/A	☐ Yes ☐ No	N/A
5. N/A	☐ Yes ☐ No	N/A
Fill out Section VI(b) for each individual listed above unless the individual has already been reported in Section V.		

Managing employee(s)	Is this managing employee also an owner?	% ownership
1. N/A	☐ Yes ☐ No	N/A
2. N/A	☐ Yes ☐ No	N/A
3. N/A	☐ Yes ☐ No	N/A
4. N/A	☐ Yes ☐ No	N/A
5. N/A	☐ Yes ☐ No	N/A
6. N/A	☐ Yes ☐ No	N/A
7. N/A	☐ Yes ☐ No	N/A
8. N/A	☐ Yes ☐ No	N/A
9. N/A	☐ Yes ☐ No	N/A
10. N/A	☐ Yes ☐ No	N/A
11. N/A	☐ Yes ☐ No	N/A
12. N/A	☐ Yes ☐ No	N/A
13. N/A	☐ Yes ☐ No	N/A
14. N/A	☐ Yes ☐ No	N/A
15. N/A	☐ Yes ☐ No	N/A
Fill out Section VI(b) for each individual listed above unless the individual has already been reported in Section V.		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section V(c) for each Entity/Business owner named in Section V(a) AND/OR make a photocopy of this page if more space is needed to respond to item E

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. ENTITY/BUSINESS OWNER INFORMATION

DBA Name	Legal Name of Entity/Business	Tax ID Number (required)
AmeriHealth Caritas Health Plan	AmeriHealth Caritas Health Plan	23-2859523

Entity/Business Street Address – Primary Location	City	State	Zip
200 Stevens Drive	Philadelphia	PA	19113

Entity/Business Mailing Address/PO Box	City	State	Zip
200 Stevens Drive	Philadelphia	PA	19113

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Telephone Number	Fax Number
(215) 937-8000 -	(215) 937-5353 -

Email address of Entity/Business contact person	Entity/Business Website (if applicable)
mbonnes@amerihealthcaritas.com	N/A

B. ☒ Yes ☐ No Are there any business locations in addition to the location listed above?

1

If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location	Tax ID Number
AmeriHealth Caritas Health Plan	23-2859523

Additional Location Mailing Address/PO Box	City	State	Zip
8040 Carlson Road	Harrisburg	PA	17112

Additional Location Street Address	City	State	Zip
8040 Carlson Road	Harrisburg	PA	17112

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
(717) 671-6500 -	(717) 671-6546 -

Additional Location Email address mbonnes@amerihealthcaritas.com

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Street Address	City	State	Zip
N/A	N/A	N/A	N/A

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

C. ☒ Yes ☐ No Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name	AmeriHealth Mercy Health Plan	Tax ID	23-2859523
Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: AmeriHealth Caritas Health Plan

D. ■ Yes ☐ No Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?

If yes, complete the section below for each subcontractor.

Subcontractor Business Name PerformRx, LLC	Subcontractor Business Owner Name AmeriHealth Caritas Health Plan		
Subcontractor Address 200 Stevens Drive	City Philadelphia	State PA	Zip Code 19113
Telephone Number - - 215-937-8000	Email address mbonnes@amerihealthcaritas.com		
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A		
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A
Telephone Number - - N/A	Email address N/A		
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A		
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A
Telephone Number - -	Email address N/A		
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A		
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A
Telephone Number - -	Email address N/A		

E. ■ Yes ☐ No Is this Entity/Business and Tax ID currently listed in Section I currently enrolled in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: AmeriHealth Caritas Health Plan

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks. **F. Has this Entity/Business (since its existence) – AND –** **Any Entity/Business affiliated with the same Tax ID number – AND –** **Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:**	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section V(c) for each Entity/Business owner named in Section V(a) AND/OR make a photocopy of this page if more space is needed to respond to item E

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. ENTITY/BUSINESS OWNER INFORMATION

DBA Name: BMH Subco I LLC	Legal Name of Entity/Business: BMH Subco I LLC	Tax ID Number (required): 38-3946080		
Entity/Business Street Address – Primary Location: 200 Stevens Drive	City: Philadelphia	State: PA	Zip: 19113	
Entity/Business Mailing Address/PO Box: 200 Stevens Drive	City: Philadelphia	State: PA	Zip: 19113	
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A	
Telephone Number: (215) 937-8000	Fax Number: ( ) -			
Email address of Entity/Business contact person: mbonnes@amerihealthcaritas.com	Entity/Business Website (if applicable): N/A			

B. ☐ **Yes** ☒ **No** **Are there any business locations in addition to the location listed above?**

N/A — If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location: N/A	Tax ID Number: N/A		
Additional Location Mailing Address/PO Box: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Street Address: N/A	City: N/A	State: N/A	Zip: N/A
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Phone Number: ( ) -	Additional Location Fax Number: ( ) -		
Additional Location Email address: N/A			

DBA Name of Additional Location: N/A	Tax ID Number: N/A		
Additional Location Mailing Address/PO Box: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Street Address: N/A	City: N/A	State: N/A	Zip: N/A
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Phone Number: ( ) -	Additional Location Fax Number: ( ) -		
Additional Location Email address: N/A			

C. ☐ **Yes** ☒ **No** **Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?**

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: BMH Subco I LLC

D. ☐ **Yes** ■ **No** **Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?**

If yes, complete the section below for each subcontractor.

Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			

E. ■ **Yes** ☐ **No** **Is this Entity/Business and Tax ID currently listed in Section I currently enrolled in a Federal/State Funded healthcare program?**

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: BMH Subco I, LLC

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks. **F. Has this Entity/Business (since its existence) – AND –** **Any Entity/Business affiliated with the same Tax ID number – AND –** **Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:**	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section V(c) for each Entity/Business owner named in Section V(a) AND/OR make a photocopy of this page if more space is needed to respond to item E

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. ENTITY/BUSINESS OWNER INFORMATION				
DBA Name: BMH Subco II LLC	Legal Name of Entity/Business: BMH Subco II LLC	Tax ID Number (required): 80-0768643		
Entity/Business Street Address – Primary Location: 200 Stevens Drive	City: Philadelphia	State: PA	Zip: 19113	
Entity/Business Mailing Address/PO Box: 200 Stevens Drive	City: Philadelphia	State: PA	Zip: 19113	
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A	
Telephone Number: (215) 937-8000	Fax Number: ( ) -			
Email address of Entity/Business contact person: mbonnes@amerihealthcaritas.com	Entity/Business Website (if applicable): N/A			

B. ☐ **Yes** ☒ **No** **Are there any business locations in addition to the location listed above?**

N/A — If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location: N/A	Tax ID Number: N/A		
Additional Location Mailing Address/PO Box: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Street Address: N/A	City: N/A	State: N/A	Zip: N/A
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Phone Number: ( ) -	Additional Location Fax Number: ( ) -		
Additional Location Email address: N/A			

DBA Name of Additional Location: N/A	Tax ID Number: N/A		
Additional Location Mailing Address/PO Box: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Street Address: N/A	City: N/A	State: N/A	Zip: N/A
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Phone Number: ( ) -	Additional Location Fax Number: ( ) -		
Additional Location Email address: N/A			

C. ☐ **Yes** ☒ **No** **Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?**

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: BMH Subco II LLC

D. ☐ **Yes** ■ **No** **Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?**

If yes, complete the section below for each subcontractor.

Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			

E. ■ **Yes** ☐ **No** **Is this Entity/Business and Tax ID currently listed in Section I currently enrolled in a Federal/State Funded healthcare program?**

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: BMH Subco II LLC

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks. **F. Has this Entity/Business (since its existence) – AND –** **Any Entity/Business affiliated with the same Tax ID number – AND –** **Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:**	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section V(c) for each Entity/Business owner named in Section V(a) AND/OR make a photocopy of this page if more space is needed to respond to item E

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. ENTITY/BUSINESS OWNER INFORMATION

DBA Name: BMH LLC	Legal Name of Entity/Business: BMH LLC	Tax ID Number (required): 30-0703311		
Entity/Business Street Address – Primary Location: 200 Stevens Drive	City: Philadelphia	State: PA	Zip: 19113	
Entity/Business Mailing Address/PO Box: 200 Stevens Drive	City: Philadelphia	State: PA	Zip: 19113	
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A	
Telephone Number: (215) 241-2400	Fax Number: ( ) -			
Email address of Entity/Business contact person: mbonnes@amerihealthcaritas.com	Entity/Business Website (if applicable): N/A			

B. ☐ **Yes** ☒ **No** **Are there any business locations in addition to the location listed above?**

N/A — If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location: N/A	Tax ID Number: N/A		
Additional Location Mailing Address/PO Box: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Street Address: N/A	City: N/A	State: N/A	Zip: N/A
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Phone Number: ( ) -	Additional Location Fax Number: ( ) -		
Additional Location Email address: N/A			

DBA Name of Additional Location: N/A	Tax ID Number: N/A		
Additional Location Mailing Address/PO Box: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Street Address: N/A	City: N/A	State: N/A	Zip: N/A
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A
Additional Location Phone Number: ( ) -	Additional Location Fax Number: ( ) -		
Additional Location Email address: N/A			

C. ☐ **Yes** ☒ **No** **Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?**

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: BMH LLC

D. ☐ **Yes** ■ **No** **Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?**

If yes, complete the section below for each subcontractor.

Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			

E. ■ **Yes** ☐ **No** **Is this Entity/Business and Tax ID currently listed in Section I currently enrolled in a Federal/State Funded healthcare program?**

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: BMH LLC

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks. **F. Has this Entity/Business (since its existence) – AND –** **Any Entity/Business affiliated with the same Tax ID number – AND –** **Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:**	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section V(c) for each Entity/Business owner named in Section V(a) AND/OR make a photocopy of this page if more space is needed to respond to item E

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. ENTITY/BUSINESS OWNER INFORMATION

DBA Name	Legal Name of Entity/Business	Tax ID Number (required)
IBC MH, LLC	IBC MH, LLC	45-3672640

Entity/Business Street Address – Primary Location	City	State	Zip
1901 Market Street	Philadelphia	PA	19103

Entity/Business Mailing Address/PO Box	City	State	Zip
1901 Market Street	Philadelphia	PA	19103

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Telephone Number	Fax Number
(215) 241-2400 -	( ) -

Email address of Entity/Business contact person	Entity/Business Website (if applicable)
mbonnes@amerihealthcaritas.com	N/A

B. ☐ **Yes** ☒ **No** **Are there any business locations in addition to the location listed above?**

N/A

If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Street Address	City	State	Zip
N/A	N/A	N/A	N/A

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Street Address	City	State	Zip
N/A	N/A	N/A	N/A

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

C. ☐ **Yes** ☒ **No** **Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?**

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: IBC MH, LLC

D. ☐ **Yes** ☒ **No** **Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?**

If yes, complete the section below for each subcontractor.

Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			

E. ☒ **Yes** ☐ **No** **Is this Entity/Business and Tax ID currently listed in Section I currently enrolled in a Federal/State Funded healthcare program?**

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: IBC MH, LLC

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks. **F. Has this Entity/Business (since its existence) – AND –** **Any Entity/Business affiliated with the same Tax ID number – AND –** **Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:**	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section V(c) for each Entity/Business owner named in Section V(a) AND/OR make a photocopy of this page if more space is needed to respond to item E

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. ENTITY/BUSINESS OWNER INFORMATION

DBA Name	Legal Name of Entity/Business	Tax ID Number (required)
AHI Subco 1, Inc.	AHI Subco 1, Inc.	82-3756593

Entity/Business Street Address – Primary Location	City	State	Zip
1901 Market Street	Philadelphia	PA	19103

Entity/Business Mailing Address/PO Box	City	State	Zip
1901 Market Street	Philadelphia	PA	19103

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Telephone Number	Fax Number
(215) 241-2400 -	( ) -

Email address of Entity/Business contact person	Entity/Business Website (if applicable)
mbonnes@amerihealthcaritas.com	N/A

B. ☐ **Yes** ☒ **No** **Are there any business locations in addition to the location listed above?**

N/A — If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Street Address	City	State	Zip
N/A	N/A	N/A	N/A

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Street Address	City	State	Zip
N/A	N/A	N/A	N/A

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

C. ☐ **Yes** ☒ **No** **Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?**

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: AHI Subco 1, Inc.

D. ☐ **Yes** ■ **No** **Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?**

If yes, complete the section below for each subcontractor.

Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			

E. ■ **Yes** ☐ **No** **Is this Entity/Business and Tax ID currently listed in Section I currently enrolled in a Federal/State Funded healthcare program?**

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: AHI Subco 1, Inc.

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks. **F. Has this Entity/Business (since its existence) – AND –** **Any Entity/Business affiliated with the same Tax ID number – AND –** **Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:**	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section V(c) for each Entity/Business owner named in Section V(a) AND/OR make a photocopy of this page if more space is needed to respond to item E

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. ENTITY/BUSINESS OWNER INFORMATION

DBA Name	Legal Name of Entity/Business	Tax ID Number (required)
AHI Subco 2, Inc.	AHI Subco 2, Inc.	82-3770369

Entity/Business Street Address – Primary Location	City	State	Zip
1901 Market Street	Philadelphia	PA	19103

Entity/Business Mailing Address/PO Box	City	State	Zip
1901 Market Street	Philadelphia	PA	19103

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Telephone Number	Fax Number
(215) 241-2400 -	( ) -

Email address of Entity/Business contact person	Entity/Business Website (if applicable)
mbonnes@amerihealthcaritas.com	N/A

B. ☐ **Yes** ☒ **No** **Are there any business locations in addition to the location listed above?**

N/A — If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Street Address	City	State	Zip
N/A	N/A	N/A	N/A

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Street Address	City	State	Zip
N/A	N/A	N/A	N/A

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

C. ☐ **Yes** ☒ **No** **Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?**

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: AHI Subco 2, Inc.

D. ☐ **Yes** ■ **No** **Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?**

If yes, complete the section below for each subcontractor.

Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			

E. ■ **Yes** ☐ **No** **Is this Entity/Business and Tax ID currently listed in Section I currently enrolled in a Federal/State Funded healthcare program?**

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: AHI Subco 2, Inc.

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks. **F. Has this Entity/Business (since its existence) – AND –** **Any Entity/Business affiliated with the same Tax ID number – AND –** **Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:**	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section V(c) for each Entity/Business owner named in Section V(a) AND/OR make a photocopy of this page if more space is needed to respond to item E

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. ENTITY/BUSINESS OWNER INFORMATION

DBA Name: AmeriHealth, Inc.	Legal Name of Entity/Business: AmeriHealth, Inc.	Tax ID Number (required): 23-2425461		
Entity/Business Street Address – Primary Location: 1901 Market Street	City: Philadelphia	State: PA	Zip: 19103	
Entity/Business Mailing Address/PO Box: 1901 Market Street	City: Philadelphia	State: PA	Zip: 19103	
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A	
Telephone Number: (215) 241-2400 -	Fax Number: ( ) -			
Email address of Entity/Business contact person: mbonnes@amerihealthcaritas.com	Entity/Business Website (if applicable): N/A			

B. ☐ **Yes** ☒ **No** **Are there any business locations in addition to the location listed above?**

N/A

If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location: N/A	Tax ID Number: N/A			
Additional Location Mailing Address/PO Box: N/A	City: N/A	State: N/A	Zip: N/A	
Additional Location Street Address: N/A	City: N/A	State: N/A	Zip: N/A	
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A	
Additional Location Phone Number: ( ) -	Additional Location Fax Number: ( ) -			
Additional Location Email address: N/A				

DBA Name of Additional Location: N/A	Tax ID Number: N/A			
Additional Location Mailing Address/PO Box: N/A	City: N/A	State: N/A	Zip: N/A	
Additional Location Street Address: N/A	City: N/A	State: N/A	Zip: N/A	
Additional Post Office Boxes Not Identified Above: N/A	City: N/A	State: N/A	Zip: N/A	
Additional Location Phone Number: ( ) -	Additional Location Fax Number: ( ) -			
Additional Location Email address: N/A				

C. ☐ **Yes** ☒ **No** **Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?**

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: AmeriHealth, Inc.

D. ☐ **Yes** ■ **No** **Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?**

If yes, complete the section below for each subcontractor.

Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			

E. ■ **Yes** ☐ **No** **Is this Entity/Business and Tax ID currently listed in Section I currently enrolled in a Federal/State Funded healthcare program?**

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: AmeriHealth, Inc.

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks. **F. Has this Entity/Business (since its existence) – AND –** **Any Entity/Business affiliated with the same Tax ID number – AND –** **Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:**	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section V(c) for each Entity/Business owner named in Section V(a) AND/OR make a photocopy of this page if more space is needed to respond to item E

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. ENTITY/BUSINESS OWNER INFORMATION

DBA Name	Legal Name of Entity/Business	Tax ID Number (required)
Independence Health Group, Inc.	Independence Health Group, Inc.	47-1233198

Entity/Business Street Address – Primary Location	City	State	Zip
1901 Market Street	Philadelphia	PA	19103

Entity/Business Mailing Address/PO Box	City	State	Zip
1901 Market Street	Philadelphia	PA	19103

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Telephone Number	Fax Number
(215) 241-2400 -	( ) -

Email address of Entity/Business contact person	Entity/Business Website (if applicable)
mbonnes@amerihealthcaritas.com	N/A

B. ☐ **Yes** ☒ **No** **Are there any business locations in addition to the location listed above?**

N/A

If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Street Address	City	State	Zip
N/A	N/A	N/A	N/A

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Street Address	City	State	Zip
N/A	N/A	N/A	N/A

Additional Post Office Boxes Not Identified Above	City	State	Zip
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

C. ☐ **Yes** ☒ **No** **Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?**

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: Independence Health Group, Inc.

D. ☐ **Yes** ■ **No** **Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?**

If yes, complete the section below for each subcontractor.

Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			

E. ■ **Yes** ☐ **No** **Is this Entity/Business and Tax ID currently listed in Section I currently enrolled in a Federal/State Funded healthcare program?**

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: Independence Health Group, Inc.

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks. **F. Has this Entity/Business (since its existence) – AND –** **Any Entity/Business affiliated with the same Tax ID number – AND –** **Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:**	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section V(c) for each Entity/Business owner named in Section V(a) AND/OR make a photocopy of this page if more space is needed to respond to item E

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS

A. ENTITY/BUSINESS OWNER INFORMATION

DBA Name	Legal Name of Entity/Business	Tax ID Number (required)
Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38-2069753

Entity/Business Street Address – Primary Location	City	State	Zip
600 E. Lafayette Blvd.	Detroit	MI	48226
Entity/Business Mailing Address/PO Box	**City**	**State**	**Zip**
600 E. Lafayette Blvd.	Detroit	MI	48226
Additional Post Office Boxes Not Identified Above	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A

Telephone Number	Fax Number
(800) 662-6667	( ) -

Email address of Entity/Business contact person	Entity/Business Website (if applicable)
mbonnes@amerihealthcaritas.com	N/A

B. ☐ **Yes** ☒ **No** **Are there any business locations in addition to the location listed above?**

N/A — If yes, provide the number of locations in the box to the left and complete the section(s) below for each additional location:

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A
Additional Location Street Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Additional Post Office Boxes Not Identified Above	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

DBA Name of Additional Location	Tax ID Number
N/A	N/A

Additional Location Mailing Address/PO Box	City	State	Zip
N/A	N/A	N/A	N/A
Additional Location Street Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Additional Post Office Boxes Not Identified Above	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A

Additional Location Phone Number	Additional Location Fax Number
( ) -	( ) -

Additional Location Email address N/A

C. ☐ **Yes** ☒ **No** **Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?**

If yes, list all names and Tax IDs below. Attach additional pages if needed.

Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A
Name	N/A	Tax ID	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make a photocopy of this page if more space is needed to respond to item E below

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: Blue Cross Blue Shield of Michigan Mutual Insurance Company

D. ☐ **Yes** ■ **No** **Does the Entity/Business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?**

If yes, complete the section below for each subcontractor.

Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - - N/A	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			
Subcontractor Business Name N/A	Subcontractor Business Owner Name N/A			
Subcontractor Address N/A	City N/A	State N/A	Zip Code N/A	
Telephone Number - -	Email address N/A			

E. ■ **Yes** ☐ **No** **Is this Entity/Business and Tax ID currently listed in Section I currently enrolled in a Federal/State Funded healthcare program?**

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Louisiana Medicaid	AmeriHealth Caritas Louisiana, Inc.	27-3575066	LA	2162934

Provider Name: AmeriHealth Caritas Louisiana, Inc.

SECTION V(c) – INFORMATION ON THE ENTITY/BUSINESS OWNER OF DISCLOSING ENTITY/BUSINESS (continued)

Name of Entity/Business Owner: Blue Cross Blue Shield of Michigan Mutual Insurance Company

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks. **F. Has this Entity/Business (since its existence) – AND –** **Any Entity/Business affiliated with the same Tax ID number – AND –** **Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:**	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF 'YES' IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Steven	Harvey	N/A	Bohner	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Executive Vice President of Health Markets	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	sbohner@amerihealthcaritas.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Steven Harvey Bohner

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ■ Yes ☐ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?
If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Medicaid/Medicare	Keystone Family Health Plan	23-2842344	PA	1009339070001/1009339070009
Medicaid/Medicare	AmeriHealth Caritas Health Plan	45-3790685	PA	1009339070002/1009339070008/H4227
Medicaid	AmeriHealth Caritas Delaware, Inc.	61-1847073	DE	25035572
Medicaid	AmeriHealth Caritas District of Columbia, Inc.	46-1480213	DC	08738900/081080400
Medicare	AmeriHealth Michigan, Inc.	46-0906893	MI	H0192
Medicaid	AmeriHealth Caritas Florida, Inc.	45-4088232	FL	1001406-09/001406-11
Medicaid/Medicare	Select Health of South Carolina, Inc.	57-1032456	SC	HM100/H8213
Medicaid	AmeriHealth Caritas New Hampshire Inc.	83-0987716	NH	3117413
Medicaid	AmeriHealth Caritas North Carolina, Inc.	83-1481671	NC	AMESTC00

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Robert	Edward	N/A	Tootle	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Secretary	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	rtootle@amerihealthcaritas.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Robert Edward Tootle

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ■ Yes ☐ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?
If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Medicaid	AmeriHealth Caritas Delaware, Inc.	61-1847073	DE	25035572
Medicaid	AmeriHealth Caritas District of Columbia, Inc.	46-1480213	DC	087358900/081080400
Medicare	AmeriHealth Michigan, Inc.	46-0906893	MI	H0192
Medicaid	Blue Cross Complete of Michigan LLC	47-2582248	MI	071B0200010
Medicaid	AmeriHealth Caritas Florida, Inc.	45-4088232	FL	1001406-09/001406-11
Medicaid/Medicare	Select Health of South Carolina, Inc.	57-1032456	SC	HM100/H8213
Medicaid	AmeriHealth Caritas New Hampshire Inc.	83-0987716	NH	3117413
Medicaid	AmeriHealth Caritas North Carolina, Inc.	83-1481671	NC	AMESTC00

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Marilyn	Lee	Eckley	Eckley	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Executive Vice President of Health Services	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	meckley@amerihealthcaritas.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Marilyn Lee Eckley

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ■ Yes ☐ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?
If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Medicaid/Medicare	Keystone Family Health Plan	23-2842344	PA	1009339070001/1009339070009
Medicaid/Medicare	AmeriHealth Caritas Health Plan	45-3790685	PA	1009339070002/1009339070008/H4227
Medicaid	AmeriHealth Caritas Delaware, Inc.	61-1847073	DE	25035572
Medicaid	AmeriHealth Caritas District of Columbia, Inc.	46-1480213	DC	087358900/081080400
Medicare	AmeriHealth Michigan, Inc.	46-0906893	MI	H0192
Medicaid	AmeriHealth Caritas Florida, Inc.	45-4088232	FL	1001406-09/001406-11
Medicaid	AmeriHealth Caritas New Hampshire, Inc.	83-0987716	NH	3117413
Medicaid	AmeriHealth Caritas North Carolina, Inc.	83-1481671	NC	AMESTC00
Medicaid/Medicare	Select Health of South Carolina, Inc.	83-0987716	SC	HM100/H8213

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Michael	John	N/A	Burgoyne	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Senior Vice President of Finance/Chief Financial Officer	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	mburgoyne@amerihealthcaritas.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # _____

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Michael John Burgoyne

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ■ Yes ☐ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?
If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Medicaid/Medicare	Keystone Family Health Plan	23-2842344	PA	1009339070001/1009339070009
Medicaid/Medicare	AmeriHealth Caritas Health Plan	45-3790685	PA	1009339070002/1009339070008/H4227
Medicaid	AmeriHealth Caritas Delaware, Inc.	61-1847073	DE	250355572
Medicaid	AmeriHealth Caritas District of Columbia, Inc.	46-1480213	DC	087358900/08108400
Medicaid	AmeriHealth Michigan, Inc.	46-0906893	MI	H0192
Medicaid	Blue Cross Complete of Michigan LLC	47-2582248	MI	071B0200010
Medicaid	AmeriHealth Caritas Florida, Inc.	45-4088232	FL	1001406-09/001406-11
Medicaid/Medicare	Select Health of South Carolina, Inc.	57-1032456	SC	HM100/H8213
Medicaid	AmeriHealth Caritas New Hampshire, Inc.	83-0987716	NH	3117413
Medicaid	AmeriHealth Caritas North Carolina, Inc.	83-1481671	NC	AMESTC00

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
James	Michael	N/A	Jernigan	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Director	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	mjernigan84@yahoo.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: James Michael Jernigan

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ■ Yes ☐ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
Medicare	AmeriHealth Michigan, Inc.	46-0906893	MI	H0192
Medicaid	AmeriHealth Caritas Florida, Inc.	45-4088232	FL	1001106/001106 11

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Kyle	Clifford	N/A	Viator	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Chief Executive Officer (Market President)	0	[redacted]

[redacted]

[redacted] -	kviator@amerihealthcaritasla.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Kyle Clifford Viator

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Grover	Cornelious	N/A	Harrison	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Director of Community Education and Outreach	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	gharrison@amerihealthcaritasla.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Grover C. Harrison, III

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Mary	Beth	Folse	Scorsone	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Quality Director	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	mscorsone@amerihealthcaritasla.com

B. ■ Yes ☐ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Mary	Beth	Folse	Folse	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Mary Beth Folse Scorsone

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Rodney	B	N/A	Wise	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Medical Director/Chief Medical Officer (Market Chief Medical Officer)	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	rwise@amerihealthcaritasla.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Rodney B Wise

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Lesli	Christina	Boudreaux	Lopez	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Contract Compliance Officer (Director, Compliance and Regulatory Affairs)	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	lboudreaux@amerihealthcaritasla.com

B. ■ Yes ☐ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Lesli	Christina	Boudreaux	Boudreaux	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Lesli Christina Boudreaux Lopez

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Rachel	Catrease	Weary	Weary	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Director of Integrated Healthcare Management	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	rweary@amerihealthcaritasla.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Rachel Catrease Weary

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Lori	N/A	Payne	Payne	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Health Equity Administrator (Health Equity Program Director)	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	LPAYNE@AMERIHEALTHCARITASLA.COM

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: LORI PAYNE

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Tina	Kelli	Hood	Nolan	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Director of Network Operations	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	tnolan@amerihealthcaritasla.com

B. ■ Yes ☐ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Tina	Kelli	Hood	Hood	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ■ Yes ☐ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)	Relationship:	Job Title:
Tracey	Karen	Hood	Hood		N/A	Sister	Clinical Liaison
N/A	N/A	N/A	N/A	-	N/A	N/A	N/A
N/A	N/A	N/A	N/A	-	N/A	N/A	
N/A	N/A	N/A	N/A	-	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Tina Kelli Hood Nolan

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Clarence	J.	N/A	Grant	-	N/A

Title/Job Position within this Entity/Business	% ownership	umber (required)
Director, Provider Network Management	[redacted]	[redacted] /

[redacted]

Telephone Number	Email address
[redacted]	cgrant1@amerihealthcaritasla.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title:		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Clarence J. Grant

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Trampas	A	N/A	Cranford	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Director of Data & Technical Services	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	trampasc@gmail.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Trampas A. Cranford

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Shannan	Marie	Owens	Herring	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Chief Financial Officer (Director, Finance)	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	sherring@amerihealthcaritasla.com

B. ■ Yes ☐ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Shannan	Marie	Owens	Owens	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Shannan Herring

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Tricia	Diane	Webb	Grayson	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Communications and Marketing Director	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	tgrayson@amerihealthcaritasla.com

B. ■ Yes ☐ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Tricia	Diane	Webb	Raiford	-	N/A
Tricia	Diane	Webb	Webb	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Tricia Diane Grayson

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Jeanine	Arnelle	Cambrice	Plante	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Pharmacy Director (Market Pharmacist)	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	jplante1@amerihealthcaritasla.com

B. ■ Yes ☐ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Jeanine	Arnelle	Cambrice	Cambrice	-	N/A
Jeanine	Arnelle	Cambrice	Plante	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Jeanine Plante

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Betty Ann	June	Muller	Muller	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Behavioral Health Medical Director	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	bmuller@amerihealthcaritasla.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Betty Ann June Muller

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

Provider Name: AmeriHealth Caritas Louisiana, Inc.

Make photocopies of the next 2 pages to complete Section VI(b) for each Entity/Business owner named in Section VI(a) AND/OR make a photocopy of this page if more space is needed to respond to items B and/or D

SECTION VI(b) – INFORMATION ON ALL AGENTS AND INDIVIDUALS WHO ARE PART OF MANAGEMENT

A. ☐ AGENT– or – ■ MANAGING EMPLOYEE

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
Don	Charles	N/A	Gregory	-	N/A

Title/Job Position within this Entity/Business	% ownership	Social Security Number (required)
Chief Operating Officer (Interim)	0	[redacted]

[redacted]

Telephone Number	Email address
[redacted] -	dgregory@amerihealthcaritasla.com

B. ☐ Yes ■ No Has the agent or managing employee named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If yes, enter name(s) below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A	-	N/A
N/A	N/A	N/A	N/A	-	N/A

C. ■ Yes ☐ No Is this agent or managing employee a U.S. citizen? If no, provide Alien Verification # N/A

D. ☐ Yes ■ No Is this agent or managing employee related to any other individual owners, agents, managing employees, or subcontractor business owners associated with this Entity/Business?

If yes, list all individuals and how they are related below. Attach additional pages if needed.

First Name	Middle Name	Maiden Name	Last Name	-	Hyphenated Last Name (if applicable)
N/A	N/A	N/A	N/A		N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		
First Name N/A	Middle Name N/A	Maiden Name N/A	Last Name N/A	-	Hyphenated Last Name (if applicable) N/A
Relationship: N/A			Job Title: N/A		

Provider Name: AmeriHealth Caritas Louisiana, Inc.

** Make a photocopy of this page if more space is needed to respond to item F below**

Name of Agent or Managing Employee: Don Charles Gregory

Check the appropriate yes or no box regarding the questions below. Every item needs to have either a yes or no check. Do not leave any blanks.	
E. Has the agent or managing employee named above (ever):	
☐ Yes ■ No	Been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program.
☐ Yes ■ No	Has any disciplinary action been taken against any healthcare license or certification held in any State or U.S. Territory, including disciplinary action, nolo contendere, probation, board consent order, suspension, revocation, voluntary surrender of a license or certification?
☐ Yes ■ No	Been denied enrollment, suspended or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid or other healthcare program(s) in any State or U.S. Territory?
☐ Yes ■ No	Currently have a negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
☐ Yes ■ No	Been the subject of an investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency at any time.
☐ Yes ■ No	Currently have any open or pending healthcare court cases?
☐ Yes ■ No	Been denied malpractice insurance?
☐ Yes ■ No	Has or had a felony conviction(s) of any type?

IF YES IS ANSWERED TO ANY QUESTION LISTED ABOVE:

1. PROVIDE A WRITTEN STATEMENT PROVIDING THE DETAILS ON ALL OCCURRENCES.

2. ATTACH ALL OFFICIAL LEGAL DOCUMENTS REGARDING THE OCCURRENCE, INCLUDING ANY REINSTATEMENTS.

F. ☐ Yes ■ No Does this agent or managing employee have ownership or controlling interest in any other Entity/Business participating in a Federal/State Funded healthcare program?

If yes, complete the section below.

Plan	Doing Business As (DBA) Name	Tax ID	Plan Numbers for Enrollments	
			State	ID#
N/A	N/A	N/A	N/A	N/A

SECTION VII – AUTHORIZED REPRESENTATIVES

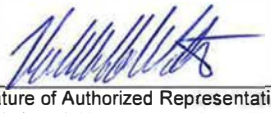
THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO SIGN INTO LEGAL, BINDING DOCUMENTS ON BEHALF OF THIS PROVIDER, SUCH AS DIRECT DEPOSIT FORMS AND/OR CHANGES TO THE DISCLOSURE OF OWNERSHIP FORMS, etc.

Note: Every person listed below must be disclosed in the Disclosure of Ownership forms.

List each person authorized to sign and identify their position in your practice.	
1. Rebecca Jane Engelman, President	☐ Owner ■ Managing employee ☐ Other _____
2. Steven Harvey Bohner, Director	☐ Owner ■ Managing employee ☐ Other _____
3. Robert Edward Tootle, Secretary	☐ Owner ■ Managing employee ☐ Other _____
4. Michael John Burgoyne, Treasurer	☐ Owner ■ Managing employee ☐ Other _____
5. Marilyn Lee Eckley, Director	☐ Owner ■ Managing employee ☐ Other _____
6. James Michael Jernigan, Director	☐ Owner ■ Managing employee ☐ Other _____
7. Kyle Clifford Viator, CEO (Market President)	☐ Owner ■ Managing employee ☐ Other _____
8.	☐ Owner ☐ Managing employee ☐ Other _____
9.	☐ Owner ☐ Managing employee ☐ Other _____
10.	☐ Owner ☐ Managing employee ☐ Other _____

Please sign in blue ink (not black)

Kyle Clifford Viator
Printed Name of Authorized Representative


Signature of Authorized Representative
(sign in blue ink)

CEO (Market President)
Title/Position

09/02/21
Date of Signature

SECTION VIII – PROVIDER SIGNATURE

With my signature below, I attest:

1. That the provider has disclosed all necessary information;
2. That I am the authorized representative of this entity/business and, as such, have the authority to enter into a provider agreement with the Louisiana Medicaid Program;
3. That the provider has reviewed the information on this entity/business Disclosure form and attest that it is true, accurate and complete;
4. That the provider understands that knowingly and willfully failing to fully and accurately disclose the information requested may result in the denial of any request to participate in Louisiana's Medicaid Program, or where the entity/business already participates, a termination of the provider agreement or contract with the State Agency or the Secretary, as appropriate;
5. That the provider understands that a denial or termination of the provider agreement or contract with the State Agency or the Secretary will prohibit me from any participation in Louisiana's Medicaid Program;
6. That the provider understands that whoever knowingly and willfully makes or causes to be made any false statement or fraudulent representation on any form submitted to the State Agency or the Secretary may be prosecuted under applicable Federal or state laws;
7. That the provider understands it is their responsibility to ensure that all information is continuously kept up to date on the Louisiana Medicaid Provider File;
8. That the provider understands that the failure to maintain current and correct information may result in payments being delayed or closure of this Medicaid provider number;
9. That the provider understands if this number is closed due to inaccurate information or inactivity, they will have to complete a new Provider Enrollment Packet in its entirety for consideration to reactivate this provider number;
10. The provider understands that under Federal Regulations, a provider or disclosing entity must disclose to the Medicaid agency, prior to enrolling, the name and address of each person, entity or business with an ownership or control interest in the disclosing entity. *(See Federal Regulations 42 CFR § 455.104(b)(1).* A provider or disclosing entity must also disclose to the Medicaid agency, prior to enrolling, whether any person, entity or business with an ownership or control interest in the disclosing entity are related to another as spouse, parent, child, or sibling. *(See Federal Regulations 42 CFR § 455.104(b)(2).* Furthermore, there must be disclosure of the name of any other disclosing entity in which a person with an ownership or controlling interest in the provider/ disclosing entity also has an ownership or control interest.
11. That the provider understands that as part of the Louisiana Medicaid enrollment/re-enrollment process, pursuant to Louisiana Medicaid Rules and Regulations, they must provide Social Security numbers for each of the following persons:
    - All Individuals with Direct or Indirect Ownership or Control Interest of 5% or more;
    - All Individuals acting as Board of Director;
    - All Individual Corporate Officers, Directors, Partners, or Shareholders;
    - All Individual Managing Employees or Agents who exercise operational or managerial control or who directly or indirectly manage the conduct of day to day operations.
12. I attest that I am a United States citizen or have legal status and work privilege in the US.
13. The provider understands that it is their responsibility to ensure that all managing employees, employees, agents, affiliates or subcontractors are U.S. Citizens or have legal status and work privilege in the U.S.
14. The provider understands that it is their responsibility to ensure that it is disclosed on this form if any Owner, Board Member, Corporate Officer, Partner, Board of Director, Shareholder, Managing employee, Employee, Agent or Affiliate, have ever:
    - been denied enrollment from Medicare, Medicaid or any other Federally funded healthcare Program;
    - been suspended or excluded from Medicare, Medicaid or any other Federally funded healthcare Program;
    - been terminated from participation from Medicare, Medicaid or any other Federally funded healthcare Program;
    - been employed by a corporation, business or professional association that is now or has ever been suspended or excluded from Medicare, Medicaid or any other Federally funded healthcare Program in any state; or
    - been convicted of any crimes.
15. The provider understands that pursuant to 42 CFR § 455.104(a)(1) and 42 CFR § 455.105(a)(1)(2), they are required to provide certain data pertaining to subcontractors within 35 calendar days of the date of the request.
16. The provider understands that they shall report any of the above conditions to the Louisiana Department of Health (LDH). Once enrolled, the provider understands that upon discovery of any of the above conditions, it is their responsibility to report immediately in writing to LDH, Program Integrity Section, P.O. Box 91030, Baton Rouge, LA 70821-9030.
17. I understand if I answered "Yes" to questions regarding being convicted of a felony or any criminal offense, or if I have ever had any disciplinary action taken against my professional license (board actions, board consent order, restriction, suspension, revocation or voluntary surrender to avoid disciplinary action), or if I have ever been denied enrollment or been excluded, terminated from participation, suspended, or voluntarily withdrawn to avoid disciplinary action from any Federally funded healthcare program, I am required to submit this information and the requested documentation.
18. The provider understands that they are being placed on notice of Louisiana state law, R.S. 14:126.3.1 entitled "Unauthorized participation in medical assistance programs." The provider understands that this criminal statute means that if any owners, managing employees, employees, agents, affiliates, or subcontractors, are excluded now or become excluded in the future or have been terminated from participation in the Medicare, Medicaid, or any other Federal or State Funded Healthcare Program, it is a crime to "participate" in any medical assistance program. The provider also understands that "participation" includes providing any services which will be billed, directly or indirectly, to Medicare, Medicaid, or any other Federal or State Funded Healthcare Program, and "participation" also includes to seek or to be employed, directly or by contract, or have an ownership interest in any individual or entity that provides such services which will be billed to these programs. The provider also understands that this crime can be punishable as a felony for up to five (5) years imprisonment with or without hard labor, as well as a maximum fine of $20,000.00. I also understand that any claims for payment with a date of service during a period of exclusion will be subject to recoupment in addition to other fines, penalties, or restitution resulting from the criminal prosecution (LA R.S. 14.126.3.1).

Kyle Clifford Viator	
Printed Name of Authorized Representative	Signature of Authorized Representative *(sign in blue ink)*
CEO (Market President)	09/02/21
Title/Position of Authorized Representative	Date of Signature

2.6
Technical Proposal

AmeriHealth Caritas Louisiana associates participate in a National Alliance on Mental Illness (NAMI) walk.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.2
Proposer Organization and Experience

Community thought leaders gather at AmeriHealth Caritas Louisiana's Shreveport Wellness & Opportunity Center to share ideas for increasing communication and engagement to improve community health.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.®

2.6.2.1
Proposer Organization

2.6.2 Proposer Organization and Experience

2.6.2.1

2.6.2.1.1

Since the inception of Louisiana's Medicaid managed care program in 2012, AmeriHealth Caritas Louisiana has partnered with the Louisiana Department of Health (LDH), providers, and community organizations to create a whole-person, community-focused culture of care. This is demonstrated by our innovative health and wellness programs and year-over-year improvements in enrollee health outcomes — as shown in our HEDIS® scores, the reaffirmation of our NCQA distinction in Multicultural Health Care (for which we earned a perfect score in each of the program's five categories), and the renewal of our NCQA health plan accreditation for the third time. We lead all Healthy Louisiana MCOs in 9 out of 15 (60%) incentive-based quality measures, including all well-care visit measures (LDH 2020 Managed Care Quality Dashboard). Additionally, the Greater Baton Rouge Business Report named us one of the Best Places to Work for five consecutive years. We are committed to being a good business partner for LDH, which we demonstrate through our contractual compliance. Based on LDH's publicly reported contract non-compliance data, from January 2020 to present, we received less than 10% of administrative actions and less than 5% of total monetary penalties assessed to the other Healthy Louisiana MCOs.

AmeriHealth Caritas History

AmeriHealth Caritas Louisiana, Inc. is a Louisiana for-profit business corporation, licensed as a Louisiana health maintenance organization, operating since February 2012. We are privately held and a member of the AmeriHealth Caritas Family of Companies (AmeriHealth Caritas). Founded by the Sisters of Mercy as Mercy Health Plan, in 1983, AmeriHealth Caritas began as a small, provider-sponsored MCO serving low-income residents of West Philadelphia, including Medicaid managed care populations similar to those in the Healthy Louisiana program for more than 38 years.

AmeriHealth Caritas Louisiana is an indirect, wholly-owned subsidiary of AmeriHealth Caritas Health Plan, which is wholly owned through subsidiaries by BMH, LLC. BMH, LLC is ultimately owned 61.3% by Independence Health Group, Inc. (a Pennsylvania non-profit corporation) and 38.7% by Blue Cross Blue Shield of Michigan Mutual Insurance Company (a Michigan non-profit mutual insurance company). Independence Health Group, Inc., was founded in 2014 through a restructuring of the insurance company holding system of Independence Blue Cross. Blue Cross Blue Shield of Michigan Mutual Insurance Company, the largest health insurer in Michigan, was founded in 1939 in Detroit, Michigan, and provides commercial and Medicare coverage and wellness-based dental and vision plans.

Organizational Goals and Mission

The mission of AmeriHealth Caritas Louisiana is to help people get care, stay well, and build healthy communities. **We are the only Healthy Louisiana MCO that is a member of the Association for Community Affiliated Plans, whose Safety Net Health Plans provide high-quality health care to people with low incomes and complex health care needs.** We are dedicated to serving diverse communities and populations in inclusive and caring ways, and effectively managing costs of care. Our goal is to continuously build upon our clinical, operational, and innovation strengths by:

- **Transforming Louisiana Health With Innovation and Leadership** — We work as trusted advisors with LDH, providers, and community organizations to address the full set of factors that impact the health of Louisiana's most vulnerable residents.

- **Walking the Path With Our Enrollees Every Day** — Our associates are there, every step of the way, to find the intersection between our enrollees' challenges, opportunities, and preferences.
- **Investing and Scaling Community-Based Care Efforts to Expand Access** — We bring our health care core competency together with an innovative partnership model to enlist community organizations, advocates, and providers to jointly develop solutions to respond to our enrollees' and their family's health and social needs.
- **Delivering Integrated Person-Centered Care** — Our fully-integrated population health management strategy addresses health disparities, reduces fragmentation, and supports physical and behavioral health and social supports to deploy preventive programs for at-risk enrollees.
- **Simplifying Provider and Enrollee Relationships to Focus on Quality Care** — Through collaboration with our providers, we have implemented provider payment methods that incentivize providers to improve health outcomes, including the enrollee's experience.
- **Promoting Diversity, Equity, and Inclusion** — Diversity and inclusion are woven into the fabric of our organization. From preventive screenings to community celebrations, our innovative outreach programs aim to improve health equity, access, and education for all enrollees.

AmeriHealth Caritas' Volume of Business and Current Markets

As of August 2021, AmeriHealth Caritas Louisiana serves more than 225,000 Healthy Louisiana enrollees. AmeriHealth Caritas currently provides Medicaid Managed Care services to more than 2.6 million full-risk, integrated managed care enrollees in Delaware, the District of Columbia, Florida, Louisiana, Michigan, New Hampshire, North Carolina, Pennsylvania, and South Carolina.

2.6.2.1.2

AmeriHealth Caritas Louisiana has more than nine years of experience providing integrated health care services to Louisiana through Medicaid managed care contracts with LDH. In addition, AmeriHealth Caritas's health plans have been providing Medicaid managed care services for more than 38 years in Pennsylvania, 22 years in South Carolina, 9 years in Florida, and 8 years in the District of Columbia. In addition to Louisiana, AmeriHealth Caritas provides Medicaid managed care services in states with Medicaid populations of greater than 1.5 million enrollees in Florida, Michigan, North Carolina, and Pennsylvania, and was recently selected to provide Medicaid managed care services in Ohio. AmeriHealth Caritas also has health plans in Delaware and New Hampshire, and completed a contract in Iowa in 2017.

2.6.2.1.3

Any instances of non-compliance that we, our parent organization, and our affiliate organizations have incurred as part of any Medicaid managed care contracts within the past seven years are identified and described in **Attachment 2.6.2.1.3-1**.

2.6.2.1.4

Within the last 10 years, AmeriHealth Caritas Louisiana has not had a contract (1) terminated or not renewed for non-performance or poor performance and/or (2) terminated on a voluntary basis prior to the contract end date. In that time, an AmeriHealth Caritas health plan, AmeriHealth Caritas Iowa, mutually agreed to terminate the Iowa Health Link Medicaid contract with Iowa Department of Human Services (Iowa DHS), effective November 30, 2017. AmeriHealth Caritas Iowa worked with Iowa DHS to ensure an orderly transition of services for enrollees in advance of exiting the program. **Primary Contact:** Elizabeth Matney, Medicaid Director; ematney@dhs.state.ia.us; 515-256-4640.

Attachment 2.6.2.1.3-1
Instances of Non-Compliance

Attachment 2.6.2.1.3-1 Instances of Non-Compliance

Our parent organization, BMH, LLC, has not incurred any instances of non-compliance as a part of any Medicaid managed care contracts between August 20, 2014, and September 3, 2021.

AmeriHealth Caritas Louisiana, its affiliate Medicaid health plans, and its affiliate subcontractor, PerformRx℠ have occasionally incurred instances of non-compliance during the same time period.

The following tables identify and describe these instances of non-compliance.

AmeriHealth Caritas Louisiana

Issuing Entity and State	Type of Non-Compliance Action	Date of Issue	Sanction Details	Reason for Issue	Steps Taken to Address Non-Compliance and Prevent Recurrence
State of Louisiana Department of Health and Hospitals (LA DHH), Louisiana	Corrective Action	1/1/2015	Corrective Action Plan Only	As a result of a partial settlement agreement entered into by LA DHH and applicable to all LA DHH contractors, CAPs were issued outlining specific elements to be incorporated into each contractor's enrollee denial letters.	A corrective action was developed and implemented to meet the requirements of the terms of the partial settlement agreement negotiated by LA DHH. No financial sanctions were imposed.
Louisiana Department of Insurance (LA DOI), Louisiana	Penalties	4/1/2015	$1,000.00 Monetary Penalty	Missed the deadline for Third Party Administrator (TPA) license.	AmeriHealth Caritas Louisiana (ACLA) paid the penalty imposed for failing to renew its TPA license by the required deadline.
LA DHH, Louisiana	Warning	4/4/2016	Warning Only	Did not process enrollee grievances within timeframes.	ACLA hired a full-time grievance supervisor and a full-time grievance associate; streamlined its research process to promote direct channels of

					communication between the enrollee grievance team and relevant departmental stakeholders; and submitted a report to LA DHH demonstrating that the health plan was processing all enrollee grievances in accordance with contractual standards. LA DHH closed this warning without further action.
State of Louisiana Department of Health Bureau of Health Services Financing (LA DHH/BHSF), Louisiana	Notice of Action	1/18/2017	Notice of Action Only	Did not submit accurate quarterly Specialized Behavioral Health (SBH) Network Reports.	ACLA updated internal systems to capture all required data elements for the reports at issue; ensured that all behavioral health providers were instructed to resubmit correct taxonomies; and removed incorrect provider types as options from all reports, with the correct provider types identified. On April 3, 2017, LA DHH closed this notice without further action.
LA DHH/BHSF, Louisiana	Notice of Action	2/22/2017	Notice of Action Only	Did not update system with the daily Third Party Liability (TPL) records sent from LA DHH's Fiscal Intermediary (FI) within one business day of receipt.	ACLA implemented an automated solution that loads all TPL data from LA DHH and independently revalidated policy coverage information on the daily TPL incremental file for those records believed to contain incorrect information. On June 6, 2017, LA DHH closed the notice without further action.
LA DHH/BHSF, Louisiana	Warning	5/16/2017	Warning Only	Did not process enrollee grievances within timeframes.	ACLA contacted providers directly instead of referring the grievances to PNM; and only referred grievances to PNM when unsuccessful in reaching the provider after three attempts over a 10 business day period. On August 1, 2017, LA DHH confirmed that all relevant reports were compliant with the referenced provisions and closed the warning without further action
LA DHH/BHSF, Louisiana	Notice of Action	11/21/2017	Notice of Action Only	Did not validate provider demographic data to ensure current, accurate, and clean data is on file for all contracted providers.	ACLA remediated by ensuring receipt of comprehensive delegate rosters; corporate auditing of provider data maintenance; receipt of organizational provider rosters; enhancing provider education; implementing a consistent approach to resolution of provider returned mail; developing an electronic mechanism for provider demographic updates; hiring full-time employee dedicated to provider data remediation; implementing a consistent approach to corrective action for providers that do not respond/attest or update their demographic information; implementing an electronic mechanism for enrollees to report problematic provider information. On April 30, 2018, LA DHH closed the notice without further action.
Louisiana Department of Health* (LDH) *Formerly known as LA DHH, Louisiana	Penalties	6/25/2018 2/15/2019	$50,000.00 Monetary Penalty $50,000.00 Monetary Penalty	Provider directory network data contained inaccuracies based on secret shopper survey results.	ACLA validated provider network data; implemented OLPD feedback tool; contracted with vendor to conduct outbound validation calls; enhanced provider credentialing intake. ACLA implemented a Provider Data Information Form to help providers review their information, attest to its accuracy, and make any necessary changes. Also created real-time update tool, enhanced Provider Delegation process, and increased internal Audit Contractor activities.
LDH, Louisiana	Penalties	12/4/2018	$500,000 Monetary Penalty	Did not meet established benchmarks for: • Measure: Cesarean Rate for Low-Risk First Birth Women (rescinded by LDH). • Measure: Ambulatory Care Emergency Department Visits/1000 MM.	ACLA implemented multiple initiatives and enhancements designed to educate and empower enrollees to seek care from more appropriate sources. ACLA also enhanced after-hours incentivized programs for primary care providers. This matter was closed by LDH on January 28, 2019.
LDH, Louisiana	Penalties	4/2/2019	$5,000.00 Monetary Penalty	Missed the prompt pay performance standards by 1% in January 2019.	ACLA has consistently met the prompt pay performance standards since February 2019.

LDH, Louisiana	Notice of Action	4/16/2019	Notice of Action Only	Claims for dates of service January 1, 2019 through April 15, 2019 were billed inconsistent with statutory requirements, and paid in error.	ACLA sent provider notice to reinforce billing requirements; made changes to applicable provider records; and validated the provider registry response file. On September 5, 2019, LDH deemed ACLA in compliance and closed the notice without further action.
LDH, Louisiana	Notice of Action	7/24/2019	Notice of Action Only	Untimely processing of enrollee appeals for May 2019 reporting period.	ACLA created new requirements for review of reports, check of relevant queues, and tracking of appeals, and provided staff education. Remediation efforts and improved tracking resulted in timely processing of enrollee appeals effective August 2019 reporting period.
LDH, Louisiana	Penalties	9/12/2019	$85,000.00 Monetary Penalty	Untimely processing of enrollee appeals for July 2019 reporting period.	ACLA created new requirements for review of reports, check of relevant queues, and tracking of appeals, and provided staff education. Remediation efforts and improved tracking resulted in timely processing of enrollee appeals effective August 2019 reporting period.
LDH, Louisiana	Notice of Action	9/18/2019	Notice of Action Only	Adjudication and reprocessing of claims untimely.	ACLA recycled all claims by September 27, 2019. On October 8, 2019, LDH deemed ACLA closed the warning without further action.
LDH, Louisiana	Notice of Action	11/14/2019	Notice of Action Only	Errors adjudicating behavioral health services claims.	LDH suspended recoupment due to the COVID-19 PHE, then requested ACLA issue notices to providers and allow a 90-day notice period. Upon expiration of the notice period, ACLA corrected all behavioral health services claims and corresponding encounters.
LDH, Louisiana	Penalties	1/10/2020	$50,000.00 Monetary Penalty	ACLA scored 42.7% in the 2019 3rd quarter IPRO provider directory audit. Benchmark was 46.4%.	ACLA changed delegation process ownership and trained Account Executives on delegate responsibilities, providing more direct oversight and management; also trained on conducting secret shopper calls. Ongoing strategies to improve accuracy of provider directory include conducting internal secret shopper surveys; ongoing provider education on reporting demographic changes; and site visits where demographic information is reviewed, confirmed, and updated, as needed.
LDH, Louisiana	Notice of Action	2/7/2020	Notice of Action Only	Improper voiding of overpayment encounters.	ACLA voided encounters associated with overpayment and demonstrated compliance by February 28, 2020. By letter dated April 14, 2020, LDH deemed ACLA in compliance and closed the matter without further action.
LDH, Louisiana	Corrective Action	2/14/2020	Corrective Action Plan Only	Not fully in compliance in review areas of Provider Network Requirements, Marketing and Member Education, and Quality Management audited in 2019 for the review period April 1, 2018 through March 31, 2019 by LDH's EQRO.	ACLA remediated deficiencies in the areas of Provider Network Requirements, Marketing and Member Education, and Quality Management and on April 14, 2020, informed LDH on compliance regarding all previously noted deficiencies. On July 31, 2020, LDH deemed ACLA in compliance and closed the warning without further action.
LDH, Louisiana	Notice of Action	2/24/2020	Notice of Action Only	Contracted transportation provider did not provide scheduled transportation to enrollees.	ACLA's transportation provider's remediation actions included recruitment of new and former NEMT providers, and increased education and communication with existing providers. Transportation provider increased communications regarding unassigned trips and added two quick response vehicles to its LA provider network. ACLA continues to monitor the situation on a daily basis.
LDH, Louisiana	Notice of Action	6/16/2020 (Revision of a 5/6/2020 Notice of Action)	Notice of Action Only	Missing information on individuals with ownership interest in NPI Type 2 providers and provider entities.	ACLA requested reconsideration of Notice of Action based on CMS guidance. After reconsideration, LDH issued an updated Notice of Action and ACLA has updated the ownership disclosure form.
LDH, Louisiana	Notice of Action	8/10/2020	Notice of Action Only	ACLA did not implement programming edits to allow for early refills up to a 90-day supply (Hep C Prescription Drugs) by March 17, 2020. The edits were implemented on June 29, 2020.	LDH rescinded this notice via email on September 3, 2020, but it is still listed on LDH's website.

LDH, Louisiana	Penalties	9/4/2020	$5,000.00 Monetary Penalty	Did not comply with the NEMT requirements as Southeastrans (NEMT Broker) failed to show up for scheduled transport.	A work plan was issued for Transportation Provider No Shows and Late Shows, requiring prioritization of trips by urgency and appointment type, a campaign to increase utilization of the Gas Mileage Reimbursement program and public transit when available, reinforcing geographic mapping tool standards for enrollees' trips, and increased accountability for providers.
LDH, Louisiana	Penalties	10/16/2020 4/27/2021	$50,000.00 Monetary Penalty $50,000.00 Monetary Penalty	Did not maintain accurate provider directory data on file for all contracted providers. ACLA scored 45.1% which is below the minimum accuracy rate of 50% required to avoid a monetary penalty. Did not maintain accurate provider directory data on file for all contracted providers. ACLA scored 48.3%, which is below the minimum accuracy rate of 50% required to avoid a monetary penalty.	Ongoing corrective actions to improve accuracy of provider directory involve cross-functional team of ACLA Compliance and PNM meeting regularly to develop strategies to improve performance. The strategies include conducting internal secret shopper surveys; ongoing provider education on reporting demographic changes; and site visits where demographic information is reviewed, confirmed, and updated, as needed.
LDH, Louisiana	Notice of Action	2/4/2021	Notice of Action Only	Did not maintain accurate provider directory data on file for all contracted providers. ACLA scored 53.9%, which is below the contractual requirement of 75%.	Ongoing corrective actions to improve accuracy of provider directory, involve cross-functional team of ACLA Compliance and PNM meeting regularly to develop strategies to improve performance. The strategies include conducting internal secret shopper surveys; ongoing provider education on reporting demographic changes; and site visits where demographic information is reviewed, confirmed, and updated, as needed.
LDH, Louisiana	Notice of Action	3/10/2021	Notice of Action Only	Improper voiding of overpayment encounters.	A standard operating procedure has been documented and monthly meetings are being held among all responsible parties to confirm compliance.

2.6.2.2

Proposed Staff Qualifications and Organizational Structure

2.6.2 Proposer Organization and Experience

2.6.2.2

2.6.2.2.1

Identifying Key Personnel

As an incumbent Healthy Louisiana MCO, we have extensive experience staffing our health plan to meet the specific, local needs of Louisiana Medicaid enrollees, in compliance with **Section 2.2.2** of the Model Contract. Our Human Resources team identifies, recruits, trains, and retains key personnel for AmeriHealth Caritas Louisiana, with a special emphasis on diversity and representation from the communities and populations in which we serve. For every position, we maintain a job description that guides us in identifying new talent based on the requirements of the role, including licensing and essential knowledge, skills, and experience. We use a variety of tools to find the very best candidates, including more than 1,100 job boards, targeted social media campaigns, job sponsorships, search engine optimization, text messaging campaigns, virtual job fairs, proactive sourcing, and a candidate relationship management database. We evaluate candidates using state-of-the-art tools, including an applicant tracking system, live and recorded video interviews, 360-degree reference checking, analytics (including competitor landscape), candidate availability, and candidate relationship management software. To manage vacancies and attrition, we evaluate talent within the organization to identify successors for critical roles. We assign internal and external experts to executive and key staff talent searches, ensuring we fill roles rapidly with the most qualified candidates. We are actively recruiting for our Chief Operations Officer (COO) position to fill the role that Sherry Wilkerson held through the end of August.

Upon acceptance of an offer, candidates undergo pre-employment screening, including illegal drug testing and a background check. Background checks include verification of social security number, education, present/former addresses, professional licensures (as mandated by contract and law), and a criminal, civil, and public records check. The background check also includes federal exclusion lists, including Fraud and Abuse Control Information System Level 3: OIG, SAM, EPLS, FED REGGS, and ORCA. In compliance with the **Section 2.2.2.4.2** of the Model Contract, AmeriHealth Caritas Louisiana will notify the Louisiana Department of Health (LDH) within five Business Days, in writing, when there is a key employee vacancy and seek written approval from LDH for all key personnel positions before a candidate is hired, in compliance with **Section 2.2.2.4.3** of the Model Contract.

Management Structure and Organization

AmeriHealth Caritas Louisiana's organizational structure aligns with LDH's **Model Contract** requirements and maximizes our ability to act on Louisiana's strategic goals. We maintain interdepartmental structures and processes to support the operation and management of the **Model Contract** in a manner that fosters the integration of physical and behavioral health service provisions. Our leaders have decision-making authority and have clearly assigned and documented responsibilities for implementing, managing, and overseeing the activities undertaken to fulfill Contract requirements.

2.6.2.2.2

Key Personnel

Our current key personnel are full-time associates, dedicated exclusively to serving AmeriHealth Caritas Louisiana and satisfying LDH's **Model Contract** requirements from our office in Baton Rouge. Key personnel meet professional qualifications required by the **Model Contract**, and their résumés are included in our response, as **Attachment 2.6.2.2.2-1: Key Personnel Resumes**.

- Kyle Viator, MPA — Chief Executive Officer (CEO).
- Don Gregory (Interim) — Chief Operating Officer (COO).
- Rodney Wise, MD — Medical Director/Chief Medical Officer (CMO).
- Betty Ann Muller, MD — Behavioral Health Medical Director.
- Shannan Herring — Chief Financial Officer (CFO).
- Jeanine Plante, PharmD — Pharmacy Director.
- Lesli Boudreaux — Contract Compliance and Program Integrity Officer.
- Lori Payne, MHA — Health Equity Administrator.

2.6.2.2.3

AmeriHealth Caritas Louisiana's Operating Structure

Leadership and Governance of Plan Operations

Our CEO oversees all AmeriHealth Caritas Louisiana functions, key personnel, and staff. Louisiana-based associates perform, supervise, or oversee all major enrollee- and provider-facing, clinical and operational functions, as described in the Functional Team Roles, Responsibilities, and Team Leads table. In addition, we contract with AmeriHealth Caritas Services, LLC, for certain administrative functions, including contact centers/customer service, claims processing, information systems, data processing, and some corporate functions (e.g., legal and actuarial services). AmeriHealth Caritas Services operates as an internal services company and provides these services across the AmeriHealth Caritas enterprise. AmeriHealth Caritas Louisiana benefits from the efficiencies associated with shared services and lower costs due to economies of scale. AmeriHealth Caritas Services supports our market-driven population health program, provider network, quality improvement initiatives, and community partnerships, designed in accordance with the Triple Aim to improve population health, improve patient experience, and reduce per capita cost. Additional resources that serve AmeriHealth Caritas Louisiana, including its subcontractors and material subcontractors, are monitored for compliance with LDH's **Model Contract** requirements by AmeriHealth Caritas Louisiana's CEO or one of the CEO's direct reports.

AmeriHealth Caritas Louisiana has its own Board of Directors and a local management structure to enable local decision making. The CEO is accountable to the AmeriHealth Caritas Louisiana Board of Directors, and his leadership team presents to the Board of Directors (comprised of representatives from both of AmeriHealth Caritas Louisiana's ultimate parents) on a quarterly basis. On a monthly basis, the CEO meets with and provides health plan updates to the President and Chairman of the AmeriHealth Caritas Family of Companies and his executive leadership team, who in turn presents to the BMH Board of Directors regarding AmeriHealth Caritas Louisiana and its affiliated Health Plans quarterly.

Organizational Chart of Operating Structure

An organizational chart of the AmeriHealth Caritas Louisiana operating structure, depicting the key teams involved in satisfying LDH Contract requirements, is included in **Attachment 2.6.2.2.3-1**. We maintain full accountability for the delivery of services provided by our material subcontractors and require them to send regular performance reports to the related department, which is accountable to the AmeriHealth Caritas Louisiana CEO. Additionally, we will seek advance approval from LDH for any material subcontractor amendments or substitutions, per **Section 2.2.3.2** of the Model Contract.

Executing Health Plan Functions Using Key Teams

The Functional Team Roles, Responsibilities, and Team Leads table provides an overview of AmeriHealth Caritas Louisiana's dedicated key teams, including a brief description of each team's role, operating activities, team leads, and how the team reports to and informs decisions made by operating leadership. The success of our work relies upon the skills and expertise of the associates on these teams which has been cultivated through not only their longevity of service at AmeriHealth Caritas Louisiana and in the health care industry but also the diversity of their individual experiences and belonging in the communities in which they serve. Our local leadership team drives operational oversight. Depending upon the departmental function, AmeriHealth Caritas Services may augment the work performed in Louisiana. We will comply with staff training, licensure, and meeting attendance requirements, as stated in **Section 2.2.2.7** of the Model Contract.

To align associates with our company mission and to help them fully appreciate the impact of their work in the communities that they serve, teams participate in our Everyone Makes an Impact series — comprised of frequent, targeted training sessions and the exchange of interdepartmental news, program updates, and industry developments. Feedback from front-line associates in these sessions is used by leadership to inform team communications and topics for future sessions.

Functional Team Roles, Responsibilities, and Team Leads
Enrollee Services
Role and Responsibilities — This team includes Enrollee Marketing and Communications and Community Health Education (CHE) associates. Enrollee Marketing and Communications is responsible for communications with enrollees, and with support from our contact center personnel, they provide prompt acknowledgement and resolution of inquiries and issues. Our CHE associates are responsible for engaging with and educating enrollee communities. **Team Leads** — Pierre Washington, Enrollee Engagement Manager, has been with AmeriHealth Caritas Louisiana for 7 years and chairs the Enrollee Advisory Council. Pierre reports to Tricia Grayson, APR, Enrollee Services Manager, who is responsible for enrollee communications. Tricia is an award-winning health care marketing professional with more than 27 years of public relations experience, including more than 12 years in health care communications. Her experience includes coordinating grassroots community outreach and directing culturally competent enrollee engagement. Tricia reports to the CEO. Yolanda Criss, Manager of Community Enrollees Services, and Nancy Gervais, Community Investment Lead, have been with the plan for 10 years, each, and they report to Grover Harrison, Director of Community Health Education. Grover has been with AmeriHealth Caritas Louisiana for 10 years, focusing on community outreach and promoting wellness, including oversight of Population Health & Health Related Social Needs Liaisons. He reports to the COO.
Provider Network
Role and Responsibilities — This team develops, maintains, and monitors the provider network to help ensure availability and accessibility of covered services. Dedicated team members support physical health and behavioral health providers with practice transformation and help them to advance on the alternative payment model continuum. Field associates are experienced in provider contracting and performance-based payment strategies, relying on their managed health care and/or Medicaid experience to understand and address provider issues.

Functional Team Roles, Responsibilities, and Team Leads
Team Leads —Clarence Grant, Jr., Provider Services Manager, has 13 years of managed care service and engages providers using an integrated care lens. Clarence reports to the CEO. Charleen Gauthreaux, Manager of Value-Based Contracting, works closely with Clarence to lead provider engagement in performance-based payment models. Jeffrey Sitko, Practice Transformation Director, will engage with this team and providers to drive success in value-based programs. His experience includes managing and motivating practice transformation teams and directing team efforts toward targeted care delivery improvement opportunities. Charleen and Jeffrey report to the Senior Vice President of Network Management (AmeriHealth Caritas Services) and have accountability to the CEO.
Provider Services
Role and Responsibilities — To enhance service delivery while aligning with State and federal requirements, our approach to Provider Services is the collaboration of multiple functional areas, including claims administration/processing/grievance resolution, provider education for claim denials, provider support for timely and accurate reimbursement, and encounter management. This team works with providers, responding to inquiries, resolving problems, and educating providers with support from our contact center. **Team Leads** — Tamika Kehoe, Provider Claims Educator, has been with AmeriHealth Caritas Louisiana for 8 years, working with claims processing, provider network and communications, and the grievance system to develop a comprehensive provider claims education strategy. Bridgette Robertson, Grievance System Manager, has been with us for 8 years and manages provider/enrollee disputes and grievances. Tamika and Bridgette report to Tina Kelli (Kelli) Nolan, Claims Administrator, who provides functional oversight of claims processing staff. Kelli has more than 18 years of Medicaid experience in Louisiana, including 12 years of management and supervisory experience, and is an expert at technical implementation and claims adjudication. Haley Smith, Encounter Data Quality Coordinator, has been with the plan for 10 years and analyzes encounter data. Haley reports to Trampas Cranford, Information Technology Director, who provides functional oversight of encounters processing staff. Trampas has been with the plan for 10 years and is experienced in information systems, data processing, reporting, and maintaining LDH connectivity. Trampas and Kelli report to the COO.
Quality Management and Improvement
Role and Responsibilities — This team guides health plan improvements and manages quality through data analysis and outcomes measurement. **Team Leads** — Rhonda Baird, RN, Quality Manager, has been with AmeriHealth Caritas Louisiana for 6 years and is experienced in data and outcomes measurement. Mary Scorsone, RN, BSN, Quality Management/Quality Improvement Coordinator, has more than 25 years of health care experience in both clinical and leadership capacities. She is a licensed RN in Louisiana with a Lean Six Sigma green belt, and she has an extensive understanding of large-scale health care quality improvement, provider services, education, and health care data analysis. Mary reports up through the Senior Vice President for Medical Excellence and Clinical Solutions (AmeriHealth Caritas Services). Mary and her team have accountability to the CMO.
Population Health
Role and Responsibilities — This team includes Case Managers, Pharmacy Services, Community Health Navigators, Louisiana-certified Peer Support Specialists (who support physical, behavioral health, and maternity care management), and behavioral health liaisons. The population health team includes professionals with supervisory experience, Louisiana-licensed mental health professionals, and individuals who live in the communities that they serve. **Team Leads** — Cicely Evans, LMHP, LCSW, Behavioral Health Children's System Administrator/Behavioral Health Case Management Supervisor has been with us for more than 5 years and has expertise in the special behavioral health needs of children with severe behavioral health challenges and their families. Suconda Smith, RN, Maternal Child Health/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Coordinator has been with us for more than 6 years and is responsible for ensuring receipt of EPSDT services and maternal and postpartum care. She also promotes family planning services and preventative health strategies. Cicely and Suconda report to Rachel Weary. Rachel Weary, RN, MSN, Case Management Administrator/Manager, has more than 12 years of executive health plan leadership experience. She is a licensed RN in Louisiana and the President of the Southeastern Louisiana Black Nurses Association. Rachel has an MS in Nursing and, for more than 7 years, has coordinated care management requirements under LDH policies and the Contract. Rachel reports to Lori Linxwiler, Population Health Clinical Operations Director (AmeriHealth Caritas Services). Rachel and Lori report

Functional Team Roles, Responsibilities, and Team Leads
up through the Vice President of Population Health and Clinical Operations (AmeriHealth Caritas Services), with local oversight by the CMO. Jeanine Plante, Pharmacy Director, has more than 14 years of pharmacy management experience and leads Pharmacy Services. Her experience includes Medicaid managed care, retail, and clinical experience. Jeanine reports up through the Vice President of Population Health and Pharmacy Services (AmeriHealth Caritas Services) with local oversight by the CMO. Lori Payne, Health Equity Administrator, has been with us for 8 years and is responsible and accountable for all matters related to health equity. Lori reports to the Chief Diversity, Equity, and Inclusion Officer, with accountability to the CEO. Gloria Winchester, Housing Specialist, has been with us for more than 1 year and is responsible for ensuring that enrollees transitioning from facility to community are connected to appropriate housing resources. Gloria serves on the multi-disciplinary care team, and reports to the CMO. Chris McNeil, LMHP, LCSW, Behavioral Health Coordinator has been with us for more than 5 years and is responsible for clinical program development and oversight of staff and services related to the delivery of covered mental health and addiction services to children/youth, adults with serious mental illness and/or with substance use disorders reports. Chris reports to the Behavioral Health Medical Director. Betty Ann Muller, board-certified MD, Behavioral Health Medical Director, has been with us for 5 years and is responsible for ensuring timely medical decisions. She also manages the behavioral health services delivery system and is actively involved in all major clinical and quality management components of the behavioral health services. Betty reports to the CMO.
Utilization Management
Role and Responsibilities — This team makes medical determinations for physical and behavioral health. They are responsible for utilization and medical management pursuant to federal, State, and Contractual requirements. This team also includes clinicians and non-clinical support staff, as well as a Louisiana-licensed RN, licensed mental health professional, licensed addiction counselor, and a board-certified psychiatrist on each prior authorization and concurrent review team. **Team Leads** — Lakesha Dickerson, DNP, Medical Management Coordinator, has served at AmeriHealth Caritas Louisiana for 2 years and supervises our utilization management function. Sarah Cobb, LMHP, LPC, LAC, Addiction Services Manager, has been with us for more than 4 years and is responsible for oversight of and compliance with the addiction principles of care and application of American Society of Addiction Medicine placement criteria for all addiction program development. Sarah reports to Kursten Munson, Manager Utilization Management Review. Yolonda Spooner, board-certified MD, Medical Director, has been with us for 10 years and is the lead for physical health utilization management physician reviews. Craig Troxclair, board-certified MD, Medical Director Behavioral Health, has been with us for 6 years and is the lead for psychiatric utilization management physician reviews. Lakesha, Yolonda, and Craig report up through the Vice President for Utilization Management Operations and Physician Reviewers (AmeriHealth Caritas Services), with local oversight by the CMO.
Finance
Role and Responsibilities — This team oversees budget, accounting, financial reporting, and financial audit activities. Business continuity and facilities functions also report to the finance department. **Team Leads** — Herman Jones serves as our Business Continuity Planning and Emergency Coordinator. He has extensive experience with Federal Emergency Management Agency and logistics management. Herman reports to Shannon Herring, CFO. Shannan has been with AmeriHealth Caritas Louisiana for 4 years and has more than 14 years of executive-level accounting experience with extensive knowledge of budget development and forecasting, management reporting, internal control procedure implementation, audit coordination, financial regulatory reporting, and operational analysis. She reports to the CEO.
Fraud, Waste, and Abuse Monitoring and Compliance
Role and Responsibilities — This team includes Compliance and Program Integrity personnel and is responsible for overseeing Contract compliance and monitoring/enforcing the fraud, waste, and abuse prevention program. This team also includes a support staff of data analysts and a Contractually-required Special Investigations Unit, including Accredited Health Care Fraud Investigators. **Team Leads** — Lesli Boudreaux, Contract Compliance and Program Integrity Officer, has been with AmeriHealth Caritas Louisiana for 2 years and has more than 23 years of Medicaid experience in Louisiana, including programmatic leadership, operational management, oversight of Contract compliance, and federal and State reporting. She reports directly to the CEO and AmeriHealth Caritas Louisiana's Board of Directors.

Functional Team Roles, Responsibilities, and Team Leads
Administration and Contract Management
Role and Responsibilities — Associates on these teams, including clerical and support staff, manage essential administrative and Contractual requirements of the plan. They are professionals in each of their respective fields, including analytics, economics, legal, human resources, and governmental affairs. **Team Leads** — Kyle Viator, CEO, brings 17 years of executive and supervisory experience and 19 years of Medicaid experience to his role as CEO of AmeriHealth Caritas Louisiana. He has a track record of leadership and service in community and professional organizations, such as serving as an officer for the Louisiana Managed Medicaid Association and Serve Louisiana. His strategic oversight of all teams includes the direction of our administrative and Contract management functions. Kyle reports to Rebecca Engelman, Regional President, AmeriHealth Caritas Family of Companies and AmeriHealth Caritas Louisiana's Board of Directors.

Current Staff and Timeline to Scale to Proposed Levels

We will begin recruitment in January 2022, with employee onboarding and training beginning 60–90 days ahead of go-live. The Current vs. Proposed Staffing Levels table shows our proposed staffing levels for a total enrollment of 350,000.

Current vs. Proposed Staffing Levels

Team	FTE Count (Current)	FTE Count (Per 350K Enrollees)	FTE Count Difference (Proposed - Current)
Enrollee Services			
Provider Network			
Provider Services			
Quality Management and Improvement			
Population Health			
Utilization Management			
Finance			
Fraud, Waste, and Abuse Monitoring and Compliance			
Administration and Contract Management			

Approach for Determining Appropriate Staffing Levels

AmeriHealth Caritas Louisiana has well-defined staffing models for all departments and functional areas that are tailored to directly support LDH. Our proven staffing models are designed and updated to exceed expectations and requirements, as outlined in the **Model Contract**, and to help ensure that we consistently deliver a high level of service to enrollees and the provider network.

The first step in developing our staffing plan includes understanding Contract requirements, forecasting membership by aid category, and analyzing key information, such as provider network size or percentage of population in care management. Based on this information, AmeriHealth Caritas Louisiana requires every function within our organization to analyze its needs. We review those needs to help ensure that the staffing plan includes all required positions, as well as those mandated by the Contract. The staffing requirements are calculated per the required ratios (where applicable). We adjust staffing when an administrative efficiency is identified through the use of technology and/or process improvements, when membership fluctuates, or when programmatic changes occur.

Attachment 2.6.2.2.2-1
Key Personnel Resumes

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

Kyle C. Viator

Chief Executive Officer/Market President

10000 Perkins Rowe, Baton Rouge, LA 70810
kviator@amerihealthcaritasla.com

20 Years Health Care Experience

Professional Summary

Seasoned Chief Executive Leader with more than 2 decades of experience with Louisiana Medicaid, responsible for the strategic direction, growth, and oversight of administration for health plan, including the daily operations of the Member Services, Provider Services, Network Management, Information Services, Quality, Care Management, Community Education, Regulatory, and Legislative Affairs departments.

Work Experience

Chief Executive Officer

AmeriHealth Caritas Louisiana, Baton Rouge, LA 2015–Present

- Manages health plan outcomes, employees, and the achievement of all profitability and membership goals.
- Monitors and analyzes the changing Medicaid landscape and recommends programs and policies to proactively address the changing needs of enrollees.

Chief Operating Officer

AmeriHealth Caritas Louisiana, Baton Rouge, LA 2014–2015

- Provided direct oversight and leadership for internal operational functions.
- Served as primary liaison between the State agency, AmeriHealth Caritas Louisiana, and corporate.
- Acted as second-in-command to the health plan's Chief Executive Officer.
- Ensured that local and corporate resources delivered on all commitments to meet contractual obligations.
- Proactively identified risks that would have impacted the health plan’s ability to meet enterprise and local strategic and financial goals and developed strategies to mitigate the risks.
- Supported the execution, in collaboration with the Regional Chief Financial Officer and Chief Medical Officer, of cost containment initiatives by developing action plans and tracking results.

Executive Director

Community Health Solutions of Louisiana, Baton Rouge, LA 2013–2014

- Provided leadership and coordination for all aspects of the health plan, which served nearly 25% of all enrollees in the Louisiana Medicaid Managed Care program, Bayou Health.
- Ensured adherence to program requirements, as well as timely and accurate reporting from Community Health Solutions of Louisiana to the State.
- Monitored and oversaw all aspects of program performance.
- Coordinated the resolution of operational issues and supervised assigned staff.
- Coordinated provider/enrollee education.
- Served as the primary representative at legislative sessions, industry conferences, and other related functions.

Director of Patient Financial Services

Louisiana State University Health Care Services Division, Baton Rouge, LA 2012–2013

- Directed the statewide management of patient billing functions and operations, including patient accounting, registration, billing, accounts receivable, and collection programs of the medical centers under the jurisdiction of the Louisiana State University Health Care Services Division.
- Monitored proposed and final federal and State legislation impacting the revenue cycle of the Louisiana State University Health Care Services Division facilities and strategically implemented changes as needed.
- Collaborated with reimbursement, managed care contracting, budget, and other Health Care Services Division directors to ensure that changes implemented would have provided sufficiently for departmental needs.
- Developed, implemented, and maintained systems of accountability and measurement controls for the accurate compilation of operational and financial monitoring reports.
- Ensured the provision of adequate controls and services and ensured program effectiveness in relation to revenue results, agency goals, and quality improvement objectives within patient financial program areas.

Director of Government Policy and Payments

Louisiana State University Health Care Services Division, Baton Rouge, LA 2011–2012

- Monitored activities of major governmental payers and provided technical assistance to hospital system staff in complying with policies and procedures of these programs.
- Provided direction and education to staff throughout 7 hospital systems related to the establishment with 6 new payers contracted to administer Medicaid services.
- Participated in contract negotiations to ensure relationships with new payers took the unique needs and assets of the safety net system into account.
- Established an oversight mechanism to ensure that payers were in compliance with contracts and were readily addressing issues identified by hospital system representatives.

Medicaid Deputy Director

Louisiana Department of Health and Hospitals, Baton Rouge, LA 2010–2011

Louisiana State Children's Health Insurance Program Director of Operations/Medicaid Eligibility Supports Section Chief

Louisiana Department of Health and Hospitals, Baton Rouge, LA 2004–2009

Medicaid Outreach Coordinator

Louisiana Department of Health and Hospitals, Baton Rouge, LA 2002–2003

Public Information Officer

Louisiana Department of Health and Hospitals, Baton Rouge, LA 2001–2002

Publishing and Communications Associate

Haynie and Associates, Baton Rouge, LA 1999–2001

Deputy Press Secretary

United States Senator Ron Wyden, Washington, DC 1998–1999

Education and Training

Louisiana State University Public Administration Institute 2000–2003
Masters of Public Administration
Louisiana State University 1995–1997

Bachelor of Arts, History
Minor – Political Science
University of Louisiana at Lafayette 1993–1995
Major – Social Studies education

Awards and Affiliations

Past President, Louisiana Medicaid Managed Care Organization Association
Treasurer, Louisiana Managed Medicaid Association
Treasurer, Serve Louisiana
Former Steering Committee Member, National Covering Kids & Families Coalition
Court Appointed Special Advocate, East Baton Rouge Juvenile Court

AmeriHealth Caritas Louisiana

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Don Gregory

Chief Operating Officer (Interim)

10000 Perkins Rowe, Baton Rouge, LA 70810
dgregory@amerihealthcaritasla.com

36 Years Health Care Experience

Professional Summary

Highly knowledgeable leader with 36 years of experience with the Louisiana Department of Health and has served in numerous positions, including Medicaid Director.

Work Experience

Chief Operating Officer

AmeriHealth Caritas Louisiana, Baton Rouge, LA September 2021–Present

- Maintain knowledge of State program contractual and regulatory requirements (benefit and payment rules, data and information submission specifications, performance and service-level requirements, etc.) and ensure requirements are met for the health plan.
- Act as a liaison between the State, health plan, and enterprise functions.
- Maintain accountability for all contractual obligations and ensure that both local and corporate resources deliver on all commitments.
- Act as a second-in-command to the Market President/CEO.
- Ensure that all service levels are met for all functional areas supporting the health plan, including corporate, regional, and local functions. Addresses the need for corrective action when any service levels are not met.
- Oversee the submission of specific information to corporate, based on the health plan's provider contracts, for configuration of the system to support payment of claims. Responsible for ensuring that claim payments, once configuration has been completed, are consistent with the terms of the contract.
- Manage internal operational functions and oversight of corporate functions that support key health plan requirements, such as claims processing and encounter data submissions and corrections.
- Maintain up-to-date Policies and Procedures for all local functions, conforming to regulatory requirements.
- Track State Bulletins to identify changes and operational impacts; communicate them; and marshal local, regional, and corporate resources to make necessary system and process changes to meet the requirements.
- Convene regular operational meetings at the health plan to include peers (e.g., provider network management, compliance, and community outreach) to facilitate coordination of health plan activities.
- Support the execution, in collaboration with the Regional CFO and CMO, of cost containment initiatives. Responsible for developing action plans and tracking results for operational cost containment initiatives.
- Proactively identify risks that would impact the health plan's ability to meet enterprise and local strategic and financial goals and develop strategies to mitigate the risks.

Healthcare Consultant

Gregory Advisors, LLC, Baton Rouge, LA 2012–2021

- Provided technical assistance related to the Medicaid program, with a primary focus on Program Integrity to the following customers:
  - State agencies directly in support of their respective Medicaid programs**.**
  - Contractors in support of their respective Medicaid programs**.**
- Evaluated healthcare policy and programmatic trends and published position papers to inform public policy debate.
- Provided technical assistance for federal contractors in compliance with CMS requirements.

Medicaid Director

Louisiana Department of Health, Baton Rouge, LA 2010–2012

- Planned, directed, and oversaw management of the Medicaid Program.
- Provided for the highest administrative and managerial services by planning, organizing, implementing, and directing the overall operation of the Louisiana Medicaid Program.
- Developed and implemented administrative and operational plans, policies, and procedures to ensure compliance with complex federal regulations and State laws governing more than 30 Medicaid Programs, revising as necessary due to frequent changes.
- Established, issued, and monitored implementation of statewide work plans and quality assurance efforts. Prepared statistical analyses, narratives, tables, and charts to track/plot trends and project future needs and to determine if departmental objectives and goals are being met.
- Formulated annual budgetary requests for the Medicaid. Planned, directed, and monitored expenditures for contracted services, personnel, equipment, supplies, travel, and other operating services.
- Performed direct supervision of middle-level managers and administrative assistants and established performance goals, objectives, and evaluation criteria for employee performance.
- Assured that personnel actions of subordinates complied with Civil Service rules, as well as Department of Health and Hospitals, Medical Vendor Administration, and Equal Employment Opportunity Act policies and regulations.
- Represented the department in programmatic matters at various federal, State, and local hearings, meetings, and conferences. Coordinated and met with government officials, private officials, professionals, beneficiaries, and others on matters pertaining to the Medicaid program. Directed the answering of inquiries from the general public, members of the State Legislature, and the US Congressional delegation. Met with individuals, key groups, and organizations to explain program.

Deputy Assistant Secretary**,** Office of Aging and Adult Services

Louisiana Department of Health, Baton Rouge, LA 2008**–**2010

- Managed a 395 bed public hospital/SNF; a 155 bed public nursing home.
- Provided oversight of the statewide operations of an adult protective services program.

Director of Eligibility Field Operations

Louisiana Department of Health, Baton Rouge, LA 2003**–**2008

- Managed an operating budget in excess of $58 million and a permanent staff of 856 employees.
- Oversaw the administration of nine geographical regions, each consisting of a regional office, Parish offices, and Medical Assistance Program Eligibility Units in select State public hospitals.

Program Integrity Section Chief

Louisiana Department of Health, Baton Rouge, LA 1993–2003

- Oversaw surveillance and utilization review, provider enrollment, and Medicaid Eligibility Quality Control.
- Coauthored along with staff the Medical Assistance Program Integrity Law, which became effective August 15, 1997.

Administrative Law Judge

Louisiana Department of Health, Baton Rouge, LA 1981–1993

- Offered fair hearing to beneficiaries, providers, and others in regard to appeal of adverse action notices.
- Provided services subject matter expertise, judicial temperament, and the ability to formulate and convey in writing appeal decisions based on evidence, findings of fact, and conclusions.

Disability Determination Services

Louisiana Department of Health, Baton Rouge, LA 1976–1981

- Determined the disability status of applicants for Social Security, Title II, and Supplemental Security Income, Title XVI, and benefits.
- Possessed medical knowledge, along with understanding of the complex Social Security regulations governing disability evaluations and vocational capacity.

Education and Training

Northwestern State University, Natchitoches, LA 1973
Louisiana Tech University, Rustin, LA
BS Management

Professional Membership

Chairman, Fraud and Abuse Control Technical Advisory Group
Past President, National Association of Surveillance Officials
Team Leader PAM and PERM Projects
Team Leader, Fiscal Intermediary Procurement

AmeriHealth Caritas Louisiana

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Rodney B. Wise, MD

Chief Medical Officer

10000 Perkins Rowe, Baton Rouge, LA 70810
rwise@amerihealthcaritasla.com

36 Years Health Care Experience

Professional Summary

Chief Medical Officer with strategic and operational clinical leadership experience and extensive knowledge in health care affordability and clinical quality initiatives to achieve goals. Proven effectiveness as an ambassador to practitioners, medical facilities, State representatives, professional societies, advocacy groups, and other external partners; 12 years of history of activity and leadership positions within MCOs.

Work Experience

Chief Medical Officer

AmeriHealth Caritas Louisiana, Baton Rouge, LA 2015–Present

- Represents AmeriHealth Caritas Louisiana in all aspects of State provider and enrollee quality and strategy development initiatives.
- Works with Corporate staff and Corporate Chief Medical Officer to align efforts to improve care, quality, and outcomes within the Medicaid population.

Senior Medical Director

Blue Cross Blue Shield of Louisiana, Baton Rouge, LA 2013–2015

- Served as Lead Medical Director and advised all medical activities within Clinical Solutions division of the company.
- Worked directly with the Chief Medical Officer and Senior Management Team to evaluate medical care and make recommendations for implementing changes to improve outcomes and lower costs.
- Represented medical staff in the Medical Action Planning Committee, which evaluates efficiency and cost containment across all aspects of Blue Cross.
- Supervised a team of seven Medical Directors and directed the medical activities of a large population health and utilization management staff.

Medical Director, Utilization Management

Blue Cross Blue Shield of Louisiana, Baton Rouge, LA 2012–2013

- Participated in all aspects of utilization, care authorization, case and disease management, and related activities to assure the consistent and appropriate utilization of care for Blue Cross members.
- Participated in a project that evaluated diagnostic-related group admissions to inpatient facilities and the evaluation of data to make recommendations to ensure more appropriate use of observational care.
- Supported company leadership in its cultural beliefs and mission.
- Participated in a risk adjustment workgroup to assess and plan management for new members obtained through the Affordable Care Act.

Medical Director, Louisiana Medicaid

Louisiana Department of Health and Hospitals, 2009–2012
Bureau of Health Services Financing/Medicaid, Baton Rouge, LA

- Served as Chief Medical Officer and provided direction and supervision to all aspects of health care for 1.2 million Louisiana Medicaid recipients.
- Led medical direction for program design, implementation, operation, and quality assessment for Bayou Health (now Healthy Louisiana), the Medicaid managed care program.
- Directed all aspects of Medicaid services, including network development, utilization, prior authorization, concurrent reviews, utilization management, and quality initiatives, for both physical and behavioral health services.
- Worked closely with public and private partners, including the Louisiana Legislature, State agencies, Center for Medicare and Medicaid Services, Louisiana Hospital Association, and the Louisiana State Medical Society.
- Presented to professional and community events throughout Louisiana and at the national level on all aspects of Medicaid.
- Served as a visiting faculty member at the Medicaid Integrity Institute in Columbia, South Carolina.
- As the sole Medical Director, provided medical leadership for the Louisiana Behavioral Health Partnership and its statewide management organization, Magellan Health, in the implementation and operation of the behavioral health managed care program.

Medical Director, Maternity Program

Louisiana Office of Public Health, Maternal & Child Health Program 2003–2009
New Orleans, LA

- Provided medical leadership for the Title V Block Grant to Louisiana, which serves women and children of the State.
- Developed, implemented, and oversaw the Louisiana FIMR program to evaluate and address the high rates of infant mortality in Louisiana.
- Served on the Louisiana Perinatal Commission to direct regionalization of maternal and infant care.
- The Louisiana FIMR program was one of the first statewide programs in the U.S. and is nationally recognized for its community coalition-building and surveillance activities.

Director, Department of Obstetrics and Gynecology

Louisiana State University Hospital, Monroe, LA 1989–2009

Faculty Member, Department of Obstetrics and Gynecology

Louisiana State University Health Sciences Center, Shreveport, LA 1985–2012

Education and Training

Louisiana State University Health Sciences Center, Shreveport, LA 1988–1989
Fellowship, Clinical Genetics
Louisiana State University Health Sciences Center, Shreveport, LA 1981–1985
Residency, Obstetrics and Gynecology
Louisiana State University, School of Medicine, Shreveport, LA 1981
Doctor of Medicine, graduate, with honors
Northwestern State University of Louisiana, Natchitoches, LA 1977
BS, Pre-medicine/zoology, graduate, magna cum laude

Licenses/Certifications

Louisiana- Louisiana State Board of Medical Examiners, # 16388

American Board of Obstetricians and Gynecologists, Diplomate 1987–Present
American Congress of Obstetricians and Gynecologists
Junior Fellow 1985–1988
Fellow 1988–Present

Professional Memberships

Louisiana Commission on Perinatal Care and Prevention of Infant Mortality
Louisiana Perinatal Quality Collaborative
American College of Obstetricians and Gynecologists, LA Section
American Medical Association
Louisiana State Medical Society
Ouachita Medical Society
Louisiana Coalition for Maternal and Infant Health

Licenses/Certifications

Louisiana – Louisiana State Board of Medical Examiners, # 16388
American Board of Obstetricians and Gynecologists, Diplomate 1987–Present
American Congress of Obstetricians and Gynecologists
Junior Fellow 1985–1988
Fellow 1988–Present

Betty Ann June Muller, MD

Behavioral Health Medical Director

10000 Perkins Rowe, Baton Rouge, LA 70810
bmuller@amerihealthcaritasla.com

Professional Summary

Highly professional Medical Director with strong clinical knowledge and experience in behavioral health and psychiatry.

Work Experience

Behavioral Health Medical Director

AmeriHealth Caritas Louisiana, Baton Rouge, LA 2016–Present

- Oversight and leadership of the integrated behavioral health benefit, including coordination with the health plan's UM program, network development, quality management, and care management.
- Responsible for guiding the development of all behavioral health programs and guidelines, providing administrative and clinical guidance and expertise to senior management and staff to enhance and improve the quality of care and services provided to the health plan's enrollees.
- Provide clinical case management consultations for contracted primary care physicians treating behavioral health-related concerns.
- Work closely with UM and appeals related to children, youth, and adults with mental illness and/or substance use disorders.

Associate Clinical Professor of Psychiatry

Tulane University School of Medicine, New Orleans, LA 1984–2018

Child Psychiatric Consultant to Lafourche Mental Health Center

Lafourche Mental Health Center, Raceland, LA 1999–2018

Medical Director, Child and Adolescent Psychiatric Consultant

Metropolitan Human Services District, Child & Adolescent Services,
East Bank of New Orleans, LA 2010–2018

Education and Training

Louisiana State University, Baton Rouge, LA
Bachelor's Degree
Tulane University School of Medicine, New Orleans, LA
Doctor of Medicine

Licenses/Certifications

Certified by the American Board of Psychiatry and Neurology in Psychiatry	1985
Certified by the American Board of Psychiatry and Neurology in Child Psychiatry	1986
Medical License, State of Louisiana, 014674, F L E X	1978
Medical License, State of Tennessee, 12950, Reciprocity	1980
Medical License, State of Colorado, 24974, Reciprocity	1982

Professional Memberships

American Academy of Child Psychiatry
American Psychiatric Association
Louisiana Psychiatric Association

Shannan O. Herring

Chief Financial Officer

10000 Perkins Rowe, Baton Rouge, LA 70810
sherring@amerihealthcaritasla.com

20 Years Health Care Experience

Professional Summary

Highly knowledgeable accounting leader with over 15 years of executive-level accounting experience and more than 20 years' health care experience. Responsible for budget development and forecasting, management reporting, internal control procedure implementation, audit coordination, financial regulatory reporting, and operational analysis.

Work Experience

Chief Financial Officer

AmeriHealth Caritas Louisiana, Baton Rouge, LA 2017–Present

- Responsible for financial operations.
- Manages operating budget.
- Oversees accounting systems, financial reporting, and all internal and external audits.

CFO/Controller

Physicians Medical Center LLC, Houma, LA 2016–2017

- Responsible for financial operations of a 30-bed acute care hospital.
- Managed business office, medical records, purchasing department, and accounting staff members.
- Responsible for internal and external audit compliance.
- Prepared monthly journal entries and financial statements for corporate review.
- Prepared Monthly Operating Reports and quarterly forecast.
- Managed all financial reporting, cash management, budgeting, and forecasting for hospital.

Corporate Controller

Progressive Acute Care LLC, Mandeville, LA 2013–2016

- Managed and coordinated financial reporting and budgeting functions for 4 rural hospitals and corporate operations.
- Prepared consolidated monthly financial statements for board presentation.
- Performed data analytics and prepared operating benchmark and key indicators reports.
- Prepared corporate annual operating budget and oversaw the preparation of 4 hospitals' budgets.
- Managed corporate insurance policies.
- Supervised and coordinated all aspects of annual audit for corporate, as well as 4 hospitals.

Director of Accounting

Coventry Health Care of Louisiana, Metairie, LA 2006–2013

- Responsible for coordinating and managing the accounting functions for LA, MS, AR, and TN for a Fortune 500 company with $25 million net income.
- Supervised the completion and accuracy of general ledger accounts and financial statements.
- Prepared $20 million annual operating budget and forecast for 4 states.
- Analyzed SG&A trends, revenue, and obligations incurred to predict future revenue and expenses.
- Directed the timely completion of all requested schedules and information requests for Coventry Health Care Corporate Finance.

- Maintained and created internal policies and procedures to comply with Sarbanes–Oxley guidelines.
- Coordinated all local plan internal and external financial audits, including audits with LA Department of Insurance.
- Ensured accurate and timely completion of all financial regulatory data submissions.
- Reviewed and approved all Accounts Payable invoices and expenses.
- Coordinated the process for preparing new reporting to comply with Federal Health Care Reform regulations.

Education and Training

University of New Orleans, New Orleans, LA 1989–1994
Bachelor of Science, Accounting

AmeriHealth Caritas Louisiana

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Jeanine C. Plante

Pharmacy Director

10000 Perkins Rowe, Baton Rouge, LA 70810
Jplante1@amerihealthcaritasla.com

17 Years Health Care Experience

Professional Summary

Registered pharmacist with over 14 years of experience in Pharmacy (MCO, Health System, and Retail spaces). Unique background, which includes extensive industry knowledge and relationships built within both the MCO Leadership markets and State-level decision-makers. Significant contributions to the overall successes of the organization served through cost savings and profitability, clinical oversight, regulatory compliance, and enrollee outcomes.

Work Experience

Pharmacy Director

AmeriHealth Caritas Louisiana, Baton Rouge, LA 2015–Present

- Develop and maintain key relationships that have allowed for resolution through open communication; implement strategies to affect positive financial outcomes.
- Oversight of clinical policy and State contract, corporate, and local medical management; vendor (PBM) oversight; and plan liaison to the pharmacy network.
- SME regarding drug formulary or claims processing; support all Quality, HEDIS, or NCQA measures related to the MCO contract and accreditation.
- Participate/contribute to LDH meetings with State agency regarding regulatory and pharmacy issues.
- Participate in the LDH Pharmacy Advisory Council and serve as Chairwoman of the Pharmacy Committee for the Louisiana Managed Medicaid Association.

Staff Pharmacist

Ochsner Medical Center, Baton Rouge, LA 2010–2017

- Supervised Pharmacy Technician team to ensure accuracy, compliance with processes, and patient access-to-care timeliness measures were observed.
- Assisted in the development of new standard orders for clinic use; reviewed dosing guidelines with physicians, nurses, and upper management; and improved the consistency of physician order forms.
- Received recognition for Order Entry Accuracy and Low Error Rate when preparing and dispensing medications using safe and cost-effective therapeutic decision-making.
- Developed dosing protocol and reference material for the use of paralytic agents in the ICU that are used by both nursing and pharmacy staff.
- Assisted clinical staff with preparation for P&T by completing drug use evaluations and drug comparisons.
- Served as a patient advocate by developing policies to improve patient satisfaction during the hospital stay in collaboration with inter-departmental staff.
- Provided drug information to health care providers. Responded to consultation requests and offered therapeutic alternatives to non-formulary medication orders.

Clinical Pharmacist

Blue Cross and Blue Shield of Louisiana, Baton Rouge, LA 2012–2015

- Managed the development and maintenance of the drug formulary, including rebate negotiations with drug manufacturer Account Managers.

- Developed clinical policies and implemented drug utilization management tools and techniques.
- Headed the initiative to control spending associated with the rising costs of compounded medications.
- Led the preparation and facilitation of the P&T Committee meetings.
- Prepared the pharmacy department to participate in its first ever URAC accreditation review and oversaw the pharmacy processes necessary to maintain that accreditation.
- Managed the drug formulary information in the PBM claims system, annual printed formularies, and Blue Cross and Blue Shield of Louisiana website.

Pharmacy Manager

Walgreens, Gonzales, LA 2004–2010

- Responsible for the development, implementation, and execution of both corporate-level initiatives and customer growth and retention strategies.
- Recognized for the management and motivation of pharmacy staff to provide exceptional service to patients, consistently achieving customer service and inventory goals.
- Proficient understanding of third-party billing and medication payment approval; provided extensive patient consultation and drug therapy discussions with physicians.

Education and Training

Xavier University of Louisiana, New Orleans, LA
Doctor of Pharmacy
University of Houston, Houston, TX
Bachelor of Science in Psychology

Awards and Affiliations

Academy of Managed Care Pharmacy
Kappa Psi Pharmaceutical Fraternity
Louisiana Managed Medicaid Association

Licenses/Certifications

Louisiana Pharmacy Licensure, License Number 018317

Lesli Boudreaux

Contract Compliance Officer/Program Integrity Officer

25 Years Health Care Experience

10000 Perkins Rowe, Baton Rouge, LA 70810
lboudreaux@amerihealthcaritasla.com

Professional Summary

Highly knowledgeable leader with over 20 years of experience in Medicaid and Medicaid Managed Care, both in Louisiana and Nebraska. Responsible for contract compliance and regulatory interpretation; designated Program Integrity Officer for AmeriHealth Caritas Louisiana.

Work Experience

Contract Compliance Officer/Program Integrity Officer

AmeriHealth Caritas Louisiana, Baton Rouge, LA 2019–Present

- Directs the planning and management of the Compliance Program for Louisiana.
- Responsible for developing and implementing policies, procedures, and standards to maintain compliance.
- Directs the implementation and execution of initiatives designed to resolve identified LDH contract compliance issues and to implement new LDH contract requirements and operational initiatives.
- Oversees, monitors, and enforces all FWA activities for AmeriHealth Caritas Louisiana. Recommends controls to address FWA within scope of responsibilities. Conducts confidential internal investigations at the direction of Executive Management, Corporate Legal, the Corporate Compliance office, and/or Human Resources. Works closely with internal and external auditors, financial investigators, and claims processing areas.
- Works effectively with federal, State, and local investigative agencies on FWA cases to ensure best outcomes while adhering to regulatory protocols on case records.
- Manages the LDH contract language negotiation and amendment process; facilitates timely review and comment on proposed changes.

Healthcare Consultant

Nebraska Department of Health & Human Services, Lincoln, NE 2016–2018

- Cúram Eligibility and Enrollment Solution – business rules, requirements mapping, testing, and project management.
- Assisted with Readiness Review activities for Nebraska's 3 MCOs that began operations on 1/1/17.
- Drafting and submission of APDs, including tri-agency A-87 exception allowance.

Medicaid Program Manager 4, Health Plan Relations

Louisiana Department of Health and Hospitals, Baton Rouge, LA 2015–2016

- Oversight of the Medicaid Managed Care program, including responsibility for all oversight, coordination, implementation, and ongoing operations for Bayou Health and the Dental managed care program.
- Oversight of the statewide Enrollment Broker contract manager, with responsibility for ensuring the enrollment and disenrollment of over 1.04 million Medicaid and CHIP members, who were effectively educated and provided choice counseling, as well as correctly and timely linked to 1 of the 5 Bayou Health plans of their choice.

- Oversight of the Grievance, Appeals, and State fair hearings for all Bayou Health plans and the Dental managed care program. Ensured compliance with contract requirements and State and federal law.
- Oversight of the statewide Central Appeals Unit, responsible for handling all enrollee appeals related to eligibility determinations and service delivery. Centralization required coordination between Medicaid Eligibility, the Division of Administrative Law, Medicaid Managed Care, the fiscal intermediary, and 5 Bayou Health plans.

Medicaid Program Manager 4, Medicaid Member Services

Louisiana Department of Health and Hospitals, Baton Rouge, LA 2013–2015

- Oversight of the statewide Enrollment Broker contract manager, with responsibility for ensuring the enrollment and disenrollment of over 960,000 Medicaid and CHIP enrollees, who were effectively educated and provided choice counseling, as well as correctly and timely linked to 1 of the 5 Bayou Health plans of their choice.
- Oversight of the Grievance, Appeals, and State fair hearings for all Bayou Health plans and the Dental managed care program. Ensured compliance with contract requirements and State and federal law, as well as identified areas in need of improvement at both the programmatic level and the individual provider and enrollee levels.

Medicaid Program Manager 4, Medicaid Eligibility Supports

Louisiana Department of Health and Hospitals, Baton Rouge, LA 2009–2013

- Managed the operations of LaCHIP. Monitored and maintained the State health plan and assured that the Program operated in accordance with the health plan. Regularly prepared analysis and reports due to the CMS, State Legislature, and LDH executive management.
- Provided direction for grassroots Medicare Savings Program outreach initiatives that were initiated under the Robert Wood Johnson Foundation State Solutions Reaching Out Grant.
- Provided direction for a large Medicaid Infrastructure Grant that supported efforts to assist people with disabilities in securing and maintaining employment and provided direction for the State's Medicaid Purchase Plan.
- Provided direction for a federally funded CHIPRA Grant for targeted outreach to increase enrollment of eligible children in underserved populations into LaCHIP and Medicaid.
- Oversight of the management of statewide customer service functions for the Medical Vendor Administration.

MEDICAID PROGRAM MANAGER 2, Medicaid Eligibility Supports 2009–2009
MEDICAID PROGRAM SUPERVISOR, Medicaid Eligibility Supports 2008–2009
MEDICAID FIELD OPERATIONS
Medicaid Area Manager 2006–2008
Medicaid Analyst Supervisor 2001–2006
Medicaid Analyst 1, 2, 3 1996–2001

Education and Training

University of Louisiana, Lafayette, LA 1988–1992
Bachelor of Arts
Louisiana State University, Baton Rouge, LA 2009–2011
Graduate Courses in Public Administration

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

Lori Payne

Health Equity Administrator

10000 Perkins Rowe, Suite 400, Baton Rouge, LA, 70810
lpayne@amerihealthcaritasla.com

8 Years Health Care Experience

Professional Summary

Health Equity leader with seven years of experience in developing culturally responsive programming targeting improved health outcomes through cross-departmental collaboration, provider engagement, and community partnerships. Serves as the point of contact responsible and accountable for matters related to health equity within AmeriHealth Caritas Louisiana and the provider network to support the effectiveness and efforts of the Health Equity Plan. Provides functional support to the Quality, Network Management, Informatics, Information Solutions, Care Coordination, Utilization Management, and Public Affairs departments to integrate equity initiatives and goals with organizational programs. Plays an active role in the dissemination of health equity best practices and assists with new business opportunities and implementation.

Work Experience

Health Equity Administrator

AmeriHealth Caritas Louisiana, Baton Rouge, LA 8/2021–Present

- Oversee the strategic design, implementation, and evaluation of health equity efforts in the context of the health plan's population health and quality initiatives.
- Support decision-making around best payer practices related to disparity reductions, including providing health equity, SDOH resources, and research to leadership and the programmatic area.
- Partner with Contractor teams to provide relevant and applicable resources and research and ensure that the perspectives of enrollees with disparate outcomes are incorporated into the tailoring of intervention strategies.
- Collaborate with the health plan's Chief Information Officer to ensure the collection and meaningful use of race, ethnicity, language, disability, and other demographic and geographic data to identify disparities.
- Organize and collaborate with enrollees, providers, local and state government, community-based organizations, LDH, and other LDH contracted managed care entities to impact health disparities at a population level.
- Ensure that efforts addressed at improving health equity, reducing disparities, and improving cultural competence are designed collaboratively and that lessons learned are incorporated into future decision-making.
- Quantitative and qualitative data collection and analysis, participatory research.

CLAS Coordinator Specialist

AmeriHealth Caritas Louisiana, Baton Rouge, LA 2014–2021

- Defined health equity project metrics, goals, and milestones to align with organizational business strategies and goals, according to enrollee needs.
- Forged strategic partnerships with network providers and external stakeholders to ensure successful intervention strategies and oversee related budget requirements.
- Developed cross-departmental processes that support health equity initiatives and goals.

- Served as Chair of AmeriHealth Caritas Louisiana's CLAS committee and ensure all tasks associated with the CLAS Program Description are completed.
- Analyzed annual HEDIS and CAHPS outcomes data to determine disparities among enrollee groups and develop activities and programming to drive improvement in targeted areas.
- Ensured all aspects of CLAS activities are documented and disseminated to internal and external stakeholders.

Community Health Education Program Coordinator

AmeriHealth Caritas Louisiana, Baton Rouge, LA 2013–2014

- Drove key team activities and events while delivering comprehensive administrative support across various functions and supported operational goals across multidisciplinary team.

Education and Training

University of New Orleans, New Orleans, LA 2002–2005
Bachelor of Arts, Communications

Walden University, Minneapolis, MN 2019–2021
Master of Healthcare Administration

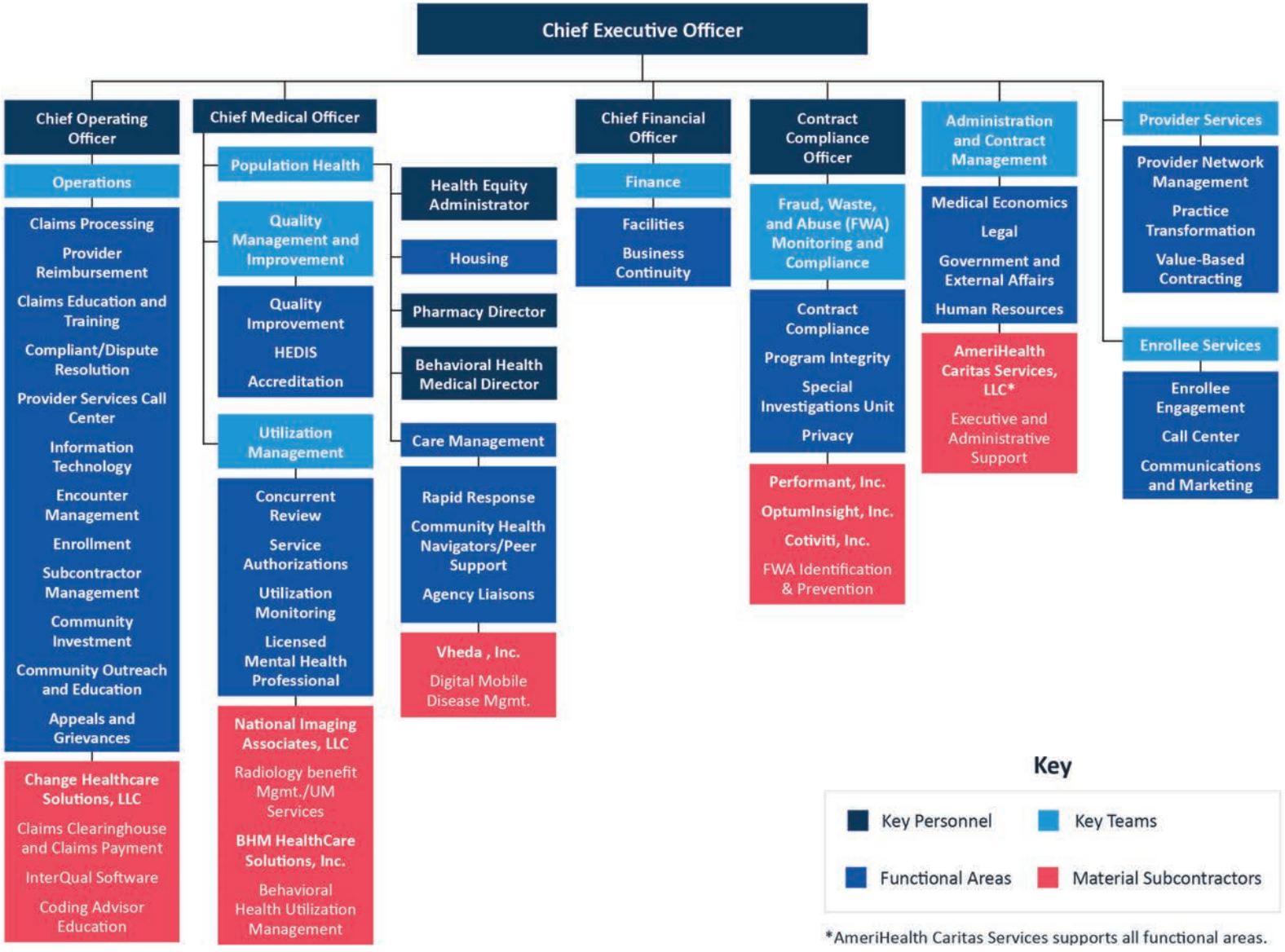
Awards and Affiliations

Employee of the Month 2019

Professional Membership

National Association of Health Services Executives 2020–2021
American College of Healthcare Executives 2020–2021

Attachment 2.6.2.2.3-1
Operating Structure Organizational Chart


Chief Executive Officer
Chief Operating Officer
Operations
Claims Processing
Provider Reimbursement
Claims Education and Training
Compliant/Dispute Resolution
Provider Services Call Center
Information Technology
Encounter Management
Enrollment
Subcontractor Management
Community Investment
Community Outreach and Education
Appeals and Grievances
Change Healthcare Solutions, LLC
Claims Clearinghouse and Claims Payment
InterQual Software
Coding Advisor Education
Chief Medical Officer
Population Health
Quality Management and Improvement
Quality Improvement
HEDIS
Accreditation
Utilization Management
Concurrent Review
Service Authorizations
Utilization Monitoring
Licensed Mental Health Professional
National Imaging Associates, LLC
Radiology benefit Mgmt./UM Services
BHM HealthCare Solutions, Inc.
Behavioral Health Utilization Management
Health Equity Administrator
Housing
Pharmacy Director
Behavioral Health Medical Director
Care Management
Rapid Response
Community Health Navigators/Peer Support
Agency Liaisons
Vheda , Inc.
Digital Mobile Disease Mgmt.
Chief Financial Officer
Finance
Facilities
Business Continuity
Contract Compliance Officer
Fraud, Waste, and Abuse (FWA) Monitoring and Compliance
Contract Compliance
Program Integrity
Special Investigations Unit
Privacy
Performant, Inc.
OptumInsight, Inc.
Cotiviti, Inc.
FWA Identification & Prevention
Administration and Contract Management
Medical Economics
Legal
Government and External Affairs
Human Resources
AmeriHealth Caritas Services, LLC*
Executive and Administrative Support
Provider Services
Provider Network Management
Practice Transformation
Value-Based Contracting
Enrollee Services
Enrollee Engagement
Call Center
Communications and Marketing
Key
Key Personnel
Key Teams
Functional Areas
Material Subcontractors
*AmeriHealth Caritas Services supports all functional areas.

2.6.3
Enrollee Value-Added Benefits

AmeriHealth Caritas Louisiana's Control Your Diabetes intervention program includes fresh fruits and vegetables along with nutrition education.

AmeriHealth Caritas Louisiana

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2.6.3 Enrollee Value-Added Benefits

2.6.3.1

Optional Value-Added Benefits Offered by AmeriHealth Caritas Louisiana to Enrollees

AmeriHealth Caritas Louisiana proposes to offer all eight of the optional value-added benefits (VABs) under the new Contract. We currently offer three of the eight optional VABs, but we propose to enhance our existing offerings, as described in our benefit-specific tables.

Optional VABs Offered by AmeriHealth Caritas Louisiana to Enrollees

Optional VABs	Currently Offered	Proposed
Evidence-based non-pharmacologic alternatives to opioids for chronic pain management services for adults.	X	X
Respite care model targeting enrollees experiencing homelessness with post-acute medical needs.		X
Newborn circumcision benefits.	X	X
Tobacco cessation benefits.		X
Vision benefits for adults.	X	X
Identification and remediation of health-harming environmental factors related to an enrollee's shelter.		X
Nonclinical home-based interventions for asthma education, targeted tobacco cessation education, and air purifiers.		X
Comprehensive, evidence-based longitudinal home visiting programs for pregnant and postpartum enrollees and their newborns.		X

2.6.3.2

Additional VABs Offered to Enrollees

AmeriHealth Caritas Louisiana stands ready to implement additional optional VABs as added by the Louisiana Department of Health (LDH) during the term of Contract. AmeriHealth Caritas Louisiana will follow applicable contractual requirements if any additional VABs are added during the term of the Contract.

2.6.3.3 to 2.6.3.4

Evidence-Based Non-Pharmacologic Alternatives to Opioids for Chronic Pain Management Services for Adults

AmeriHealth Caritas Louisiana understands the challenges and potentially debilitating impact chronic pain has on our enrollees. We have developed a comprehensive chronic pain management blueprint, which includes our **Living Beyond Pain program**, to:

- Reduce enrollee's pain levels.
- Improve functioning.
- Improve self-management of chronic pain.
- Enhance care coordination to identify and close care gaps.
- Connect individuals in need of substance use treatment to appropriate care.
- Prevent chronic pain from escalating into a medical emergency.

This program provides evidence-based, non-pharmacologic alternatives for chronic pain management that reduce enrollee pain levels, improve functioning and self-management of chronic pain, and prevent chronic pain from escalating into a medical emergency. As documented by MedLine Plus, there is a growing evidence base for a variety of non-pharmacologic interventions for chronic pain, including acupuncture, biofeedback techniques, electrical stimulation, massage therapy, meditation, physical therapy, psychotherapy, and relaxation therapy. Since its inception in 2017, enrollees who have participated in the Living Beyond Pain program have reported lower levels of pain and less frequent pain pre- and post-intervention. In 2020, the Living Beyond Pain program was expanded to add additional eligible diagnoses to further increase program utilization, including arthritis, joint pain (wrist, ankle, shoulder, and hip), and herniated disk. Individuals enrolled in the program, on average, saw their **pain rating drop from** [redacted], which is a statistically significant decrease. **Total opioid utilization in the engaged population was reduced by** [redacted] in the pre- to post-intervention period.

RFP Section	Description
2.6.3.3.1 Target Population	Enrollees who are 21 years of age and older; living with chronic pain, such as back pain, neck pain, sciatica, lumbago, arthritis, joint pain, herniated disk, and chronic pain syndrome; and have had 3 or more ED visits within the last 12 months for their pain.
2.6.3.3.2 Existing Louisiana Medicaid Benefit	Pain specialist and covered chronic pain treatment, including physical therapy, occupational therapy, and psychotherapy services, can be provided through Louisiana Medicaid MCOs for enrolled beneficiaries of any age and without restriction to place of service.
2.6.3.3.2 Proposed Scope of VAB	AmeriHealth Caritas Louisiana's Living Beyond Pain program is an enhanced value-added and care coordination program identifying enrollees with a chronic pain diagnosis for non-opioid alternative pain management treatment options. Enrollees with chronic pain are identified and referred to care management for outreach, engagement in the care management program, and care coordination for chronic pain services. For enrollees who choose to participate in care management services, Case Managers will complete a comprehensive assessment detailing the enrollee's medical history, chronic pain, health risks, and current treatment regimen, including medications, and develop an individualized patient-centered Plan of Care. As a commitment to the Living Beyond Pain program, enrollees are required to engage in the care management program. The program goal is to improve enrollees' self-management skills related to chronic pain through targeted education and collaboration with the enrollee and their health care provider(s). Case Managers will assist enrollees with obtaining referrals for the appropriate alternate pain management treatment services. Enrollees are eligible to receive the following first-line interventions: • Care Coordination. • Chiropractic care (up to 24 visits per year). • Gym membership or home fitness kit. • Massage therapy (up to 12 visits per year; must be provided by Physical Therapist). • Dry needling (up to 12 visits per year; must be provided by Physical Therapist). • Transcutaneous electrical nerve stimulation (TENS) unit (1 per lifetime). We also understand and acknowledge that the isolation that can result from chronic pain can drive use of opioids. As a result, we will add mindfulness programs, meditation, and yoga (in person as well as virtually). Services will be available statewide, either in person or virtually, through programming initiated from our Wellness & Opportunity Centers.
2.6.3.3.2 CPT Codes	• Chiropractic services: 98940-98943, Office Visits 99201-99215.

RFP Section	Description
	• X-Rays: 72020-72120. • Application of hot/cold packs, traction, and electric stimulation: 97010, 97012, 97014. • Massage therapy: 97124, 97140. • Dry needling: 20560, 20561. • TENS unit/leads: E0730, E0720, A4595.
2.6.3.3.3 Co-Payments	None.
2.6.3.3.4 How Benefit Is Provided	Enrollees are identified and referred into the Living Beyond Pain program through our enterprise analytics stratification reports, individual assessment, and by referral from providers or our utilization management (UM) and Rapid Response Teams. These mechanisms identify enrollees who meet program eligibility criteria within the last 12 months. Once identified, they are assigned a Case Manager who will outreach the enrollees to notify them of the program and invite them to participate. If they agree, the Case Manager completes our chronic pain health risk assessment to assess the enrollee's pain level, activity, functional levels, and history of pain management interventions. Upon completion of the chronic pain health risk assessment, the Case Manager creates or updates the enrollee's individualized Plan of Care, which identifies the specific value-added services to be provided. The Case Manager will connect the enrollee to the needed services and help to ensure they are authorized correctly.
2.6.3.3.5 Benefit Oversight	We monitor reductions in ED utilization and pain-related prescriptions and improvements in functional level and quality of life for enrollees engaged in the Living Beyond Pain program. Our Population Health and Provider Network Management teams have day-to-day responsibility for access to the Living Beyond Pain program, and they report to the bi-weekly care coordination workgroup. These teams also have responsibility for provider oversight. The care coordination workgroup reports findings to the Chief Executive Officer (CEO), Chief Medical Officer (CMO), and quality committees. AmeriHealth Caritas Louisiana's Quality Assurance and Performance Improvement (QAPI) Committee, along with the Quality of Service Committee and Quality of Clinical Care (QCC) Committee, which serve as QAPI subcommittees, are responsible for oversight of QAPI program activities related to health plan services, clinical quality, UM, case management, and pharmacy.
2.6.3.4 PMPM Actuarial Calculations	[redacted]

Respite Care Model Targeting Enrollees Experiencing Homelessness With Post-Acute Medical Needs

Our respite care model addresses medical services, housing stabilization, counseling, nutrition, transitional care, and other services necessary for community reintegration. Our program will meet standards for medical respite programs, developed by National Health Care for the Homeless. Our program will provide safe and quality accommodations; quality environmental services; timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings; high-quality post-acute clinical care; health care coordination and connection to wrap-around support services; safe and appropriate care transitions from medical respite to the community; and will be driven by quality improvement. Our UM team, including concurrent review staff, Housing Specialist, or Case Managers, will identify needs among enrollees and, with approval from the CMO, refer enrollees to a partner agency for medical respite care services. Our respite benefit is one step along a continuum of care and services designed to address the long-term housing, health care, and social needs of our enrollees experiencing homelessness. We will partner with reputable and experienced providers and

community-based organizations throughout the State that are equipped to meet the needs of this population.

RFP Section	Description
2.6.3.3.1 Target Population	Enrollees who are experiencing homelessness with post-acute medical needs following a discharge from a hospital, skilled nursing, or long-term care facility.
2.6.3.3.2 Existing Louisiana Medicaid Benefit	MCO covered services do not include a respite benefit for enrollees experiencing homelessness with post-acute medical needs. However, MCO benefits do cover related services, such as behavioral health counseling and medical services that support this VAB.
2.6.3.3.2 Proposed Scope of VAB	AmeriHealth Caritas Louisiana will provide up to 90 days of respite care for eligible enrollees, based on approval by our CMO, in collaboration with the case management team and START, the community housing agency. START was selected based on their experience in managing and operating emergency shelters, transitional housing, and permanent supportive housing programs under the HUD Continuum of Care. START is also an integrated physical health and behavioral health provider that has experience delivering services on an outpatient basis, including in the home setting. This respite program will be accessible statewide through strategically selected geographic locations and include strategies for coordination of medical care and services, including provider visits and monitoring by nursing staff, to provide continuity of care during post-discharge period and housing transitions, counseling, meals and nutrition, housing stabilization, and other services for successful community reintegration. The Case Manager and Housing Specialist will collaborate with START and the enrollee to implement a person-centered Plan of Care that addresses the physical health, behavioral health, and social needs of the enrollee and supports long-term stable housing. Experience has shown that many of our enrollees experiencing homelessness have a co-occurring behavioral health condition, and our respite model will include referral to needed behavioral health support services. Enrollees will be eligible to receive meals as part of their medical respite stay. Enrollees with food insecurity after discharge from the medical respite program can be referred to our Food as Medicine home delivered meals VAB. By providing adequate nutrition and promoting self-management skills during the post-acute period, we can support nutritional status and ongoing healthy behaviors. Services and supports under this VAB will include: • Up to 90 days of respite care. • Care coordination. • Monitoring by a nurse. • Referral to behavioral health services as needed. • Meals and nutrition education. • Housing assistance – help navigating and finding more stable, permanent housing post-respite care. • Other services to support successful community reintegration.
2.6.3.3.2 CPT Codes	Respite Care: T2033. Food Provided as Part of Medical Respite: S5170.
2.6.3.3.3 Co-Payments	None.
2.6.3.3.4 How Benefit is Provided	Eligible enrollees may already be in case management or identified through admission, discharge, and transfer data; concurrent review; discharge planning; and transitions of care setting activities. Once we identify an eligible enrollee, we will refer the enrollee to a Case Manager and to our Housing Specialist, who will collaborate with START to identify appropriate respite placement and with the enrollee to implement a person-centered Plan of Care that addresses the physical, behavioral, and social needs of the enrollee and supports achievement of long-term stable housing. We will determine the length of stay

RFP Section	Description
	based on medical necessity and the availability of housing for the enrollee to transition to stable housing.
2.6.3.3.5 Benefit Oversight	AmeriHealth Caritas Louisiana uses a combination of internal QAPI program activities and subcontractor oversight mechanisms to make sure that our VABs are effective and are provided and reported in accordance with Contract requirements. In both cases, we use performance effectiveness measures that include baseline, goals, and frequency of measurement. Our respite care model will require effective communication and collaboration among our case management and housing staff, network providers, and the community agencies that offer housing and other community-based services. Therefore, oversight will occur using a combination of internal performance measures, daily oversight of the housing agency by our Housing Specialist, subcontractor oversight of the housing agency(s), and clinical and financial effectiveness measures (i.e., total cost of care, ED utilization, and inpatient admissions/readmissions).
2.6.3.4 PMPM Actuarial Calculations	[redacted]

Newborn Circumcision Benefit

AmeriHealth Caritas Louisiana will continue to offer the male newborn circumcision benefit that was initially implemented in 2015.

RFP Section	Description
2.6.3.3.1 Target Population	Newborn male enrollees.
2.6.3.3.2 Existing Louisiana Medicaid Benefit	MCO covered services do not include routine circumcision.
2.6.3.3.2 Proposed Scope of VAB	This VAB aligns with our Bright Start® Maternity Management program. We encourage prenatal providers to offer education and counseling related to the risks and benefits of newborn circumcision prior to delivery and provide coverage for parents who choose to have their male infant circumcised. It also aligns with our Cultural Competency Plan, which recognizes that decisions related to circumcision are often grounded in cultural or religious beliefs. Circumcision is covered for newborns up to 28 days of life without prior authorization. Circumcision is covered for newborns over 28 days of life with prior authorization. Services are available statewide.
2.6.3.3.2 CPT Codes	• Up to 28 days of life — 54160 and 54150. • After 28 days of life — 54161, 54162, 54163, and 54450.
2.6.3.3.3 Co-Payments	None.
2.6.3.3.4 How Benefit Is Provided	Newborns up to 28 days of life are eligible for circumcision performed by participating or non-participating providers. Infants over 28 days are eligible if determined to be medically necessary through prior authorization, including infants whose circumcision is delayed due to NICU hospitalization. Circumcision may be performed in both inpatient and outpatient settings. Pediatric and OB/GYN participating providers are educated on the available VAB. Enrollees are educated through information provided by the Bright Start program and the enrollee handbook.
2.6.3.3.5 Benefit Oversight	The circumcision VAB is evaluated using utilization rates and enrollee satisfaction surveys. AmeriHealth Caritas Louisiana's QAPI Committee and the QCC/UM subcommittee are responsible for oversight of QAPI program activities related to health plan services, clinical quality, UM, case management, and pharmacy. We incorporate performance metrics

RFP Section	Description
	developed to monitor this VAB into the Annual QAPI Work Plan, periodically reported to the QAPI Committee, and included in the annual QAPI Program Evaluation.
2.6.3.4 PMPM Actuarial Calculations	[redacted]

Tobacco Cessation Benefits, Other Than Medications and Tobacco Cessation Counseling Services

AmeriHealth Caritas Louisiana currently offers covered tobacco cessation for our pregnant enrollees, and we propose to expand to include a VAB for any enrollee using tobacco products.

RFP Section	Description
2.6.3.3.1 Target Population	Any enrollee currently using tobacco products.
2.6.3.3.2 Existing Louisiana Medicaid Benefit	The MCO covered benefit is limited to tobacco cessation medications and, for pregnant women, individual or group cessation counseling and/or intensive cessation support services.
2.6.3.3.2 Proposed Scope of VAB	AmeriHealth Caritas Louisiana will partner with the existing Louisiana Tobacco Quitline administered by the Louisiana Public Health Institute (LPHI) to bring enhanced tobacco cessation benefits to our enrollees. Upon calling the Quitline, enrollees will indicate they are an enrollee of AmeriHealth Caritas Louisiana and will be provided the option to choose one of the VAB options, including: • Unlimited web based counseling. • Up to 600 text-based counseling messages through the text2quit℠ program with a maximum of 300 texts per quit attempt and 2 quit attempts per year. • Up to 5 phone counseling sessions per year. Phone counseling will be available for the enrollee's second quit attempt of the year. LPHI will also provide enrollee education, promoting the availability of covered tobacco cessation services, including prescription medication and nicotine replacement products. AmeriHealth Caritas Louisiana also commits to providing education, support, and counseling sessions at our Wellness & Opportunity Centers and locations throughout the State with a focus on health equity as we collaborate to address those at high risk for tobacco products, including Black men, people without advanced education, and those with financial challenges. Services will be available statewide.
2.6.3.3.2 CPT Codes	Not applicable.
2.6.3.3.3 Co-Payments	None.
2.6.3.3.4 How Benefit is Provided	Eligible enrollees are identified through the health needs assessment, case management activities, provider referral, and enrollee request. We educate enrollees on the tobacco cessation VABs during new enrollee orientation, in the Member Handbook, in newsletters, on our website, and during contacts with care management and Member Services Call Center staff. Louisiana Tobacco Quitline staff will ask callers for their insurance information. If a caller identifies as an AmeriHealth Caritas Louisiana enrollee, they will be told they can opt into either the phone, text, or web-based counseling programs, as appropriate. If the caller elects to participate, the Tobacco Quitline staff will help the enrollee opt-in to the program of choice.
2.6.3.3.5 Benefit Oversight	AmeriHealth Caritas Louisiana uses a combination of internal QAPI program activities and subcontractor oversight mechanisms to make sure that our VABs are effective and are provided and reported in accordance with Contract requirements. In both cases, we use performance effectiveness measures that include baseline, goals, and frequency of

RFP Section	Description
	measurement. AmeriHealth Caritas Louisiana will collaborate with the data evaluation team at LPHI to determine the effectiveness of the tobacco cessation program. We will use results to help inform public health officials and other payers of the value of this benefit and how it can be made available to other Louisiana residents beyond our enrollees.
2.6.3.4 PMPM Actuarial Calculations	[redacted]

Vision Benefits for Adults, Including Annual Exam and Glasses or Contacts

AmeriHealth Caritas Louisiana offers adult vision as a VAB. We recognize the importance of optimal vision to everyday activities, such as driving or administering work tasks.

RFP Section	Description
2.6.3.3.1 Target Population	Enrollees who are 21 years of age and older.
2.6.3.3.2 Existing Louisiana Medicaid Benefit	MCO covered vision services for enrollees age 21 years and older are limited to examinations and treatment of eye conditions, such as infections and cataracts.
2.6.3.3.2 Proposed Scope of VAB	Our adult vision VAB expands vision services to enrollees 21 and over to align with our health and wellness goal of improving day-to-day functioning by optimizing vision screening and corrections. For example, an annual adult vision exam may result in a diagnosis of glaucoma, macular degeneration, diabetic retinopathy, or developing cataracts, enabling the enrollee to access an appropriate specialist for treatment that could prevent or slow disease, or, in the case of cataracts, restore vision through surgery. Included in the VAB is 1 routine eye exam per Calendar Year up to a $100 limit; eyeglasses (frames and lenses) and contact lenses once per year, limited to a $100 material allowance. Services will be available statewide for a combined maximum total value of $200.
2.6.3.3.2 CPT Codes	92002, 92004, 92012, 92014, V2020, V2100 – V2781, 92340, and 92499.
2.6.3.3.3 Co-Payments	None.
2.6.3.3.4 How Benefit is Provided	Enrollees are eligible for vision services performed by participating optometrists and ophthalmologists. Services can be performed in medically appropriate settings, including outpatient and office-based settings. We inform our enrollees about the scope of the adult vision VAB during their new enrollee orientation, in the Welcome Kit, Member Handbook, and member newsletters. We also inform enrollees on the process for accessing the VAB, including eligibility and prior authorization requirements, and any limitations or exclusions in the Member Handbook and newsletter, on the Member Portal of our website, and during contacts with Care Management staff, Community Health Navigators (CHNs), and Member Services Call Center staff.
2.6.3.3.5 Benefit Oversight	In an effort to reduce administrative burden for our provider community, delivery of this benefit will be managed directly by AmeriHealth Caritas Louisiana, and oversight will follow our provider network management processes. The VAB will be evaluated using utilization rates and enrollee satisfaction surveys. AmeriHealth Caritas Louisiana's QAPI Committee, along with the Quality of Service and QCC Committees, which serve as QAPI subcommittees, are responsible for oversight of QAPI program activities related to health plan services, clinical quality, UM, case management, and pharmacy. We incorporate performance metrics developed to monitor this VAB into the Annual QAPI Work Plan, periodically reported to the QAPI Committee, and included in the annual QAPI Program Evaluation.

RFP Section	Description
2.6.3.4 PMPM Actuarial Calculations	[redacted]

Identification and Remediation of Health-Harming Environmental Factors Related to an Enrollee's Shelter

Access to safe and healthy housing is a key social determinate of health (SDOH). Recognizing this, AmeriHealth Caritas Louisiana will provide additional supports to enrollees living in unsafe or unhealthy environments.

RFP Section	Description
2.6.3.3.1 Target Population	Enrollees active in case management who are experiencing unsafe or unhealthy living conditions will be identified through Community Care Management Teams; CHNs; SDOH touchpoints in which a housing risk is present; Case Manager interactions; transition Case Managers; and the UM team.
2.6.3.3.2 Existing Louisiana Medicaid Benefit	MCO covered services do not include identification and remediation of health-harming environmental factors related to an enrollee's shelter.
2.6.3.3.2 Proposed Scope of VAB	AmeriHealth Caritas Louisiana will identify the target population using an initial environmental survey where enrollees report if they have any safety concerns in the home, and a housing services assessment survey, which collects information on an enrollee's current housing situation in an effort to offer appropriate housing resources. These enrollees with unsafe housing conditions will be referred by enrollee-facing staff to our provider Volunteers of America (VOA) for an in-home intervention by a Community Health Worker (CHW). The CHWs will serve as the main liaison for the enrollee, getting to know the enrollee and their living environment, educating them on home maintenance issues, and deploying VOA's Craftsman program for a home inspection. Using the home inspection results as a guide, VOA's Craftsman Program will lead the repairs, covering items such as pest control, mold remediation, limited electrical, plumbing and HVAC repairs, and upgrades to enhance mobility. Such remediation and repair work will be provided, as appropriate, up to $1,500 per member per year. Working closely with VOA, AmeriHealth Caritas Louisiana will connect enrollees to available community resources when unsafe housing conditions may require legal assistance (i.e., tenant-landlord matters, homeowner lien, or title issues) or social services (utility, rent assistance). When unsafe or unstable housing issues put an enrollee at imminent risk of losing their home, AmeriHealth Caritas Louisiana will support the enrollee by funding legal services up to $2,500 per case for legal advocacy or court representation for enrollees facing eviction. Services will be available statewide.
2.6.3.3.2 CPT Codes	98960 for CHW services; None for Craftsman & Legal services.
2.6.3.3.3 Co-Payments	None.
2.6.3.3.4 How Benefit is Provided	Eligible enrollees may already be in case management or identified through concurrent review, discharge planning, and transitions of care setting activities. Once we identify an eligible enrollee and obtain consent to engage in case management, AmeriHealth Caritas Louisiana will: • Identify opportunities to refer to VOA for home remediation. • Educate enrollees on matters in the home and provide tips on home maintenance (i.e., changing air filters, identifying and preventing safety hazards, and reporting issues to landlord, if renting). • Assess for other health-related social needs, particularly food insecurity.

RFP Section	Description
	• Secure food delivery, when appropriate. • Refer to and provide funding for legal support with legal services agencies, when appropriate. • Work with the enrollee on applying for other critical home repair grants/loan programs for major repairs.
2.6.3.3.5 Benefit Oversight	Oversight will occur using a combination of internal performance measures, daily oversight of the VOA by Population Health leadership at the plan, and clinical and financial effectiveness measures (i.e., total cost of care, ED utilization, and inpatient admissions/readmissions). Our Population Health team will have day-to-day responsibility for access to this VAB, and they report to the bi-weekly care coordination workgroup. AmeriHealth Caritas Louisiana uses a combination of internal QAPI program activities and subcontractor oversight mechanisms to make sure that our VABs are effective and are provided and reported in accordance with Contract requirements. In both cases, we use performance effectiveness measures that include baseline, goals, and frequency of measurement. Our proposed care model will require effective communication and collaboration among our case management team, our CHNs, and VOA.
2.6.3.4 PMPM Actuarial Calculations	[redacted]

Nonclinical Home-Based Interventions for Asthma Education, Targeted Tobacco Cessation Education, and Air Purifiers

Environmental factors, including dust and second-hand smoke, can trigger exacerbation of asthma symptoms and may lead to increased ED utilization. To help our enrollees with asthma manage their condition, AmeriHealth Caritas Louisiana offers enhanced supports to address home-based asthma triggers.

RFP Section	Description
2.6.3.3.1 Target Population	• Enrollees with asthma who have an identified housing issue that may exacerbate their condition. • Enrollees with 1 or more ED or inpatient hospitalization visits for a principal diagnosis of asthma in the last 6 months. • Enrollees with at least 4 asthma medication dispensing events for any controller medication or reliever medication.
2.6.3.3.2 Existing Louisiana Medicaid Benefit	MCO covered services do not include nonclinical home-based interventions for asthma education, cleaning supplies, pillow covers, and air purifiers.
2.6.3.3.2 Proposed Scope of VAB	Case Managers and CHNs will collaboratively work with identified enrollees to complete assessments of the enrollee's condition. The Case Manager will review the enrollee's medication and provide education on the disease process of asthma, as well as the prescribed medication to treat the condition. If the enrollee agrees, **the Case Manager will develop an Asthma Action Plan, which will include a home environmental assessment and the provision of a cleaning kit, mattress/pillow covers, and/or air purifier, as needed**. If home remediation is necessary, we will refer the enrollee to VOA, who will perform the necessary remediation services through the **Remediation of Health-Harming Environmental Factors Related to an Enrollee's Shelter benefit.**
2.6.3.3.2 CPT Codes	Not applicable.
2.6.3.3.3 Co-Payments	None.
2.6.3.3.4 How Benefit is Provided	When an enrollee is identified as eligible, the Case Manager will serve as the point person for the enrollee in navigating identified needs by:

RFP Section	Description
	• Reviewing enrollee medication and providing education on the disease process, as well as prescribed medications. • Referral to Tobacco Cessation services, if applicable. • Developing an Asthma Action Plan, including scheduling a home environmental assessment. • Conducting or assigning a CHN to conduct an environmental assessment to identify asthma triggers. • Providing enrollees with items to remediate triggers, including allergen-free mattress covers, pillow covers, asthma cleaning kits, and air purifiers. • Identifying opportunities to refer to VOA for home remediation.
2.6.3.3.5 Benefit Oversight	The goal of the VAB is to reduce hospitalizations for asthma, reduce ED visits for asthma, and increase the proportion of smoke-free homes. AmeriHealth Caritas Louisiana will evaluate outcomes of enrollees who participate in the asthma navigation program, specifically: • Proportion of days covered for asthma controller medication and primary care provider utilization. • Reduction of asthma related inpatient admissions. • Reduction of asthma related ED admissions. • Descriptive analysis of SDOH needs and/or environmental triggers and level of intervention; assessing for health disparities and measures to further impact and improve member outcomes. • Utilize race, ethnicity, and language data to identify health inequities/health disparities within the population to improve health outcomes. Our Population Health team will have day-to-day responsibility for access to the Asthma Navigation program, and they report to the bi-weekly care coordination workgroup. The care coordination workgroup reports findings to the CEO, CMO, and quality committees. AmeriHealth Caritas QAPI Committee, along with the Quality of Service and QCC Committees, which serve as QAPI subcommittees, are responsible for oversight of QAPI program activities related to health plan services, clinical quality, UM, case management, and pharmacy.
2.6.3.4 PMPM Actuarial Calculations	[redacted]

Comprehensive, Evidence-Based Longitudinal Home Visiting Programs for Pregnant and Postpartum Enrollees and Their Newborns

Home visiting programs that provide education and support to pregnant women have been used effectively to improve birth outcomes and the health of newborns. AmeriHealth Caritas Louisiana will support the expansion of the Nurse-Family Partnership® (NFP) program and will further increase access to home-based supports through the use of contracted doulas and AmeriHealth Caritas Louisiana's perinatal CHNs.

RFP Section	Description
2.6.3.3.1 Target Population	• High-risk pregnant women. • Pregnant women who have indicated vulnerability in food, material security, and housing. • Pregnant women whose OB notifies us they are inconsistent with prenatal appointments.
2.6.3.3.2 Existing Louisiana Medicaid Benefit	MCO covered services do not include longitudinal home visiting programs for pregnant and postpartum enrollees and their newborns; however, AmeriHealth

RFP Section	Description
	Caritas Louisiana currently connects eligible enrollees to existing home visiting services, such as NFP and Healthy Start.
2.6.3.3.2 Proposed Scope of VAB	Our proposed VAB includes two components: **Enhanced Access to NFP Services for First Time Mothers —** In addition to our standard procedure of referring enrollees to available programs, such as Healthy Start and NFP, AmeriHealth Caritas Louisiana will provide direct funding to NFP to engage our highest-risk first-time pregnant enrollees in the NFP program. We will collaboratively evaluate how NFP engagement reduces the overall birthing disparities that are documented across Louisiana. More than 40 years of scientific studies consistently demonstrate that NFP succeeds at the most important goals of keeping children healthy and safe and improving the lives of moms and babies. **Evidence-Based Coordination from Doulas and Perinatal CHNs —** To provide even broader access to home-based pregnancy supports, we will also offer home visits by contracted doulas and AmeriHealth Caritas Louisiana staff who are certified as perinatal CHNs. Evidence supports that home visiting programs incorporating community doulas who provide education and care coordination improve birth outcomes and postnatal health outcomes (Maternal and Child Health Journal, 2018). Pregnant enrollees who meet VAB criteria will receive services through referral up to 60 days post-delivery. Doulas and perinatal CHNs will offer: • In-home care coordination for pregnant enrollees through the postpartum period, including education and counseling on pregnancy spacing. • In-home lactation counselor support. • Identification and connection to community health and social services, as needed. • Collaboration with the Bright Start team for provider referrals and clinical services, as needed. Doulas and perinatal CHNs will also offer in-home perinatal and parenting health information and education programs, with a focus on health promotion; prevention and early intervention; and social, and behavioral health collaboration. Pregnant women living in unsafe housing conditions will be eligible for our VAB covering the remediation of health-harming environmental factors if we become aware of any issues in the home, as outlined in the Identification and Remediation of Health-Harming Environmental Factors in an Enrollee's Shelter VAB.
2.6.3.3.2 CPT Codes	S9942, S9443, S9444, S9445, S9445 TS, S9446, and S9446 TS.
2.6.3.3.3 Co-Payments	None.
2.6.3.3.4 How Benefit is Provided	Bright Start Case Managers will identify enrollees in need and will complete a screening assessment to facilitate referral to NFP or the Doula/Perinatal CHN program. Our front-line staff will be trained to speak about these programs each time they engage with an eligible enrollee to connect them to services. Our Case Managers will follow-up 15 days after referral to connect the enrollee to services. We will work with NFP to define service-level agreements on timeframes for outreach to enrollees referred to their program. For enrollees referred to contracted doulas or perinatal CHNs, the doula/perinatal CHN will contact the enrollee within 72 hours and attempt a face-to-face visit within 10 days of receiving the referral. NFP will maintain a Plan of Care and will report enrollee interactions and outcomes to AmeriHealth Caritas Louisiana. In the Doula/Perinatal CHN program, the assigned team member will meet with the enrollee in their home for initial assessment. Our Case Managers will discuss findings from the home visit and concerns for the enrollee's wellbeing; determine the frequency of visits needed; determine the type of services needed for the enrollee; develop a Plan of Care best suited to address the enrollee's needs; and report updates on enrollee's status after each visit. In

RFP Section	Description
	either program, the Bright Start Case Manager will facilitate coordination with the enrollee's OB/GYN provider.
2.6.3.3.5 Oversight	The AmeriHealth Caritas Louisiana Bright Start Case Manager will collaborate and coordinate with the NFP nurse to address enrollee goals, barriers, interventions, and resources. We will track the cohort of enrollees referred to NFP and their birth outcomes. NFP will provide data including SDOH needs and resources, enrollee engagement activities, and behavioral health/substance use disorder referrals for services. Analysis will be completed to evaluate the effectiveness of the NFP program, including LDH quality metrics, Timeliness of Prenatal Care and Postpartum Care, and measurements of breastfeeding rates and C-section rates. The program will be evaluated to determine further program enhancements based on improved enrollee birth outcomes. Perinatal CHNs, as AmeriHealth Caritas Louisiana employees, will be supervised by our Population Health team. Doulas will be managed directly through our provider network and will be added to our existing provider registry. Oversight for our prenatal and postnatal home visiting benefit will occur using a combination of internal performance measures and clinical and financial effectiveness measures. AmeriHealth Caritas Louisiana will evaluate the outcomes of enrollees who receive doula services to further refine and enhance the program, including gestational age at birth and LDH quality metrics, including Timeliness of Prenatal Care and Postpartum Care; Elective Delivery or Early Induction Without Medical Indication; and Well-Child Visits in the First 30 Months of Life. AmeriHealth Caritas Louisiana's QAPI Committee, along with the Quality of Service and QCC Committees, which serve as QAPI subcommittees, are responsible for oversight of QAPI program activities related to health plan services, clinical quality, UM, and case management. We incorporate performance metrics developed to monitor this VAB into the Annual QAPI Work Plan, periodically reported to the QAPI Committee, and included in the annual QAPI Program Evaluation. Perinatal CHNs will be trained by Sista Midwife Productions, a New Orleans-based birth advocacy organization that specializes in education and training for birth workers and organizations that work with child-bearing families.
2.6.3.4 PMPM Actuarial Calculations	[redacted]

Actuarial Certification

AmeriHealth Caritas Louisiana
P.O. Box 83580
Baton Rouge, LA 70884

AmeriHealth Caritas Louisiana

August 9, 2021

AmeriHealth Caritas Louisiana
Enrollee Value-Added Benefits
Actuarial Certification
PMPM Value

I, Rejean Boivin, of The AmeriHealth Caritas Family of Companies, am a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. I have developed the valuation of AmeriHealth Caritas Louisiana's additional benefits as detailed in Section 2.6.3.4 of the RFP Proposal.

In my opinion, the PMPM impact of each benefit were developed in accordance with generally accepted actuarial principles and practices and are appropriate for the populations to be covered and the services to be furnished under the proposal.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to –time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

Sincerely,

Rejean Boivin, F.S.A., MAAA
VP Chief Actuary
The AmeriHealth Caritas Family of Companies

Figure 2.6.3-1 Statement from Preparing/Consulting Actuary Certifying Accuracy of the Information

2.6.3.5

VABs Statement of Commitment

AmeriHealth Caritas Louisiana will provide our proposed VABs for the entire 36-month term of the initial Contract and for any extensions, if applicable. We will also identify VABs in encounter data in accordance with the **MCO Manual** and **Section 2.1.2.2** of the Model Contract.

2.6.4
Population Health

One of AmeriHealth Caritas Louisiana's bilingual community health educators interacts with attendees at the New Orleans Community Wellness & Opportunity Center open house.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.4 Population Health

2.6.4.1

AmeriHealth Caritas Louisiana uses a fully integrated population health strategy aimed at improving the health of our enrollee population as a whole. Our person-centered approach delivers the highest-quality care, provided with compassion and respect. We emphasize prevention, systematically identify subpopulations with complex needs, and implement approaches to improve health status. We recognize that reliable data on the race, ethnicity, and language preferences of our enrollees is critical to health equity efforts and approaches. While data collection alone cannot eliminate or reduce health disparities, the process is an essential first step in identifying health care disparities and devising plans to address the health care needs of targeted populations and provide culturally and linguistically appropriate services (CLAS). Our goal is to identify root causes of health disparities and focus on social determinants of health (SDOH) priorities through both individual- and community-centered practices that advance our population health equity approach to attain the highest level of health for all people. Figure 2.6.4-1 depicts our approach to collecting and aggregating population-level data and implementing advanced analytics to segment our enrollee population using the results. Our intervention strategy is designed around the principles of person-centered care, minimally disruptive medicine, trauma-informed care (TIC), cultural humility, and team-based care, with an emphasis on addressing SDOH, which complies with the requirements in **Section 2.5** of the Model Contract and the **MCO Manual**.

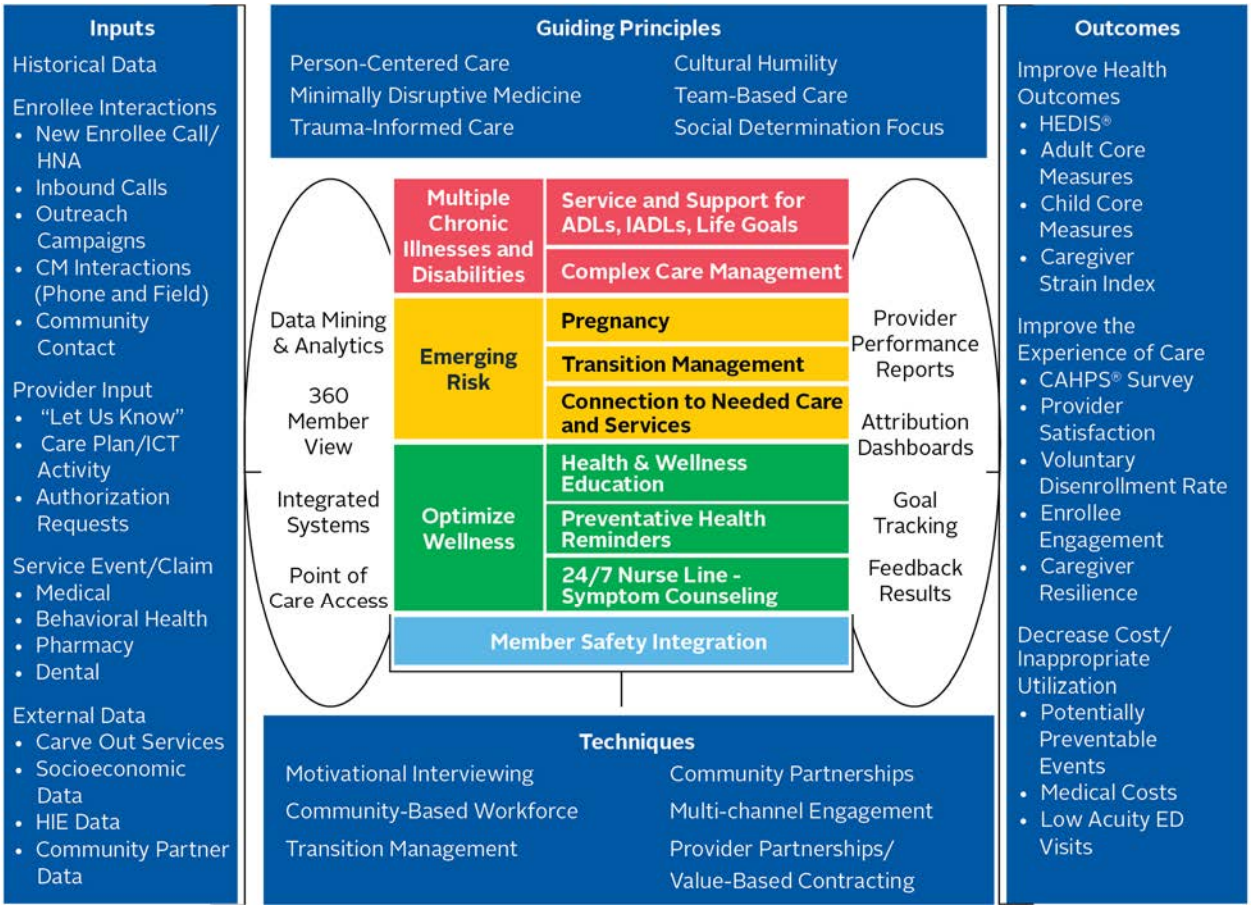


Figure 2.6.4-1: Improving Health Equity Through Our Population Health Strategy

Experience Improving Population Health

AmeriHealth Caritas Louisiana leverages AmeriHealth Caritas' more than 38 years of experience applying population health principles and over nine years of experience serving enrollees as a dedicated partner of Louisiana's Medicaid program. The Population Health Priorities and Interventions table demonstrates our local experience in improving population health in Louisiana, in alignment with **Section 2.5.1.2** of the Model Contract.

Population Health Priorities and Intervention Examples

Reduce Communicable Disease — We worked with the Office of Public Health (OPH) and the Syphilis Response Project to host parent educational sessions in Shreveport about sexually transmitted infections (STIs) among children, with lessons on how to discuss this sensitive topic. We offer education, free condoms, HIV, hepatitis C, and syphilis testing at our New Orleans Wellness & Opportunity Center through partners such as Odyssey House Louisiana, and the site is considered an official testing site by OPH, Walgreens, and local health agencies.
Infant and Maternal Mortality — Our Bright Start® case management program addresses the needs of pregnant enrollees. The Bright Start Plus℠ app educates pregnant enrollees and provides access to pregnancy resources. We host community baby showers to educate pregnant enrollees about perinatal care. **Our Chief Medical Officer (CMO) has served, by gubernatorial appointment, on the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality for many years and is the only member of the commission associated with a Healthy Louisiana MCO.**
Opioid Use Disorder — Our Louisiana Opioid Blueprint uses evidence-based and best practices to prevent and treat opioid use disorder (OUD). Our Living Beyond Pain program, implemented in 2017, provides non-opioid alternatives for pain management. In 2020, we expanded access to medication-assisted treatment; built capacity and infrastructure for our maternal opioid misuse model, which coordinates care for pregnant women with histories of OUD; and provided training and access to naloxone at our Wellness & Opportunity Centers.
Mental Health Conditions — We offer case management and certified peer support at our Wellness & Opportunity Centers. **Since launching Mental Health First Aid in 2018, we have facilitated 22 courses and certified 340 mental health first aiders**, including law enforcement; city officials; non-profits, like the National Urban League; and providers, through the Louisiana Association of Substance Abuse Counselors and Trainers. We work with Resiliency in Communities After Stress and Trauma (ReCAST) Baton Rouge Grant Initiative to address trauma, racial injustice, and health disparities.
Diabetes Mellitus — Our Control Your Diabetes, Control Your Destiny program is a targeted intervention created to address health disparities for Black enrollees with diabetes in Shreveport and New Orleans. The program was started at our Wellness & Opportunity Centers and connects enrollees to diabetes resources, such as diabetes tests and check-ups and advice on how to make healthier versions of traditional Louisiana dishes. We have also hosted diabetes walks and wellness expos as part of the program.
Hypertension and Cardiovascular Disease — Our Caritas on the Move initiative hosts community events that promote physical activity and health screenings. The Make Every Calorie Count program offers chronic care management and self-management, certified dietitian consultation, and gym memberships or home exercise plan. Our Wellness & Opportunity Centers also offer nutrition coaching, and cooking, dance and fitness classes.
Tobacco Cessation — We will partner with the Louisiana Tobacco Quitline, which is administered by the Louisiana Public Health Institute (LPHI®), for value-added tobacco cessation benefits. Phone-based, web-based, and text-based counseling sessions will be offered through the quitline. We will offer health equity-focused education, support, and counseling at our Wellness & Opportunity Centers and throughout the state.
Early Childhood Health and Development, Including Adverse Childhood Experiences — Our Behavioral Health Medical Director spearheaded the expanded use of evidence-based practices for children under age 6. We offer community training on adverse childhood experiences. We participate in a Performance Improvement Project (PIP) to improve percentages of enrollees up to age 3 who receive global developmental surveillance. Our Buddy Bench program installs benches at local schools to create safe spaces and prevent bullying, and we offer a parental involvement presentation, Cyberbullying 101: How to Help Your Child Navigate the Online Playground.

How Population Health Principles Inform and Guide Our Program in Louisiana

We aligned population health principles, outlined in the Population Health Principles table, with the Louisiana Department of Health (LDH) quality strategy to inform and guide our population health strategy for serving Louisiana communities.

Population Health Principles

Person-Centered Care — Our care management staff is trained in person-centered thinking by the Institute of Person-Centered Practices at the University of Texas at Austin. Our approach is driven by enrollees' needs. We provide information in plain language and support enrollees to direct their care and make informed decisions. Our Community Health Navigators (CHNs) are community-based and meet enrollees in their homes.
Personal Safety — Our program considers home and community factors that impact personal safety, including, violence, air quality, lead paint, and the physical environment (such as dwelling access/egress, fire extinguishers, emergency planning, and bath safety). Our home remediation value-added benefit (VAB) will address pest control; mold; limited electrical, plumbing, and HVAC repairs; upgrades to enhance mobility; and factors that trigger asthma. We also equip community-facing associates with a lone worker safety mobile application to check-in or make emergency calls if they experience a safety concern during in-home and face-to-face visits.
Minimally Disruptive Medicine — We partner with enrollees to develop individual Plans of Care and health goals while imposing the smallest burden on their lives. Enrollee choice guides the prioritization of activities to help ensure that the enrollee is not overwhelmed by multiple tasks and changes.
Trauma Informed Care — We educate associates, community-, and field-based teams, including Peer Support Specialists, to create a trauma-informed environment that is sensitive and responsive to the needs of those affected by trauma.
Cultural Humility — Our interventions are guided by a commitment, appreciation, acceptance, and respect for cultural differences and similarities. We draw on the community-based values, traditions, and customs of Louisiana to meet diverse enrollee needs.
Team-Based Care — Our interdisciplinary teams review information, data, and input from team members (including enrollees, CHNs, behavioral health providers, and professionals of varied disciplines) to make relevant recommendations. Our team-based interventions incorporate input from community leaders, community organizations, State organizations, and associates.
Social Determinants of Health — We recognize key drivers of health and incorporate this data into our population health model, which informs population segmentation and interventions at enrollee and community levels.

We apply these principles when interpreting population health data and analyzing disparities to understand root causes and develop targeted interventions. We will continue to refine our Population Health Management (PHM) program(s) and submit our fully compliant Population Health Strategic Plan during Readiness Review and annually thereafter.

2.6.4.1.1

Identifying Baseline Outcome Measures and Targets for Health Improvement

We quantify health status using baseline measures, which are calculated from enrollee data in a relational data model. We establish performance targets, drill down into root causes, and provide actionable insights into our systems of care. Our data model integrates public health data; data collected from enrollees (health needs assessment [HNA], race, ethnicity, and language data, SDOH assessments, complaints, etc.); provider data; claims; eligibility data; hospital admission, discharge, and transfer data; and information from the electronic medical record data exchange. Our model segments our enrollee population to identify enrollees with the largest health disparities and develop personalized interventions to improve health outcomes.

Figure 2.6.4-2 depicts how our population health strategy works in conjunction with the plan-do-study-act model to develop, implement, and measure improvement initiatives. We adopt baseline measures and targets provided by LDH, HEDIS, and the CAHPS Survey and include targets found in **Attachment H** of the Model Contract. When baseline metrics are not provided, our Enterprise Analytics department validates an appropriate sample size and data collection time period to produce a statistically significant sample that serves as baseline measure (e.g., a prior year's worth of data). When available and appropriate, we leverage internal claims data, enrollee interactions (e.g., Enrollee Services Call Center), and provider data (provider profiles, authorization requests, etc.). If internal data is not available for a specific metric or a comparison population is needed, we leverage external data sources, such as OPH's surveillance data or community needs assessment data. To develop objective, internal performance goals, we consider baseline data, then define specific, measurable, attainable, realistic, and time-bound incremental targets that we can reasonably achieve and that produce desired outcomes. We also use data from the Louisiana State Health Assessment and State Health Improvement Plan to gain insight into the health of the population, identify local and cultural values, and describe factors that impact health and health inequities. Through the Managed Care Incentive Payment (MCIP) program uses data from major hospital systems in the state to address observed patient needs and barriers to and ideas for improvement. **MCIP engagement resulted in the development of Diabetes and Hypertension registries, adoption of best practices for maternity care, evaluation of wasteful spending, and analysis of ED utilization and readmission activity.**

Figure 2.6.4-2: Continuous Population Health

2.6.4.1.2

Measuring Population Health Status and Identification of Sub-Populations

AmeriHealth Caritas Louisiana measures the population health status of enrollees through traditional public health metrics and analytic methods — such as demographic analyses, population pyramids, mortality rates/ratios, and burden of disease — to contextualize and infer total population considerations. Our analytics run on our data model, including the following attributes, to assess population health status, identify subpopulations, and prescribe successful interventions.

- **Social Determinants of Health** — We implemented a proprietary adaptation of the National Association of Community Health Centers Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool to regularly and universally screen and re-assess enrollees for SDOH needs. We use this information to inform population segmentation and interventions.
- **Cultural And Linguistic Demographics** — We collect and segment enrollee data by cultural and linguistic demographics, including age, race, ethnicity, gender identity, sexual orientation, religion, primary language, disability status, and income level. Our CLAS Committee uses population-level health equity data to inform our multi-year Health Equity Plan, which delineates specific programs and interventions to mitigate health disparities experienced among our subpopulations. We evaluate this data through multi-variate analysis to assess the relationship between cultural and linguistic demographics and health outcomes.

- **Geography** — We measure population health equity by location using geographic mapping tools and hot-spotting analysis to identify trends in utilization patterns, such as over-utilization of ED visits or under-utilization of primary care services. Our Enterprise Analytics team conducts quarterly drill-down analysis to determine root causes and identify potential health disparities. We then plan targeted interventions and PIPs to promote health equity for all enrollees.
- **Segmenting Special Populations** — We analyze population health data by key special populations, including the eligibility categories defined in **Section 2.3** of the Model Contract, Chisholm Class Members, Department of Justice Agreement target population, Department of Corrections re-entry population, and enrollees with special health care needs. We review population-specific reports through quality management committees to monitor access to high-quality, person-centered care and help ensure that each population has access to entitled benefits, care coordination, services, and supports. We perform drill-down analysis and convene stakeholders to address barriers as they arise.
- **Asset Limited, Income Constrained, Employed (ALICE) Data** — We analyze United Way ALICE data, to help determine enrollee needs. In 2017, ALICE data for Caddo Parish showed a higher percentage of household poverty than the overall state average; Orleans Parish showed 27% of households in poverty; and 15% of households in poverty were reported in Jefferson Parish. Using this data, we strategically located our Wellness & Opportunity Centers in communities with the greatest opportunity to increase community connections and build resilience.

2.6.4.1.3

Identifying Key Determinants of Health Outcomes

We consider key determinants to identify health disparities, define root causes, determine the affected population and subgroup, and implement individual-level interventions. Our population health experts work with our Quality team to review population health trends and outliers; conduct drill-down and root-cause analysis; and identify contributing and causal key determinants of health at the system and enrollee levels. We also recognize the role that implicit or explicit bias plays in persisting health care inequities, which often results in enrollees having a poor experience, feeling discouraged to engage with care directives, and having reduced trust in the health system. We apply evidence-based, best practice models in population and public health, such as the Robert Wood-Johnson County Health Rankings Model depicted in Figure 2.6.4-3, including:

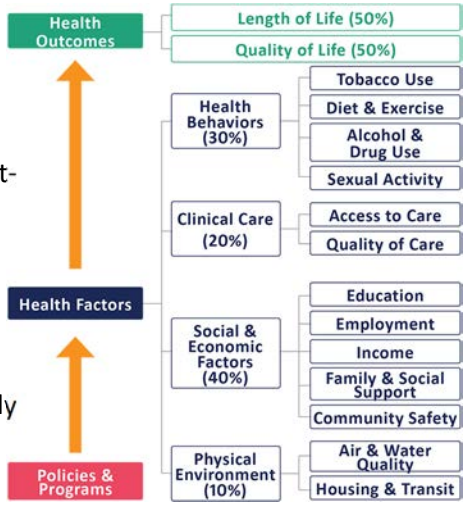


Figure 2.6.4-3: Robert Wood-Johnson County Health Ranks Model

- **Health Behaviors** — We collect health behavior data through assessments and enrollee interactions. Case Managers and providers use this information to develop appropriate treatment and referrals to community-based organizations (CBOs), promoting optimal health.
- **Clinical Care** — We expand access to care by evaluating network adequacy and monitoring the quality of care through our quality management strategy. We annually assess our provider network to review enrollee access to providers who speak their preferred language. We provide information on SDOH, plan services that address determinants, health equity concepts, implicit bias training for providers, and Provider Advisory Council (PAC) discussions.
- **Social and Economic Factors** — SDOH data is used to stratify and direct health equity efforts, and develop targeted interventions to close care gaps. We assess SDOH needs to identify and address

barriers to health care. We recognize that health goes beyond medical care, and access to resources that impact these factors is a critical component of improved health outcomes. We perform routine reviews of enrollee demographic and SDOH data to identify emerging populations and trends.

- **Physical Environment** — Location can determine health more than genetics, as exemplified in Louisiana's increased cancer diagnoses in communities along the Mississippi River. We review public health data and conduct geographic mapping tool-based analysis to assess trends that may be attributed to the physical environment. Through our On the Move program, together with CBOs, we coordinate events in areas recognized as food and recreation deserts. We work with ReCAST to address community violence by providing training on principles of TIC and accessing support services.

Approach to Identifying Strategies for Targeted Interventions

We use key determinants of health outcomes to identify targeted interventions at the enrollee, provider, and community levels through multiple strategies, including:

- **Collaboration Through Work Groups** — In June 2020, we established our Health Equity, Louisiana Style workgroup, through which subject matter experts from departments across the health plan develop programming to improve health outcomes for enrollee populations.
- **Seeking Provider Input** — We will establish a Health Equity Learning Collaborative in 2022 to improve maternity care for pregnant Black enrollees. This collaborative will recognize the best-performing maternity care providers based on data that demonstrates a high level of quality of care, with provider workshops to share best practices for replication to close disparities.
- **Identifying Evidence-Based Solutions** — We look for evidence-based solutions that are appropriate to address Louisianans' needs. Our Community Care Management Team was developed based on the Care Coordination Pathways model and learnings from Camden Coalition of Healthcare Providers.
- **Listening to Our Enrollees** — To address the need for more wellness-focused resources, we opened Wellness & Opportunity Centers in key neighborhoods facing unmet SDOH needs. We leverage our Enrollee Advisory Council to increase enrollee engagement, receive feedback on programs and services, and integrate that feedback for improvements.
- **Engaging Future Providers Within the Community** — With Louisiana State University Health Sciences Center-New Orleans (LSUHSC-NO), we created a PHM Rotation to familiarize medical students with MCOs and PHM. Student projects include analysis of health equity, network adequacy, and program efficacy within risk populations. This included formation of the Tiger Care Coalition, which works with student volunteers to develop approaches to public health problems. Our AmeriHealth Caritas Health Policy Fellowship Program at LSUHSC-NO School of Public Health and School of Medicine advances students' understanding and abilities for influencing federal, State, and local health policy agendas to improve quality, reduce cost, and eliminate disparities.

2.6.4.1.4

Integrating Initiatives to Create a Comprehensive Approach

We use highly coordinated, multidisciplinary, and cross-functional methods to integrate population health initiatives throughout our organization and network, as illustrated in Figure 2.6.4-4. Our population health approach integrates with our health equity strategy and our quality management strategy, which directs prevention, comprehensive care management, care management, and targeted interventions. We convene our cross-functional leadership to identify trends and priorities and strategize solutions for outliers. We integrate initiatives and priorities with provider networks in the MCIP. We also work to integrate with OPH, Office of Behavioral Health, and community initiatives.

Examples of Integrated Initiatives — We use a multipronged approach to reduce behavioral health inpatient care. We expanded behavioral health outpatient options through Hospital Outpatient Program Extension (HOPE), which mirrors an intensive outpatient program with covered benefits for a step-down from inpatient behavioral health services, keeping enrollees in the community. Our Care Extender case management model focuses on enrollees with behavioral health diagnoses facing emotional challenges and high acute utilization who have been unable to engage in case management. Similar to HOPE, our Care Extenders locate and engage eligible enrollees to provide care coordination and resource referrals to help transition them into less intensive support services and help enrollees develop resiliency. We offer risk-based provider arrangements for comprehensive management of our serious mental illness (SMI) population and encourage wraparound supports. Through our Wellness & Opportunity Centers, we offer training and support through our Whole Health Action Management (WHAM) peer support group and Mental Health First Aid. We provide care management support and specialized peer services, to help enrollees coordinate, schedule, and arrange transportation.

Figure 2.6.4-4: Integrating Population Health

2.6.4.1.5

Other Considerations

AmeriHealth Caritas Louisiana is the only Healthy Louisiana MCO to build and open Wellness & Opportunity Centers for Medicaid enrollees. During 2019, our Wellness & Opportunity Centers hosted a combined 471 events with more than 3,600 attendees.

To improve equity and increase access to prevention and wellness programs, AmeriHealth Caritas Louisiana developed our Wellness & Opportunity Centers, which address health disparities and the availability of community resources in identified neighborhoods. **We opened a first-of-its-kind Wellness & Opportunity Center in July 2017 in Shreveport's Queensborough neighborhood. Our second center opened in 2018 in New Orleans' Gentilly neighborhood.** Our staff are cross-trained to optimize the impact of an enrollee's visit, including access to face-to-face clinical population health interventions. We host a wide variety of enrollee-influenced activities deliberately designed to meet the goals of our Triple Aim. Our programming is data-driven to target health disparities in these geographical areas, thereby accelerating enrollee empowerment in their individual health care journey.

Throughout the COVID-19 public health emergency (PHE), we continued to support our communities by pivoting to a virtual format and using our Wellness & Opportunity Centers as drive-through resource collection and distribution centers. Our safety-focused Wellness & Opportunity Centers in New Orleans and Shreveport reopened in the summer of 2021 and comply with both the Centers for Disease Control and Prevention (CDC™) and LDH guidelines related to the COVID-19 PHE. **Building on this, we will open one new Wellness & Opportunity Center in the Baton Rouge area by the end of 2022.** [redacted]

Louisiana. We will continue to offer a wealth of community support groups and trainings, such as our WHAM group, and groups for Latinx enrollees, with a focus on diabetes, sickle cell disease, and healthy birth outcomes. These measurable activities encourage resiliency, wellness, and the self-management of physical and behavioral health and will be continually offered both virtually and in person, thereby affording these opportunities to communities statewide.

Caritas Impact Coalitions

Building on our white paper, *Putting the Community Back in Healthcare*, which provided recommendations for state and local governments to improve communication and enrollee engagement, and through the support of the collective impact model, developed with public health officials, CBOs, and local leaders, **we will use our Wellness & Opportunity Centers to facilitate community-designed health improvement solutions through our Caritas Impact Coalitions.** We will provide technical training in Strategic Doing, a methodology for forming collaborations and taking action for measurable outcomes. We will bring community and institutional leaders and families together, mutually reinforcing activities, communication, and a system to measure success.

Additional Population Health Strategies

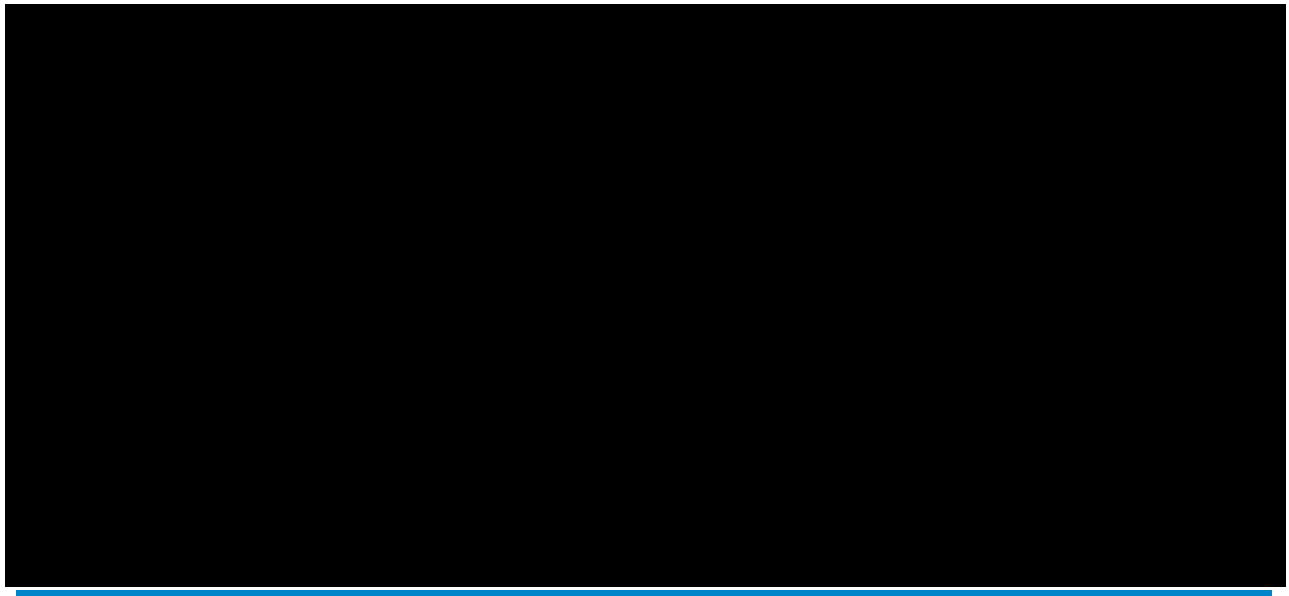
Our population health strategy engages enrollees and providers and builds healthy communities.

- **COVID-19 Outreach** — Our approach to increasing statewide COVID-19 vaccination rates began in January 2021 when vaccines first became available for our oldest enrollees and engages enrollees, providers, and the community. We outreach by phone and text to inform enrollees of eligibility, educate about the vaccine, and coordinate appointments and transportation. We provided an enrollee CARE Card reward and implemented a COVID-19 Vaccine Provider Incentive Payment. Our Community Health Educators and volunteer Care Crew meet with enrollees in the community to connect them with vaccines; we have leveraged our relationship with the New Orleans Saints to collaborate on a series of mobile vaccine events at the Saints training camp; and we worked with providers and CBOs to host a series of vaccination clinics at our Wellness & Opportunity Centers.
- **Enrollee Incentives** — We offer incentives for healthy behaviors through our AmeriHealth Caritas CARE Card, a reloadable rewards card that allows enrollees to make purchases for health-related items at select retailers. Enrollees also have access to a website where they can shop for items for home delivery. Incentives are earned by the enrollee for healthy behaviors, including well visits, health screenings, completing an HNA, and getting a flu shot.
- **Value-Based Payment Programs** — Our PerformPlus® comprehensive suite of value-based payment (VBP) programs includes Health Care Payment Learning and Action Network (HCP-LAN) Categories 2C, 3, and 4. Our VBP models align payments and incentives with key determinants of population health, such as SDOH, and incentivize providers for promoting health equity.
- **Preparing for Disasters** — As part of our disaster planning approach, we are expanding our local Community Outreach resources with the Caritas Action and Response Emergency Team (CARE), who will be prepared to immediately respond to disruptions in service delivery, providing targeted telephonic and on-the-ground outreach to enrollees to support medical, behavioral health and social needs, and coordinating outreach to our provider community. This will enable us to provide robust enrollee and provider engagement in an emergency, while also allowing us to fulfill all necessary State-required reporting. The CARE Team will supplement local enrollee engagement, outreach, and education activities during non-emergency time periods.
- **Community Involvement** — In 2020, AmeriHealth Caritas Louisiana employees participated in 128 volunteer events, with 57 organizations represented. Our giving efforts were recognized by Capital Area United Way, who selected us for the 2021 Campaign Award of Excellence.

2.6.4.2

First Year Milestones and Timeframes

We will continue to work closely with LDH to evolve our population health strategy. We will develop a written project plan as part of our readiness and implementation activities, including promises to LDH through the first year of the Contract, as outlined in the First Year Milestone and Timeframes table.



2.6.4.3

Improving Health Equity Using Social Determinants of Health Data

AmeriHealth Caritas Louisiana has experience utilizing SDOH data in Louisiana to inform our Population Health Management (PHM) approach and improve the health of focus populations. We use a systematic, multi-channel, proactive approach to collect standardized SDOH data on enrollees' educational level; health literacy; transportation needs; housing security; physical safety; and material security, including access to food, utilities, clothing, childcare, phones, and household needs. Our Population Health and Enrollee Services associates are trained to universally screen for these needs and connect enrollees to needed services and supports. We collect SDOH data through claims, ICD-10 codes, enrollee welcome calls, HNAs, and interactions with our community-based teams. Enrollees' SDOH needs are classified in three tiers: stable (low-risk), vulnerable (medium-risk, needing connection to resources), and crisis (high-risk, needing immediate intervention). This enables us to address individual and household needs and segment trends at the population level. Crisis level is classified as an enrollee not having immediate resources for utilities, food, or housing. Our approach to collecting and using SDOH data includes:

In the 2020 SDOH Benchmark Assessment Individual Plan Report completed in collaboration with the Association for Community Affiliated Plans (ACAP), AmeriHealth Caritas Louisiana was the second-highest scoring plan out of 20 plans nationally.

- **Data Aggregation** — SDOH data is captured and documented within our population health system and is aggregated into our relational data model, enabling us to see linkages and draw insights between population characteristics, key determinants, and health outcomes.

- **Data Analysis to Support Population Health Management** — Once aggregated, we analyze SDOH data through a series of algorithms and analytics tools in the context of our entire enrollee population, their subgroups, and individualized needs. We refresh and review population-level SDOH data monthly for our quality management committees to identify trends and perform drill-down analysis.
- **Data Submission and Reporting** — As requested by LDH, we will participate in initiatives to define and submit reports on SDOH. We run monthly reports on SDOH to identify emerging trends, conduct root-cause analyses, expand existing programs, or introduce interventions. At least annually, we conduct a comprehensive review and assessment of our PHM strategy to evaluate effectiveness and help ensure that the structure, staffing, training, services, and community partnerships address the needs of the current enrollee population and Contract requirements.

Applying Our Data Approach to Improve LDH Health Equity Priorities

Using the described approach, we will expand on our prior work on reducing diabetes disparities. We previously analyzed HEDIS data grouped by race and ZIP Code™, which identified health disparities for Black enrollees with diabetes in Shreveport and New Orleans. In response, our Health Equity department created Control Your Diabetes, Control Your Destiny. Hosted at our Wellness & Opportunity Centers, the program connected enrollees to diabetes tests and check-ups; depression screenings and behavioral health support; and classes on cooking healthier versions of traditional Louisiana dishes. **Comparing HEDIS Comprehensive Diabetes Care sub-measures from 2018–2019, we found an average increase of [redacted] for HbA1c Testing and [redacted] for Eye Exam (Retinal) Performed measures for this subgroup.** Additionally, through our Diabetes Elevated HgbA1c>8 Pathway Program, among enrollees who were engaged by the care management team and had a post-engagement HgbA1c test, [redacted] had a reduction in HgbA1c of 1 point, and [redacted] had a 2-point reduction. [redacted]

Recent SDOH Data Example: AmeriHealth Caritas Louisiana Housing Services

Identifying the Issue — Our enrollee-facing staff evaluate enrollees for SDOH needs. Among enrollees who responded to our SDOH surveys through March 2019, 10.9% reported experiencing housing vulnerability or crisis in the last 12 months. Using this data and recommendations from LDH, we created the Housing Specialist position. Recognizing that housing is a complex system to navigate, our Housing Specialist supports enrollees by assessing their specific needs and connecting them with housing resources that will best suit their unique situations.
The Intervention — The **AmeriHealth Caritas Louisiana Housing Specialist** works with enrollees identified as experiencing or at risk of homelessness by referring them to resources based on their specific needs, including LDH's Permanent Supportive Housing (PSH) program and Louisiana's Housing Opportunities for Persons with AIDS. For enrollees not eligible for the PSH program, our Housing Specialist works with coordinated entry housing resources throughout the State, including emergency shelter. For enrollees who need affordable or subsidized housing, we identify housing opportunities and help enrollees apply for public housing and housing choice voucher programs (Section 8, 811, etc.), affordable (low-income housing tax credit) housing, and private rental opportunities. Our Housing Specialist offers education to enrollees, providers, and our staff on housing resources and programs across the state. Updates from the Housing Specialist on shelter intake, eviction moratoria, and rental and mortgage assistance programs were especially important during the COVID-19 PHE.
Measuring Effectiveness and Developing Improvement Strategies — Since hiring our Housing Specialist in November 2019, we document and track details of enrollee situations in our PHM system. We created a

choropleth map showing the ZIP codes featuring the highest numbers of enrollees experiencing housing instability. We use data from our PHM system to view geographic areas where enrollees received assistance and then geocoding to show where services were rendered, with options to drill down to any parish or city.

Outcomes — Since November 2019, **nearly 400 enrollees have been referred for housing-related services, including emergency shelter, extended stay group homes, transitional, long-term, and permanent housing.** We offered resources, including rental assistance, handicap-accessible units, repairs, relocation, and food pantries. **Using enrollee details tracked in our PHM system, we performed geocoding to determine areas throughout the state with the greatest numbers of enrollees in need, driving the demand for additional resources by location.** Tracking the greatest housing needs by parish, we found that 16.82% of housing assists occurred in Orleans, 7.48% in East Baton Rouge, and 5.61% in Caddo. We have begun to use our Housing Assessment Tool, currently in the pilot stage, as a standard tool to capture and track housing status pre- and post-services, allowing us to follow the successes of our enrollees and continue to reduce gaps in care.

Case Study — In June 2020, we were contacted to assist the family of a 15-year-old enrollee with SMI, who had been living in hotels for 2 years. Our Housing Specialist connected with Unity Corporation of Greater New Orleans, who assigned the case to Catholic Charities Bethlehem Housing. Our Housing Specialist worked together with Catholic Charities until they found the family a rental home in October 2020.

2.6.4.4

Provider Engagement Strategies to Increase Health Equity

We engage our providers to help drive strategies to increase health equity in the following ways:

- **Inviting Our Providers to Our Wellness & Opportunity Centers** — We invite community providers to offer health screenings and education at our Wellness & Opportunity Centers. Through provider partnerships, we have provided flu vaccinations; onsite tests and screenings for HIV, hepatitis C, blood sugar, and blood pressure; and mammograms and prostate cancer screenings.
- **Engaging Providers in Roundtable Discussions** — We partnered with Governing Magazine and Dr. Peggy Honoré of the LSU School of Public Health in 2018 to host a series of roundtable discussions at our Wellness & Opportunity Centers, including government officials, providers, public health agencies, and community leaders, to discuss strategies for a more person-centered, outcome-oriented system of health care and developed a white paper, *Putting the Community Back in Healthcare*, to improve communication and enrollee engagement. Building on these strategies, we developed the model for our Caritas Impact Coalitions to address health disparities through community engagement.
- **Provider Report Cards** — We use Provider Report Cards to track and address disparities in quality results. We share actionable data with our providers so that they can conduct enrollee outreach and close gaps in care according to evidence-based guidelines.
- **Incentivizing Collecting SDOH From Claims Data** — We leveraged value-based care to address SDOH by providing financial incentives to providers who assess and report SDOH gaps through ICD-10 Z codes. This helps promote whole-person care by informing the approach for our predictive modeling and population health strategies.
- **Encouraging Providers to Connect Enrollees with CHNs** — We encourage our providers to connect enrollees with CHNs to build trust, engage enrollees with complex needs, and deliver culturally competent care coordination and assistance to access services and community resources.

Engagement Strategies to Increase Health Equity

We leverage proven innovative engagement strategies and tailored approaches to achieve high contact rates. We reach enrollees and their families through health fairs, food and clothing drives, CBO collaborative events, sponsorships, back-to-school supply drives, holiday events, festivals, our Wellness & Opportunity Centers, resources for network providers, and local community coalitions that promote

regional health and wellness to address SDOH needs. Our enrollee educational activities draw on the community-based values, traditions, and customs of Louisiana to meet diverse needs and provide for the equitable distribution of materials without bias toward or against any group. Our communication and educational materials are developed to address specific needs of enrollee subgroups, such as brochures outlining services for the LGBTQIA+ community. We employ bilingual staff who serve as translators during community meetings and events. **Our Enrollee Advisory Council provides a regional forum for enrollees, advocacy groups, and providers to give input and participate in the development of new programs, such as identifying and addressing cultural barriers facing the Latinx population, overhauling our enrollee welcome kit, and developing a Roadmap to Health.**

Contracting with CBOs and the Office of Public Health

We are closely connected to Louisiana communities and will continue to strengthen our existing collaborations. We contract with CBOs to provide enrollee VABs, which strengthen whole-person care, promote healthy behaviors, and achieve better health outcomes. The Contracting with Community-Based Organizations and the Office of Public Health table defines our approach to population health improvement strategies.

Contracting with Community-Based Organizations and the Office of Public Health

Contracting Action	Department Responsible
Step 1 — Expand engagement with CBOs to include formal and informal channels of communication (i.e., inviting community coalition participation at Wellness & Opportunity Centers, joining committees, data sharing, presence at community events, etc.).	Enrollee Services and Population Health
Step 2 — Review existing community needs assessments, including those conducted by OPH, and our internal data at the local parish and State level.	Quality Management
Step 3 — Conduct gap analysis of community needs compared to existing provider network, services available through CBOs, and services available through OPH.	Provider Network, Quality Management, Population Health
Step 4 — Present community feedback and findings from gap analysis to our Health Equity, Louisiana Style Committee for review and identify recommendations to strengthen our partnerships and close identified gaps.	Health Equity, Quality Management
Step 5 — Define collaborative partnerships, programs, interventions, value-based agreements, and PIPs to include in contracts with CBOs and OPH.	Health Equity, Quality Management, Provider Network
Step 6 — Engage CBOs and the OPH in contract negotiations.	Provider Network, Administration
Step 7 — Execute contracts.	Administration
Step 8 — Support implementation and go-live.	Administration, Population Health, and Enrollee Services
Step 9 — Monitor program effectiveness and outcomes.	Quality Management

We connect enrollees with services from CBOs to supplement benefits and to assist with SDOH issues. Our Community Resource Directory is available as a searchable community service directory for our enrollees and providers. We work with community organizations to promote healthy behavior learning opportunities through community events. **We also engaged in a multi-year partnership with the New Orleans Louisiana Saints and the New Orleans Pelicans to amplify the impact of our community-focused initiatives.** Throughout the year, we will collaborate with Saints and Pelicans players and staff on events across the state, including back-to-school wellness expos; Fit Week activities; Kick COVID events; Mental Health Mondays; Take your Shot Like a Pro, and; Diversity, Equity, and Inclusion initiatives to inspire and encourage young enrollees, with many events hosted at our Wellness & Opportunity Centers.

2.6.5
Health Equity

AmeriHealth Caritas Louisiana's Health Equity Administrator gets to know an enrollee during a diabetes education event at our Shreveport Wellness & Opportunity Center.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.5 Health Equity

2.6.5.1

Management Techniques, Policies, Procedures, and Initiatives to Promote Health Equity

At AmeriHealth Caritas Louisiana, health equity is embedded in everything we do, including our culturally and linguistically appropriate services (CLAS), diverse hiring practices, company culture, community engagement, population health activities, data collection and analysis procedures, provider support, and enrollee care. We named Lori Payne, who leads our *Health Equity, Louisiana Style* workgroup, as our **Health Equity Administrator**. As Health Equity Administrator, she will also oversee our Health Equity Plan and fulfill the responsibilities included in **Section 2.2.2.4.4.8** of the Model Contract. To develop and implement the Health Equity plan, she will work interdepartmentally with Quality Management, Population Health, Provider Network, Behavioral Health, Public Policy, Communications, Analytics, and Human Resources and leverage our health equity infrastructure, including the Health Equity Council and the Diversity, Equity, and Inclusion (DEI) Council.

AmeriHealth Caritas Louisiana received all available points in 2021 as we achieved the NCQA Distinction in Multicultural Health Care for the third time. This reflects our successful efforts to infuse health equity throughout our management techniques, policies, procedures, and initiatives.

As the AmeriHealth Caritas Director of Health Equity, Danielle J. Brooks, JD, supports AmeriHealth Caritas Louisiana's efforts to reduce racial, ethnic, linguistic, cultural, sexual orientation and gender identity (SOGI), economic, and educational disparities. The **Health Equity Council** offers educational opportunities to all AmeriHealth Caritas Family of Companies associates including sharing research, thought leadership, data, and culturally responsive best practices to enhance our health equity initiatives. AmeriHealth Caritas Louisiana has an active **DEI Council** that hosts monthly meetings for our associates to provide feedback on DEI issues; learn best practices; have open and honest conversations; and develop relevant educational programs, trainings, and discussion opportunities. Resources and support also are provided by the enterprise-wide AmeriHealth Caritas DEI Council, DEI strategy, and Chief DEI Officer Karen Dale (who reports directly to the AmeriHealth Caritas CEO), and also serves as co-chair of the Health Care Payment Learning and Action Network's Health Equity Action Team.

Our health equity approach includes a number of initiatives and collaborations with providers and community members as described throughout this response, including in **2.6.5.5**, **2.6.5.7**, and **2.6.5.9**. Our *Health Equity, Louisiana Style* workgroup provides structure to develop and implement programming and best practices to address disparities and promote health equity. The workgroup, comprised of subject matter experts and departments across the health plan, develops programming to improve health outcomes for our enrollee populations who are experiencing barriers to care, as captured through quality and utilization data collection and analysis stratified by race, ethnicity, and language; SOGI; and disability status. Program priorities and delivery methods are based on needs identified through a root cause analysis and evidence-based approaches.

As described in **2.6.5.3**, AmeriHealth Caritas Louisiana maintains an annual strategic work plan that fully aligns with the National Standards for CLAS in Health and Health Care and NCQA accreditation and Distinction in Multicultural Health Care standards, which we have maintained since 2017. By using CLAS

as a foundational infrastructure and deploying a *health equity by design* approach, we build equity concepts into our policies and procedures and initiatives, including non-discrimination policies; privacy policies; and data collection, storing, and sharing practices.

2.6.5.2

Recruiting, Retaining, and Promoting Representative Personnel and Leadership

As an incumbent Healthy Louisiana Medicaid MCO, we have extensive experience staffing our health plan to meet the specific, local needs of Louisiana Medicaid enrollees. Our Human Resources team places a special emphasis on diversity and representation from the communities and populations in which we serve. Our culturally competent hiring practices leverage the Direct Employers Association job alliances which target recruitment through groups representing under-represented job candidates. These groups include Diversityworkers.com, Campus Pride, AfricanAmericanJobsite.com, Hispanic Today, and VetCentral.

As a Peer Support Specialist, A.J. Farria was open and honest about her own personal struggles to overcome trauma, mental health challenges, and homelessness as she worked to uplift Louisiana's most vulnerable populations. Her work was recognized by earning the 2019 Association of Community Affiliated Plans Making a Difference Award. Reflecting our commitment to providing promotional opportunities for personnel and leadership representative of the population we serve, over the last 3 years A.J. has been promoted to Supervisor of Community Health Navigation and Community Health Education and then again to a Manager in our Strategy and Innovation office.

AmeriHealth Caritas Louisiana associates participate in **AmeriHealth Caritas' Associate Resource Groups (ARGs)**, organizationally supported groups of associates who are drawn together by characteristics they have in common, such as ethnicity, SOGI, generation, disability status, common purpose, interest, or background. ARGs are specifically designed as an integral part of our DEI infrastructure and associate engagement, retention, and development strategies. The ARGs provide opportunities for associates to engage with senior leaders and to develop communication and leadership skills. AmeriHealth Caritas recently launched a **mentorship program** and our first group of mentees are the ARG leaders, in an effort to connect mentorship to our DEI strategy of increasing the diverse talent in our leadership pipeline, including talent that is reflective of the communities we serve throughout the State. Our Chief Executive Officer, Kyle Viator, participates in this program as a mentor. These approaches have resulted in increased diversity among AmeriHealth Caritas Louisiana's management team. For example, **in the past five years we have more than tripled the number of Black associates on our management team; 51% of our current management staff are Black.**

Additionally, we employ bilingual staff members with the purpose of having a team of associates that reflects the racial, ethnic, and linguistic makeup of our enrollees. For all positions designated as bilingual, we pay for the language proficiency assessment and, if the results are favorable, the associate will receive an increase in compensation.

2.6.5.3

Ensuring Culturally and Linguistically Appropriate MCO Services

CLAS Strategic Work Plan and Program — AmeriHealth Caritas Louisiana maintains an annual strategic work plan with measurable goals. We define how we achieve each of the 15 national CLAS standards; maintain structures and processes for implementation, oversight, and evaluation of our CLAS program; conduct annual disparities analyses of HEDIS® performance and CAHPS® results; review enrollee demographic data to identify emerging populations and trends; conduct an annual assessment of our provider network for linguistic availability and accessibility; monitor performance of language access providers; review complaints, appeals, and grievances related to CLAS needs; and provide annual CLAS cultural competency and health equity training to associates.

Cultural Competency and Health Equity Training — With the support of a strong commitment to DEI at the AmeriHealth Caritas enterprise level, associates receive CLAS, cultural competency, and health equity training as part of their new hire onboarding, and annually thereafter. To help ensure we continually meet the needs of our associates and enrollees, the AmeriHealth Caritas Director of Health Equity evaluates the program's effectiveness and updates the training, as necessary. Our cultural competency trainings include Health Equity Core Training, CLAS and Cultural Health Core Training, Health Equity and Cultural Responsiveness, and Recognizing and Reducing Bias. Associates who work directly with enrollees or providers receive additional cultural competency training, including how to verify and capture race, ethnicity, and language data.

Ensuring Providers Deliver Culturally and Linguistically Appropriate Services

AmeriHealth Caritas Louisiana developed and implemented a multi-faceted, comprehensive cultural competency and CLAS training program for providers, delivered through written materials, website postings, site visits, orientations, provider newsletters, Provider Cultural Competency Guide, and our Provider Handbook. The Provider Network staff reminds providers about the importance of cultural competency; effective communication with enrollees who have limited-or-no English proficiency; and providers' responsibility for implementing appropriate measures that address barriers that could exclude, deny, delay, or prevent timely delivery of culturally appropriate services. We also recruit providers to address gaps; for example, in response to a slightly lower ratio of Vietnamese-speaking providers in Vermillion Parish, we identified and recruited a Vietnamese-speaking provider in the area and provided materials in Vietnamese and information about translation services. Examples of cultural competency training components for providers include legal and regulatory requirements; business considerations; implicit and explicit bias; the racial, ethnic, and language diversity of enrollees; Louisiana's Native American tribes; definitions, terms, and legal protections related to SOGI; free language services offered to providers and enrollees; tools and tips for using telephonic and in-person interpretation services; and social determinants of health (SDOH) and how they affect health outcomes.

2.6.5.4

Capacity to Develop, Administer, and Monitor Training

Training programs provide AmeriHealth Caritas Louisiana associates at all levels and across all disciplines with ongoing education in culturally and linguistically competent and responsive service delivery.

Associates who work directly with enrollees or providers receive additional specialized cultural competency and health equity training that is tailored for the specialized information or skill set needs of their department. For example, we work with Living Beyond Breast Cancer to train our Care Management team to increase understanding of the lived experiences of Black women diagnosed, in treatment, and living with breast cancer and the culturally competent resources available to them. We require network providers to complete cultural competency training as part of the onboarding process, and we offer regular provider trainings on health equity topics. We also require material subcontractors to take our internally designed health equity training.

Capacity to Develop Training — We have access to AmeriHealth Caritas' instructional design team to assist in the analysis, design, development, implementation, and evaluation of all training courses. AmeriHealth Caritas' instructional designers have more the 30 years of experience designing learning solutions that drive retention and transfer of knowledge.

Capacity to Administer Training — We offer training in multiple modalities and our experienced staff of professional trainers are actively engaged in the implementation and delivery of training courses. AmeriHealth Caritas Louisiana administers training assignments using our learning management system, which allows associates to access training programs 24 hours per day, 7 days per week. Managers can assign training directly to their associates and schedule a due date for completion. Subcontractor training is administered by our internal teams who engage, manage, and deploy training to the subcontractor. We administer provider training as described in **2.6.5.3**.

Capacity to Monitor Completion of Training — AmeriHealth Caritas Louisiana monitors, tracks, and reports the training activities of our associates through AmeriHealth Caritas' robust learning management system. The system allows the direct manager to see the transcripts of their associates and monitor for timely completions. The system automatically sends reminders to those who have not completed the training as the due date approaches and reports to the supervisor if the training is not completed. Providers complete online attestations that include a list of training topics. Subcontractors access AmeriHealth Caritas Louisiana training through a web link and must attest they received and completed the required training, or that their internal training meets/exceeds ours, and that they provided that training to their associates. The Health Equity Administrator oversees completion of provider training in cultural competency and health equity. Our internal teams assigned to oversee the subcontractors monitor the completion of training.

2.6.5.5

Community Member and Provider Engagement to Improve Health and Address Disparities

AmeriHealth Caritas Louisiana's **Community Health Education team** connects outreach activities to health outcomes by strategically targeting interventions that align with improvement in health equity. A clear focus on engaging both enrollees and their communities, reporting on measurable outcomes, and analyzing success enables us to influence improvement strategies effectively. Our activities include sharing culturally appropriate health education, providing informal counseling and social support, acting as advocates and connecting people to services, supporting ongoing disease self-management skills, and facilitating community organizing and community empowerment.

AmeriHealth Caritas Louisiana created our **Enrollee Advisory Council** as a regional forum for enrollees, caregivers, providers, and representatives of advocacy groups to offer feedback about existing programs

and policies and to participate in the development of new programs. Members are recruited through grassroots efforts, with special attention to those with strong existing community, consumer, or clinical links and a commitment to improving health services. Additionally, in alignment with CLAS program goals to engage non-English–speaking enrollees, we implemented an ongoing Spanish-language Enrollee Advisory Council meeting. **During the second half of 2020 and year to date in 2021, even with Enrollee Advisory Council meetings being held virtually, we averaged 15 enrollee participants in attendance.**

AmeriHealth Caritas Louisiana's **Wellness & Opportunity Centers** in New Orleans and Shreveport reopened during summer of 2021 and adhere to the latest guidelines and recommendations from both the Centers for Disease Control and Prevention™ and the Louisiana Department of Health (LDH) related to the COVID-19 public health emergency (PHE). These centers serve as hubs to deploy supports and tools to assist our enrollees with achieving their health and life goals. We analyzed United Way ALICE data, to help determine enrollee needs and strategically located our Wellness & Opportunity Centers in communities with the greatest opportunity to increase community connections and build resilience.

Our *Health Equity, Louisiana Style* workgroup developed a **provider engagement strategy** for each of its current initiatives, including materials that address SDOH, patient autonomy, discrimination, and bias. These materials are presented during Provider Advisory Council meetings, where we raise awareness of health plan enrollee disparities, discuss current health equity initiatives, and obtain provider feedback on responding to barriers impacting care delivery. We engage providers on health equity initiatives through regularly scheduled communications. Our Health Equity Learning Collaborative will improve health and maternity care for pregnant Black enrollees, as described in **2.6.5.11**, and we are developing a health equity score card featuring HEDIS measures for particular demographic populations to educate providers on health disparities and provide support for gap closure.

2.6.5.6

Community Health Navigators, Peer Support Specialists, and Doulas

AmeriHealth Caritas Louisiana utilizes Community Health Navigators (CHNs) in its Care Management program. CHNs live in the communities they serve and are invaluable in building trust, engaging enrollees with complex needs, and delivering culturally competent care coordination and navigational assistance to facilitate access to services and community resources. CHNs provide face-to-face outreach, education, and assessments; assist with appointments and navigating the continuum of care; coordinate with community service organizations; advocate for enrollees; and resolve barriers by providing social support with a focus on prevention and early intervention. Our CHNs provide informal counseling to assist enrollees in establishing personal wellness goals, implementing self-management plans, and modeling support to reach goals. They provide indispensable social support by listening to the concerns of enrollees and their family members. By acting as advocates, they are able to establish vital community and clinical connections, identify and remove barriers to care and service, and find solutions.

AmeriHealth Caritas Louisiana has assigned Peer Support Specialists, with Office of Behavioral Health-approved credentials, to assist enrollees who have been admitted to an inpatient hospital for behavioral health reasons or who are justice-involved. When Peer Support Specialists are face to face with our enrollees, they assist with discharge planning, assess SDOH care gaps and discharge barriers, schedule

An analysis of our Peer Support services stratified by race found that Black enrollees engaged with a Peer Support Specialist experienced a decrease in preventable ED and IP by 13% and 33% respectively.

follow-up appointments, coordinate resources, connect the enrollee to our programs, and refer to case management if needed. Peer Support Specialists also assist with completing applications (housing, SSI, food stamps), and developing a harm and/ or recovery plan. Upon discharge, enrollees are asked if they want to continue peer support services in the community; we provide in-person peer support for an average of 60 days post-discharge.

Our affiliate Medicaid health plan in Pennsylvania utilizes doulas for its enrollees at high risk for premature delivery or who require additional birthing assistance. We will leverage this successful experience to expand access to pregnancy and perinatal support for certain enrollees in Louisiana using perinatal CHNs and doulas. Perinatal CHNs and doulas will provide services through a home visiting program for pregnant and postpartum enrollees and their newborns, which we plan to offer in Louisiana as a value-added benefit (VAB). Perinatal CHNs will receive training on doula principles and practices (excluding labor support) and are trained to support enrollees' SDOH needs.

We review utilization measures, including potentially preventable admissions, preventable ED visits, primary care provider (PCP) visits, and prescription drug fills, as well as medical and pharmacy costs to measure and evaluate the performance of our CHN and Peer Support approaches. We will measure the performance of the approach for doula and perinatal CHN services through prenatal and postnatal visit rates, gestational age at birth, and birth weight.

2.6.5.7

Engaging Medicaid Consumers and Trusted Messengers

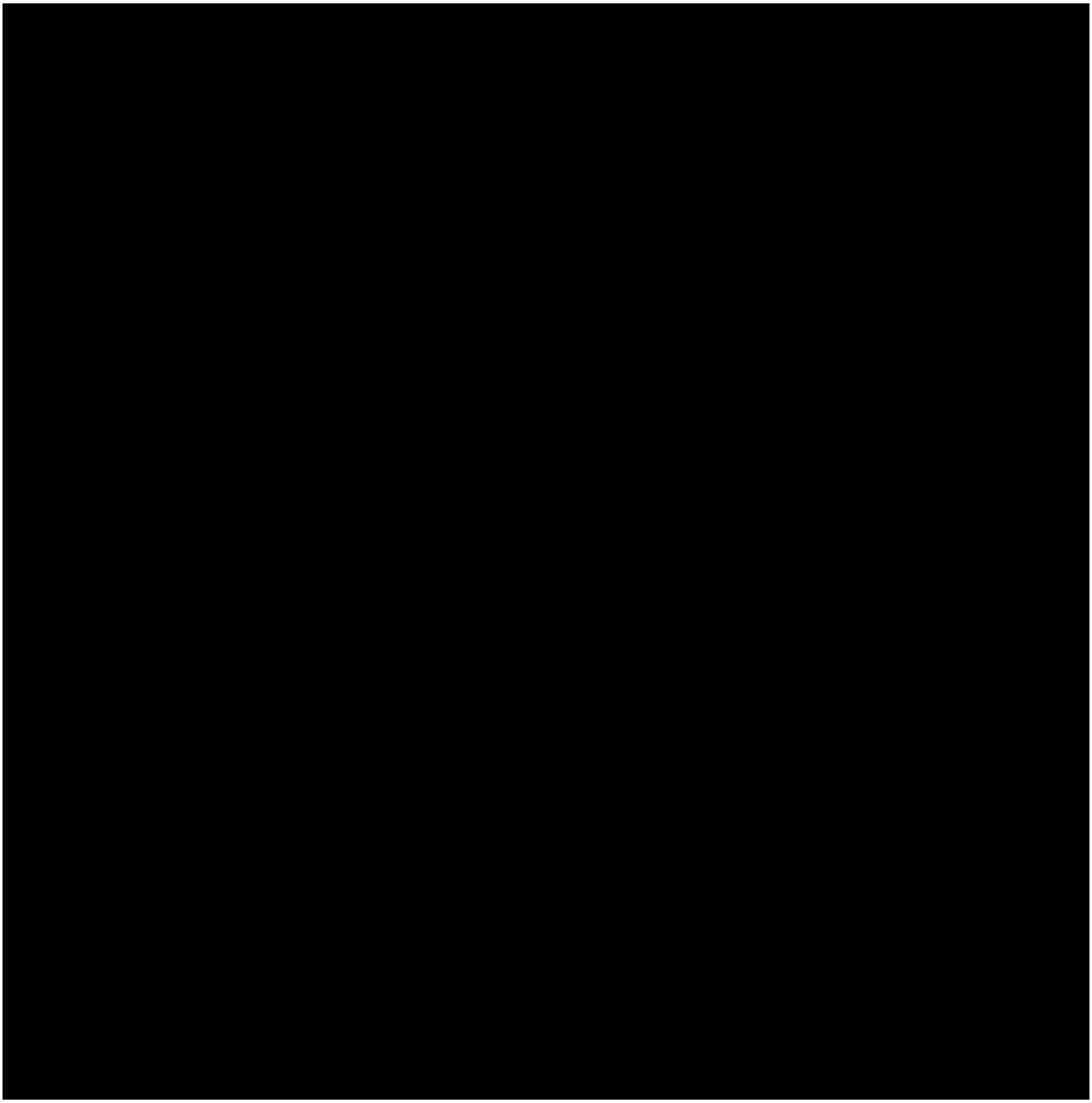
We bring our health care core competency together with an innovative partnership model to enlist community organizations, advocates, and providers to jointly develop solutions to respond to our enrollees' and their family's health and social needs.

AmeriHealth Caritas Louisiana is partnering with the New Orleans Saints and New Orleans Pelicans, who have each committed $20,000 to annual activation funds to support collaborative, community-based DEI initiatives.

AmeriHealth Caritas Louisiana has developed a network of CBOs, including faith-based organizations, providers, public schools, Head Start programs, and social service organizations. During 2019 and 2020, we participated in 1,553 community events and activities throughout the State, and we are committed to additional programming to build upon this foundation.

In addition to the efforts that we've historically had in place, AmeriHealth Caritas Louisiana is excited to offer two new initiatives that will further enhance our community engagement strategy to reduce health disparities.

Leveraging our extensive community engagement experience and relationships, we will also establish and provide resources and support to **Caritas Impact Coalitions** in each of our Wellness & Opportunity Centers in Louisiana in order to formally engage Medicaid enrollees and a wide range of trusted community entities and leaders to improve quality and address health care disparities through a collective impact approach. Actions and a timeline are presented in the **Actions and Timeline for Caritas Impact Coalitions** table. We will develop process and outcomes measures and ensure there is an underlying data infrastructure to support metric calculation, activity tracking, and demonstration of success in ways that are responsive to our diverse communities.



2.6.5.8

Race, Ethnicity, Language, and Disability Status Data Collection

As part of our **NCQA Distinction in Multicultural Health Care**, we meet standards for the collection and storage of race, ethnicity, and language data. AmeriHealth Caritas Louisiana receives enrollee race and ethnicity data in enrollee eligibility files from LDH on a monthly basis. We infer disability status for enrollees from 834 files and determine whether an enrollee lives in a rural parish, as designated by either the LDH or the US Department of Agriculture based on their address. We also collect self-reported data through our enrollee-facing associates, integrate the data into management information systems, and update it on a periodic basis. We began collecting SOGI data over the past two years to enhance our

data collection procedures and inform the provision of CLAS for enrollees.

AmeriHealth Caritas Louisiana continuously reviews race, ethnicity, and language and disability status data to inform our population health management approach, HEDIS Disparities Report analysis, and the development of culturally and linguistically appropriate enrollee outreach programs and services. We are able to identify data collection improvements that enable us to identify racial and ethnic health disparities in quality scores, utilization, and cost analyses to guide the implementation of culturally responsive and targeted initiatives. We also complete an annual analysis of our provider network based on distance standards and travel times required by LDH for Spanish-speaking enrollees to help ensure access to quality care.

2.6.5.9

Utilizing Race, Ethnicity, Language, Disability, and Rural/Urban Data

Our *Health Equity, Louisiana Style* workgroup develops programs and initiatives to improve health outcomes and address identified disparities using a root cause approach. Our *Control Your Diabetes, Control Your Destiny* program, which is focused on improving outcomes in Comprehensive Diabetes Care for Black enrollees, demonstrates this approach. After the initial strategy of working directly with enrollees at our Wellness & Opportunity Centers in urban areas was suspended due to the COVID-19 PHE, we identified additional ways to support Comprehensive Diabetes Care compliance and address barriers to care by focusing on Black enrollees living in rural areas that have either fallen below NCQA's HEDIS benchmarks for comprehensive diabetes care, have higher utilization trends, or both. Our current strategies include proactive communication with newly diagnosed diabetic enrollees, a text-based post-appointment survey to gather data on enrollees' experience with bias at the provider office; provider outreach and education prioritized by parish-level HEDIS outcomes, racial makeup and SDOH; and Enrollee Advisory Council meetings where enrollees and community stakeholders provide input on additional targets for improvement.

In addition, our Food as Medicine program is adding a new component by partnering with United Way and a federally qualified health center (FQHC) provider with both urban and rural sites to provide home delivered food for targeted enrollees diagnosed with obesity and a related illness, such as diabetes or high blood pressure, conditions that disproportionately affect Black enrollees. Diagnosed enrollees who complete a scheduled doctor visit can receive a weekly delivery of fresh fruits and vegetables with some protein included. After a two-month trial, enrollees can continue the deliveries at a discounted rate using SNAP℠ benefits.

2.6.5.10

Stratifying, Analyzing, and Acting on Data Regarding Inequities

As part of a comprehensive strategy for analyzing inequities in care, AmeriHealth Caritas Louisiana leverages a suite of quantitative and qualitative tools to generate actionable data in accordance with industry standards and methodologies. For each of the outcome measures presented in **2.6.5.10.1–2.6.5.10.9**, we follow a similar approach. Measures for analysis are selected based on high-priority HEDIS measures identified by LDH. Analytics are performed to compare across sub-populations and against nationally recognized benchmarks, such as Quality Compass percentiles, to identify disparities.

We use a Root Cause Approach (RCA) to determine health equity needs specific to the population, condition, and outcome measures identified. We stratify, analyze, and act on data regarding inequities

in care by following the detailed steps presented in Figure 2.6.5-1: Root Cause Approach. The approach is divided into short-term projects that identify the opportunity in existing programs to improve health equity and long-term projects that are multi-year and multifaceted, including multiple levels of community support and evidence-based interventions unique to each community need.

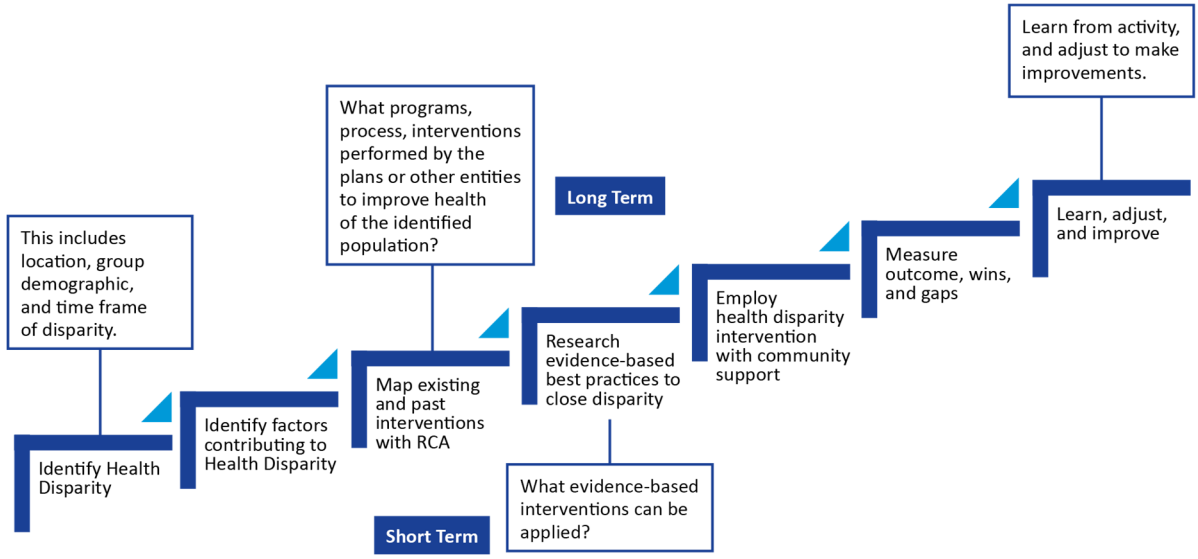


Figure 2.6.5-1: Root Cause Approach

Targeted strategies to act on data regarding inequities in care for the outcome measures presented in **2.6.5.10.1–2.6.5.10.9** are displayed in the Addressing Inequities in Specific Outcome Measures table.

[redacted]

[redacted]

2.6.5.11

Leveraging Data Analysis and Community Input to Address Inequities in Birth Outcomes

We thoroughly assess the needs and barriers experienced by Black enrollees and their newborns, engage stakeholders and enrollees to determine the key issues that are contributing to disparate health outcomes, and use this information to develop customized strategic interventions.

Data Analysis — We will stratify claims and outcome data by race, ethnicity, language, geography, and provider. Analyzing claims data in addition to outcomes data can provide additional information about the enrollee's pregnancy journey and what factors may lead to pregnancy outcomes. For example, geographic information may be leveraged for pinpointing communities for community input. Claims can provide information on how soon the member started pregnancy care and the frequency of their care. Language data could identify the need for additional outreach to providers and members about translation services. Disparities data, including reporting from the Centers for Disease Control, also guide our initiatives. For example, our safe sleep messaging and providing a cribette to enrollees in need as a VAB is designed to address known disparities related to Sudden Unexpected Infant Death.

Community Input — Our community input process includes methods such as structured interviews, focus groups, surveys, and facilitated feedback sessions to identify needs and barriers. The home visiting program we plan to offer as a VAB for qualifying pregnant and postpartum enrollees and their newborns will also provide an opportunity for our perinatal CHNs and doulas to identify the needs of pregnant and postpartum Black enrollees and their newborns. Perinatal CHNs will be integrated within the community with knowledge of available resources and can help address enrollee SDOH needs.

To further enhance our efforts to improve perinatal health outcomes for Black enrollees, we are implementing a **Listen, Learn, Lead: Health Equity Learning Collaborative** that combines data analysis and community input by engaging network providers to help inform the design of health equity-focused measures for inclusion in our value-based Perinatal Quality Enhancement Program (QEP). We will use outcomes for providers currently participating in our perinatal QEP to identify practices with the highest quality performance for pregnant Black enrollees, in order to identify providers to recognize for equity performance with an invitation to participate in a series of three workshops designed to share

knowledge and best practices that can be shared across our provider network to better improve care and close disparities for our enrollees.

2.6.5.12

Using Enrollee and Family Member Feedback

AmeriHealth Caritas Louisiana provides multiple opportunities for enrollee and family member input and feedback. These include: CAHPS, call center, and behavioral health enrollee satisfaction surveys; pulse surveys following provider visits; the Enrollee Advisory Council; focus groups; mobile app, texts, and social media; community outreach and engagement; and enrollee complaints and grievances. We utilize this feedback to inform our strategies for program improvements, such as materials creation, enrollee education, VABs and services, additional community outreach, and associate and provider training. We evaluate and adjust our approach on an ongoing basis through regular pulse checks with enrollee-facing teams to quickly identify potential issues and trends, and we regularly review feedback from community groups and providers.

Examples of interventions based on enrollee feedback include first-call resolution training, monthly call calibration sessions, and an overall no-wrong-door model; community activities calendars; promotion of telemedicine resources; and increased provider training, including cultural competency, to improve doctor/patient communications. Additional specific examples include:

Revamped Member Welcome Guide — We use feedback from Enrollee Advisory Council meeting attendees to modify or create informational documents that help our enrollees understand benefits and services available to them. For example, we developed a Roadmap to Health document based on enrollee feedback asking for simplified material that is easier to understand than the Member Handbook.

Sista Midwife Collaboration — Based on feedback from the community about the need to provide a safe place for moms-to-be to access education and resources, we collaborated with Sista Midwife Productions (SMP) through our New Orleans Wellness & Opportunity Center, where we hosted SMP's Birth Story Project, which provided a safe space for Black women to speak about their birth experiences.

2.6.5.13

Pregnancy and Birth Outcomes Measures and Addressing Disparities

AmeriHealth Caritas Louisiana proposes to focus on HEDIS measures for timeliness of prenatal care, postpartum care, C-section rates, and well-child visits in the first 30 months of life. We selected standardized HEDIS quality measures that allow us to benchmark our performance both internally and externally at the national and State levels and are customized to our specific goals. We will monitor rates of preterm births, low birth weight, and very-low birth weight deliveries, as well as indicators of the presence of neonatal abstinence syndrome and neonatal intensive care unit stays among Black enrollees. We will review measures such as the proportion of women who get screened for postpartum depression and are connected to care, the proportion of women who use illicit opioids or tobacco during pregnancy, and newborn screening visit rates.

Our *Health Equity, Louisiana Style* workgroup and our **Caritas Impact Coalitions** also will provide venues to develop and execute targeted activities to address disparities. As described in **2.6.5.11**, our Health Equity Learning Collaborative will also support these efforts. Additional strategies we will deploy include:

Enhanced Outreach — We will continue collaboration with CBOs throughout the State who serve predominately Black communities such as Healthy Start of New Orleans and SMP to educate enrollees about the importance of prenatal care. We have identified Orleans, Caddo, and East Baton Rouge parishes as target parishes based on our race, ethnicity, and language HEDIS analysis and Bureau of Family Health statistics. We will hold community baby showers at our Wellness & Opportunity Centers in Shreveport and New Orleans to support improvement efforts. We will also provide repeated messaging on our social media pages encouraging prenatal and postpartum care. Recognizing that attitudes, beliefs, and behavior can be influenced by a person's culture, we interact with enrollees in the way they are most comfortable, ensuring culturally sensitive messaging across all enrollee communications, including social media, to encourage prenatal and postpartum care.

2.6.5.14

AmeriHealth Caritas Louisiana engages parents and adolescents in decreasing disparities through a variety of touchpoints and strategies. In addition to the approaches described in the Experience and Approach to Engaging Adolescents and Parents table, we are also launching a Youth Advisory Council in 2022 to establish a formal mechanism to receive input and feedback from adolescents and their family members. This council will be modeled after the success that our affiliate plan in Washington, DC had with such a model and will be offered on a rotating regional basis as a subgroup of our Enrollee Advisory Council. We will also leverage the recommendations of medical students in our Population Health rotation to inform programming to better support commitment to health at this key point in life.

Experience and Approach to Engaging Adolescents and Parents

Service	Examples of Experience Engaging Adolescents and Parents	Proposed Engagement Approach to Address Disparities
Well-child visits and vaccination rates for children and adolescents.	• Enrollee Advisory Council. • Wellness & Opportunity Centers. • Community events. • School-based health center collaboration. • Collaboration with the Louisiana Chapter of the American Academy of Pediatrics to encourage well-child visits during the COVID-19 PHE.	• Engaging CBOs that share linguistic and cultural values with targeted enrollees. • Expanding social media to include more direct messaging and specific representation of the targeted groups. • Developing culturally cohesive materials, and educating providers on disparities that exist within the populations they serve.
Preventive dental services for children and adolescents.	• Block scheduling at FQHC facilities where enrollees get a well-child visit with dental care. • Articles, flyers and social media posts to encourage dental checkups, hygiene, and benefit use.	• Education, including social media campaigns, texting, and materials. • After school programs. • Mobile dental units. • Pediatrician outreach regarding fluoride varnish. • Care Gap reporting to providers on adolescent dental HEDIS measures.

2.6.6
Care Management

Giving Enrollees A Voice: One of our AmeriHealth Caritas Louisiana Case Managers was able to effectively communicate with this enrollee, help him with obtaining appropriate care, and assist him in communicating with his providers. He told her that she gave him his voice.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.6 Care Management

AmeriHealth Caritas Louisiana's comprehensive care management model coordinates and integrates enrollees' physical health, behavioral health, pharmacy, and social determinants of health (SDOH) needs in a holistic, person-centered manner to help ensure that enrollees receive medically necessary services in a timely manner to meet their whole-health needs. Our case management team — led by Rodney Wise, MD; Betty Ann Muller, MD; Jeanine Plante, PharmD; and Rachel Weary, RN, BSN, MSN — is person-centered; respectful of enrollee and family choices and cultural, spiritual, and linguistic preferences; and meets the requirements of **Section 2.7** of the Model Contract and **Part 5** of the MCO Manual.

According to the most recently published LDH data, AmeriHealth Caritas Louisiana case management enrollees consistently received case management services at a higher rate than any other Louisiana MCO.

— Healthy Louisiana Claims Reports, LDH, published 7/2020, 9/2020, 2/2021, and 6/2021

Case management consists of core components focused on enrollees' level of need, including Intensive Care Management, Care Coordination, Bright Start® Maternity Management, Pediatric/Adolescent Preventive Health Care, and Rapid Response. We assign lead Case Managers who are licensed clinical professionals with behavioral and physical health experience, based on enrollees' priority needs to coordinate their multifaceted care, as identified through the screening and assessment process. We augmented our telephonic case management with face-to-face intensive case management starting in 2014, and we continue to transform our program to meet emerging needs, promote adequate local geographic coverage, advance evidence-based practices, and promote high-value care and service excellence. Our knowledge and experience in Louisiana supports the vision of the Louisiana Department of Health (LDH) to advance innovative care while meeting enrollee's specific care needs and goals in the Plan of Care. The AmeriHealth Caritas Louisiana HEDIS® 2019 analysis of the effectiveness of our case management program illustrates that enrollees engaged in case management did significantly better on numerous key health outcome measures than non-engaged enrollees.

AmeriHealth Caritas Louisiana HEDIS® 2019: Case Managed Versus Non-Case Managed Enrollees

HEDIS Measures (CY 2019)	Difference
Adult Access to Preventive/Ambulatory Health Services	[redacted]
Breast Cancer Screening	
Metabolic Monitoring for Children and Adolescents and Antipsychotics	
Chlamydia Screening in Women	
Prenatal and Postpartum Care	
Follow-Up After Hospitalization for Mental Illness —within 7 days	
Children's and Adolescents' Access to Primary Care Practitioners	

2.6.6.1

Ensuring Timely Completion of Health Needs Assessments

AmeriHealth Caritas Louisiana employs a multifaceted process to promote timely completion of health needs assessments (HNAs) through telephonic, direct mail, and in-person enrollee engagement and with enrollee web access, as outlined in Figure 2.6.6-1: Completing HNAs. Our systems are flexible and able to include LDH's common survey-based instrument in the HNA. Our priority is to motivate enrollees and provide them with the opportunity to complete the HNA as soon as possible after enrollment. Directions for completion and information on the importance of the HNA are included in the enrollee **welcome**

packet, sent to all new enrollees within 10 Business Days from the receipt of the 834 file. Our **Roadmap to Health** and **Member Handbook** also informs enrollees about the importance of completing the HNA, how to request interpretation and translation in alternative formats and languages, and how to participate in our enrollee incentive programs, such as the $10 CARE Card reward for new enrollees who complete an HNA within 90 days of enrollment. Additionally, new enrollees attending new enrollee orientation at our Wellness & Opportunity Centers can receive assistance from Care Connectors to complete HNAs. Our Member Services Call Center staff also collect HNA information during Member Welcome Calls made within 90 days of an enrollee's effective date. Care Connectors are notified when an enrollee's response in the HNA indicates a need for follow-up.

Figure 2.6.6-1: Completing HNAs

If our initial attempt to contact enrollees for HNA completion is unsuccessful, their names are added to our HNA gap report. We attempt outbound phone calls on at least three different occasions, at different times of the day and on different days of the week, along with text message reminders, to encourage HNA completion within the 90-day period. The HNA gap report is viewable via our Integrated Population Health Platform during enrollee interactions with Case Managers, Member Services staff, Louisiana Certified Peer Support Specialists, the Rapid Response Team (RRT), and other staff, who remind enrollees about the importance of completing their HNA. For those enrollees we are still unable to contact, we deploy Community Health Navigators (CHNs), AmeriHealth Caritas Louisiana staff who live in the community they serve, or external Community Health Workers to locate enrollees at their physical address on record. Enrollees can contact AmeriHealth Caritas Louisiana at any time to seek assistance with completing their HNA.

2.6.6.2

Identifying Enrollees Through Data Analytics Tools and Referrals

AmeriHealth Caritas Louisiana integrates multiple data sources and analytics tools to identify and assess the needs of enrollees to determine categories for case management interventions, including:

Data Analytics Tools — We use a variety of analytics tools to identify and stratify enrollees needing case management into appropriate tiers for case management. Geographic mapping tools generate heat maps based on clinical condition and utilization profile, access to providers, and information on supports needed. Analysis of expanded race, ethnicity, and language data that we collect allows us to identify enrollees impacted by racial and ethnic health disparities in quality scores, utilization, and cost analyses. Enrollees with Special Health Care Needs (SHCN) are identified upon enrollment by historical claims files or following comprehensive assessments completed by our Case Managers within 90 days of identification. Enrollees with SHCN are offered case management support, regardless of the results gathered through our assessments. We also use a proprietary SDOH survey to collect SDOH data during new Member Welcome Calls and other interactions, and we encourage providers to report SDOH-related diagnosis codes (Z codes) on claim data. Enrollees are classified by the urgency of SDOH needs as stable, vulnerable, or in crisis, for standardization and incorporation into our stratification process and

alerting Case Managers of an enrollee's immediate needs.

We analyze this data through a series of algorithms and analytics tools for our entire enrollee population to identify individualized needs.

Referrals — Internal referrals are generated by our utilization management (UM) reviewers, pharmacy team, social workers, Member Services Staff, the RRT, the Community Health Education Team (including CHNs providing enrollees with health education), grievance coordinators, discharge/transition Case Managers co-located at local hospitals, CHNs in the community, and other enrollee-facing staff via our Integrated Population Health Platform. External referrals are generated by providers and by State agencies. Providers or office staff can refer enrollees for case management services by telephone or fax. Our Let Us Know program encourages provider offices to notify us about enrollees who need additional assistance with case management or social support services. Providers are notified about referral guidelines for case management through the Provider Portal, Newsletters, and Manual, and by Network Management Account Executives and online training. Additionally, self-referrals by enrollees are made through the RRT staff, 24/7 Nurse Advice Line, Behavioral Health Crisis Line, community events, and wellness days. Enrollees are notified of the ability to request case management through the Member Portal, Newsletter, Handbook, Roadmap to Health, and Member Welcome Calls, with follow-up from our staff. With the enrollee's permission, caregivers may also be empowered to make referrals for case management services.

2.6.6.3

Engaging Enrollees

Enrollee engagement is a crucial component of high-quality health care services across the continuum, particularly in the management of chronic medical and behavioral diseases. We investigate the most appropriate method for contacting our enrollees. We reach out to enrollees to schedule engagement, whether face-to-face or via other modalities, as preferred by the enrollee. **Our associates have a natural sense of empathy and compassion; many have faced similar challenges living in the same communities as our enrollees.** They are trained in motivational interviewing and active listening to identify and engage enrollees to improve their health care and lives. Additionally, our associates serve as

a resource to address enrollees' priority needs, providing referrals to State agencies and community-based organizations (CBOs). We hire Case Managers with a wide variety of clinical backgrounds, such as a history of working with children and youth with SHCN, and experience building a trusting rapport with the child's parent/guardian and their child's pediatrician and specialists. Our person-centered approach increases our ability to foster a supportive care continuum for a variety of special populations. We view case management as a fluid course of action that changes over time with enrollee needs, engagement, and preferences. In addition to telephonic and face-to-face engagement, our strategies include the use of web-based, video, texting, and other digital technologies and platforms to increase the relevance, reach, and overall intensity of engagement with enrollees. We consider cultural influences when preparing online messaging, framing content within the context of our enrollees' cultures to make the information more familiar and engaging. We make our health education information easily accessible and relevant to increase the likelihood that enrollees will act to engage in their care.

Engaging Enrollees Where They Are, Physically and Emotionally

AmeriHealth Caritas Louisiana employs a variety of enrollee-facing staff who can engage with our enrollees and their families in the right place and at the right time with empathy, trauma-informed care, and person-centered thinking and seeking to understand the family environment. Our staff include:

Community Care Management Team — In 2014, our Community Care Management Team (CCMT) began to provide high-touch, face-to-face engagement for high-risk enrollees with complex care needs, including those who have high utilization of acute care services. Our CCMT provides valuable information for, and coordination with, other health plan staff and services, as well as providers and CBOs, with the goal of helping enrollees receive the right evidence-based care, in the right place, at the right time, decreasing potentially preventable admissions. The CCMT supports the development of enrollee self-management skills through encouragement and coaching for chronic disease management and supports interventions required in Tier 2 case management and Tier 3 intensive case management for high-risk enrollees per **Section 2.7.5** of the Model Contract. The team is led by a medical director and consists of medical and behavioral Case Managers, a social worker, and CHNs who are nonclinical CCMT members that coordinate enrollee care. CCMTs employ a person-centered care approach to case management and care coordination to help enrollees navigate the service delivery system to access needed medical, behavioral health, and social supports and services. CCMTs play an important role in team coordination and are present at every step of the care pathway, aiming to maximize the support enrollees and their families get from available resources, without overwhelming or duplicating services. **In 2019, CCMT-engaged enrollees received 2,976 successful face-to-face or video conferencing contacts and 3,143 successful telephonic contacts. An analysis of enrollees engaged with CCMTs from July 2014–November 2020 meeting study criteria showed a [redacted] decrease in inpatient admissions and a [redacted] decrease in ED visits.**

Case Managers Engaging in Face-to-Face Visits — Upon enrollee consent, the Case Manager sets up a face-to-face visit to build rapport and address immediate SDOH needs. The Case Manager schedules a visit to the home or another enrollee-preferred location and may even accompany the enrollee to doctor appointments as a personal advocate and support staff. This added level of in-person engagement reinforces the commitment between the Case Manager and enrollee. Case Managers and other nonclinical support staff also meet enrollees in person and interact with the community at our Wellness & Opportunity Centers. During this time, they are available to answer questions, explain the case management process, and introduce available resources for improved health and wellness.

Bright Start Maternity Case Managers and Care Connectors — Our Bright Start program engages and educates pregnant enrollees, increases attendance at perinatal appointments, empowers enrollees to take charge of their reproductive health and be successful with their person-centered birth plan, and improves the overall health of pregnant enrollees. Our Maternity Case Managers and Care Connectors, with expertise in maternity management, perform outreach to pregnant enrollees and stratify them into high-, medium-, and low-risk categories based on internal and external assessments. They coordinate care and address various issues throughout the enrollee's pregnancy and postpartum period, and they will coordinate future value-added benefit (VAB) home visits by doulas and perinatal CHNs to provide prenatal and postpartum services. The overall goal of the Bright Start program is to engage pregnant enrollees in early and consistent prenatal care, prenatal education, and connections to maternity services and technological supports to meet enrollee needs. **A 2018–2020 multivariate analysis showed that enrollees in Bright Start case management were [redacted] more likely to make a timely postpartum visit.**

Rapid Response Team — The RRT is a real-time unit, comprised of clinical and non-clinical staff, who address episodic issues and questions; offer assistance in finding a primary care provider (PCP) or specialist; and assist enrollees with making physician appointments, arranging transportation, and overcoming barriers to achieving their health care goals. The team receives inbound calls from enrollees and providers through our toll-free phone line and conducts outbound call campaigns to promote healthy choices and close care gaps. The RRT also leads our outreach to unengaged enrollees during the COVID-19 public health emergency and in response to natural disasters. They resolve immediate and urgent needs, help ensure enrollees are matched with a health care provider, connect them with available community services, and serve as a front-line referral source to case management. **In 2020, RRT Case Managers and Care Connectors made 122,660 telephonic outreach phone calls, a 19% increase from 2019.**

Louisiana-Certified Peer Support Specialists — Peer support services are delivered by certified individuals who share common life experiences with, and provide understanding and empathy to, enrollees they serve, giving them a unique capacity for enrollee engagement. They perform duties, such as identifying goals, assisting with treatment planning, providing life skills coaching, connecting enrollees to community resources, conducting recovery groups, assisting with discharge planning, and engaging enrollees in aftercare. They serve as advocates, mentors, and facilitators to help enrollees improve resiliency and develop skills to independently navigate the health care system in a confident and competent manner. **A pre/post analysis of enrollees receiving peer support services from January 2018 to March 2021 showed an [redacted] decrease in ED visits and a [redacted] decrease in inpatient admissions**.

Discharge/Transition Case Managers — Our embedded discharge/transition Case Managers are located in select high-volume hospitals to provide on-site collaboration with hospital case management teams, providers, and specialists for enrollee care. They also collaborate with hospital care teams to participate in multidisciplinary ED rounds where super-utilizers and candidates for our case management program are referred for follow-up care. Non-embedded transition Case Managers are available to telephonically support enrollees when embedded ones are unavailable. **A 2019–2020 analysis of enrollees participating in discharge/transition care meeting study criteria showed a [redacted] decrease in inpatient admissions and a [redacted] decrease in ED visits compared to the matched control group.**

Community Health Workers — In collaboration with Volunteers of America, our proposed VAB will rely on the CHW model to engage with enrollees in their homes and facilitate the remediation of health-harming environmental factors, such as pest control; mold; limited electrical, plumbing, and HVAC repairs; or enhanced mobility upgrades. While addressing enrollee needs for safe housing, and with

their consent, CHWs will assist with enrollee engagement by connecting them with their Case Managers or the RRT in their time of need. CHWs are non-clinical workers who assist with locating and engaging difficult-to-access enrollees in face-to-face, on-site interactions; work to build trust with enrollees; and educate them on their plan benefits and our case management program. CHWs live and work in the same geographic areas as the enrollees and understand the unique culture of the community they serve, so they are well-received in their communities. This VAB also provides funding of up to $2,500 for legal services for eligible enrollees.

Care Extenders — This 24/7 care coordination program engages enrollees with behavioral health diagnoses and chronic medical illness who have high ED utilization and/or inpatient readmissions and are challenging to engage in standard case management. Care Extenders successfully locate and engage eligible enrollees, connecting them to resources to reduce barriers to care by addressing SDOH needs to successfully transition enrollees into less intensive support services and increase enrollee self-care and independence. **A 2018–2020 pre/post analysis of enrollees meeting study criteria showed that enrollees engaged by Care Extenders showed an [redacted] decrease in inpatient admissions and a [redacted] decrease in ED visits.**

Leveraging Tools and Technologies to Facilitate Enrollee Engagement

AmeriHealth Caritas Louisiana leverages a variety of tools and technologies to support enrollee engagement with their providers, Case Managers, and other enrollees, including:

Telemonitoring — In-home telemonitoring solutions provide digital mobile disease management and data analytical services to enrollees using a telemonitoring platform. Adult enrollees diagnosed with poorly controlled diabetes and heart failure are monitored using a digital telemonitoring platform that includes daily tracking of blood sugar, weight, blood oxygen levels, and blood pressure, allowing for timely interventions and assessment of clinical needs. This information is shared with the Case Manager to facilitate continued management of appropriate coaching and telemonitoring services. **An analysis of enrollees with diabetes and/or cardiovascular disease in our telemonitoring program from March 2018 to June 2020 showed a [redacted] decrease in ED visits, more than [redacted] than the matched control group.**
Two-Way Texting — Two-Way texting maintains bi-directional, one-on-one contact between Case Managers and enrollees, who are notified of basic health reminders, such as new enrollee onboarding tasks, medication reminders, appointment reminders, and check-ins between scheduled calls. **A 2020 analysis of the program showed that 22% of enrollees (938 out of 4,532 enrollees) engaged in two-way texting.**
Keys To Your Care® Texting — Keys To Your Care empowers pregnant enrollees to take charge of their health by providing education on staying healthy during pregnancy and reminders of prenatal and postpartum appointments. After opting in, 1–2 text messages are sent to the enrollee weekly. Messages align with the gestational age of the baby, and once the due date is reached and delivery is confirmed, postpartum messages are sent until Day 51. Enrollees who experience unexpected events, such as hospitalizations, receive targeted messages.
Bright Start App — This free mobile app is available to pregnant enrollees and their families through the postpartum period, continuing to the baby's second year of life. The app provides real-time health advice, connects enrollees to Bright Start or the 24/7 Nurse Advice Line, sets reminders for prenatal and postpartum appointments, tracks weight gain, provides tips to stay healthy, displays ultrasound videos for each week of pregnancy, and keeps track of family appointments and care gap needs. **A 2018–2020 multivariate analysis showed that enrollees using this app were [redacted] less likely to have preterm delivery, [redacted] less likely to have low birth weight delivery, [redacted] more likely to have first trimester visits, and [redacted] more likely to have timely postpartum visits, when compared to the non-engaged controls.**
Babyscripts™ — Babyscripts, currently being implemented, consists of an enrollee app enabling access to gestational age–appropriate content, email campaigns, satisfaction surveys, appointment reminders, weight monitoring; and a remote monitoring experience, delivering any of four risk-specific experiences or modules to patients: blood pressure monitoring, Care Navigator chat, diabetes monitoring, and population health.

Babyscripts has established relationships with providers to identify the needs of their patient population and help engage enrollees with this tool at the first obstetric visit (around week 12). Providers then assign specific modules to address the enrollee's risks. The tool allows us to get more detailed clinical data from providers about our pregnant enrollees to help monitor and manage their care.
Virtual and Socially Distanced Events — In March 2020, we began offering virtual Whole Health Action Management (WHAM) sessions — educating enrollees with mental health and substance use issues and comorbid chronic health conditions in managing their care — during the COVID-19 public health emergency. We also adapted our Community Baby Showers to be held as drive-thru events outside our Wellness & Opportunity Centers, in accordance with State and Centers of Disease Control and Prevention safety guidelines.
Social Media — We interact with our enrollees according to their preferences, using Facebook, Twitter, and Instagram. For example, we used Facebook Live to share a brief message from an event at our Shreveport Wellness & Opportunity Center. Within minutes, additional participants commented they had seen event posts online and wanted to join their friends at the center. Our Louisiana-focused Facebook presence is now the largest of any Healthy Louisiana MCO with a local page, increasing by more than 1,500 likes in 2020 alone.

Specific Considerations for Engagement With Certain Enrollee Groups

Enrollees and their family/caregivers are engaged by Case Managers, CHNs, Peer Support Specialists, and Member Services staff in a variety of settings, including telephonically, at home, in the community, at Wellness & Opportunity Centers, and at plan events, such as parenting classes, nutrition and health classes, cultural events, and Community Baby Showers. Our staff also engages enrollees in provider offices at their site of care to help expand the PCP–enrollee relationship. In the Specific Engagement Considerations for Certain Enrollee Groups table, we identify several engagement strategies for each enrollee group. Our goal is to provide the necessary strategies to engage and support the enrollee's physical, behavioral, and social health care needs.

Specific Engagement Considerations for Certain Enrollee Groups
Engaging children and youth with SHCNs, including behavioral health needs
The key to engaging children and youth with SHCNs and behavioral health care needs is to get the support of parent/guardians, in addition to the child. We do this through different approaches by: • Leveraging the relationship between the provider and the parent/guardian and child to facilitate the introduction of care management and benefits in a safe/comfortable environment. • Working with school personnel who are often in position to identify behaviors that may need additional assessments and/or interventions. • Using a variety of tools to gather information on specific aspects of the enrollees' needs and trigger potential Plan of Care interventions, including comprehensive pediatric assessments and specialized tools to assess for needs related to Autism/Applied Behavior Analysis, HNA, Anxiety (GAD-7), and depression (PHQ9-A). • Screening to identify enrollees for referral to the Coordinated System of Care (CSoC) and, if appropriate, offer additional services, such as wrap-around services. • Fostering engagement by assigning enrollees to Case Managers with a background in pediatric and behavioral health, and Licensed Professional Counselors with experience in Mental Health Rehabilitation and Trauma-Informed Care, School Systems, Cognitive Behavioral Health Therapy, and specialized knowledge in child-serving State agencies.
Pregnant and postpartum enrollees with substance use disorder and their newborns
The key to engaging pregnant and postpartum enrollees with substance use disorder (SUD) and their newborns is building a trusting relationship and providing a safe environment for the newborn and enrollee that is supportive of a pathway to recovery. We do this through different approaches by: • Leveraging Perinatal CHNs and/or Peer Support Specialists who conduct face-to-face visits to facilitate the introduction to case management and the benefits of the Bright Start Program. • Linking the enrollee to an obstetrician and SUD treatment provider who matches their language and cultural preferences and has the ability to manage the care of a pregnant woman with SUD. • Using a variety of tools to gather information on aspects of enrollees' needs, including DAST 10; Maternity survey; Depression (PHQ-2, PHQ-9); Pediatric Assessment for babies; alcohol use disorder (AUDIT C).

Specific Engagement Considerations for Certain Enrollee Groups

- Developing a comprehensive training plan for Case Managers and CHNs focused on birth inequalities, cultural sensitivities, maternal mental health assessment and treatment, and SUD to verify we holistically meet enrollee needs.
- Fostering engagement by assigning these enrollees to Case Managers or Licensed Professional Counselors with a background in substance use, high-risk pregnancy, neonatal intensive care, behavioral health therapy, neonatal abstinence syndrome, and specialized knowledge and experience working with the Nurse--Family Partnership®, DCFS, and other community and State agencies.

Children from immigrant families who may have unique cultural and linguistic needs

The key to engaging children from immigrant families who may have unique cultural and linguistic needs is to establish trust with the parent/guardians, in addition to the child. We do this through different approaches by:

- Using a variety of tools to gather information on specific aspects of enrollee's needs, including a Race, Ethnicity, and Language needs assessment for the parent/guardian and child and an SDOH assessment to identify any food, housing, or other needs.
- Ascertaining the child's immigration status through careful conversation with the parent/guardian, reinforcing that the information provided will not be used to determine eligibility for health care or shared with government agencies without the parent/guardian's consent.
- Leveraging bilingual CHNs to facilitate the introduction to case management and referrals to providers that understand the cultural and linguistic needs of families of immigrants.
- Linking the enrollee to interpretation services to break the barrier to communication with health care providers to enhance care coordination community services.
- Connecting enrollee's parent/guardian with local agencies or CBOs for immigration support, if needed.
- Fostering engagement by assigning these enrollees to Case Managers with a diverse background and who are trained in bilingual/cultural services and can facilitate parent/guardian health literacy.

Pregnant enrollees prior to delivery, to help ensure that they will establish care with a pediatrician

The key to engaging pregnant enrollees prior to delivery and to help ensure they will establish care with a pediatrician is to provide education to enable the enrollee to make decisions for the health care needs of their newborn. We do this through different approaches by:

- Including information on the importance of selecting a pediatrician as a standard conversation and component of Bright Start maternity education for pregnant enrollees and our maternity technology solutions, the Bright Start Plus℠ app and Keys to Your Care texting program.
- Documenting the enrollee's pediatrician selection in the electronic care management system as part of the Third Trimester Survey, enabling staff working with the enrollee to clearly see whether the selection was made so that follow-up can occur with the enrollee if a pediatrician was not selected.
- Following up with the enrollee to confirm a pediatrician was selected upon notification of admission for delivery.
- Offering enrollees incentives to participate in wellness programs, such as completion of well-child visits with a pediatrician ($20 for attending all six recommended well-child visits from birth to 15 months).

Enrollees at risk for rapid repeat birth

The key to engaging enrollees at risk for rapid repeat birth is providing culturally responsive education on healthy birth spacing and birth control methods. We do this through different approaches by:

- Leveraging admission, discharge, and transfer data to alert Bright Start staff to the delivery to trigger outreach and education on pregnancy spacing and family planning options.
- Including information on pregnancy spacing and family planning services in our maternity technology solutions, Bright Start Plus app, and Keys to Your Care texting program.
- Providing referrals to culturally appropriate family planning providers to review options, including reimbursement for long-acting reversible contraceptives available to be reimbursed separately in delivery facilities outside of the per diem.
- Using a variety of tools to gather information of specific aspects of enrollees' needs, including the postpartum survey, to educate about potential risk issues, review safe birth spacing, and encourage discussion of family planning options with OB/GYN providers.

Specific Engagement Considerations for Certain Enrollee Groups

Adolescents transitioning to adulthood

The key to engaging adolescents transitioning to adulthood is to educate both the parents/guardians and the adolescent enrollees on changes in benefit coverage and the importance of receiving care through a provider experienced in treating adults. We do this through different approaches by:

- Leveraging the relationship between the provider and the parent/guardian and adolescent to facilitate the introduction of care management for support during transition.
- Coordinating with the parent/guardian and enrollee at transition age to assist with finding an adult PCP and/or specialist who can meet the enrollee's needs in a culturally responsive manner (e.g., Our Lady Of the Lake hematology clinic for sickle cell enrollees that are transitioning to adulthood) and facilitate sharing of medical information.
- Providing information and education on transition planning through reminders via mail.
- Gathering information on specific aspects of the enrollee's needs for transition Plan of Care interventions, including an initial adult assessment; disease-specific HRA; and depression (PHQ9 and PHQ9-A).
- Fostering engagement by assigning these enrollees to Case Managers and Licensed Professional Counselors with a background in pediatric and adult care transitions.

Children with type 1 diabetes mellitus

The key to engaging children with type 1 diabetes mellitus is to get the support of parents/guardians and provide child-friendly, culturally responsive education and peer support for the enrollee. We do this through different approaches by:

- Leveraging data mining and provider referrals to trigger outreach to the parent/guardian of newly diagnosed children with diabetes to facilitate the introduction of care management and Diabetes Pathway Program.
- Providing educational classes (i.e., cooking, nutritional education) for the child and their parent/guardian at our Wellness & Opportunity Centers and other locations with CBO partners around the community.
- Educational materials for type 1 diabetes mailed to the families, customized for the child and parent/guardian, and reflective of the enrollee's cultural background.
- Providing additional diabetic supplies (glucometer, insulin syringe/needles) for school to simplify the logistics of diabetes management for the enrollee.
- Using a variety of tools to gather information on specific aspects of the enrollees' needs and potential Plan of Care interventions, including comprehensive pediatric assessments and specialized tools to assess for diabetes care (diabetic HRA); depression (PHQ-2A, PHQ-9A); and SDOH assessment.

Enrollees with adverse childhood experience

The key to engaging enrollees with adverse childhood experience (ACEs) is to use a trauma-aware approach in the engagement process with all enrollees, understanding the pervasive and widespread impact of ACEs. We approach each enrollee with the attitude of *what happened to you* rather than *what is wrong with you*, and engage them in a way that is non-judgmental and focuses on avoiding future trauma. We do this through different approaches by:

- Leveraging face-to-face interactions with CHNs and Peer Support Specialists to facilitate the introduction of case management and benefits in a safe/comfortable environment.
- Connecting the enrollee to physical and behavioral health providers who have knowledge of ACEs and the impact of stressors experienced early in life on physical and behavioral health outcomes.
- Offering WHAM peer support meetings at our Wellness & Opportunity Centers to foster a supportive environment and promote physical and emotional well-being for those with chronic conditions.
- Using person-centered thinking, active communication, and a variety of tools to assess for ACEs and trauma through our comprehensive assessments and screenings. We gather information on specific aspects of the enrollees' needs and potential Plan of Care interventions, including an initial pediatric and/or adult assessment, results of ACE screening; and specialized tools to assess for needs related to depression (PHQ2-A and PHQ9-A) and anxiety (GAD-7). Once identified, the record reflects this for others involved to be aware and take a trauma-informed approach.
- Fostering engagement by assigning these enrollees to Case Managers and Licensed Professional Counselors with a background and education in motivational interviewing, trauma informed care, and behavioral health.

Specific Engagement Considerations for Certain Enrollee Groups
Enrollees with food insecurity
The key to engaging enrollees with food insecurity is to offer support in a non-judgmental fashion, focusing on meeting immediate needs and connecting the enrollee to longer-term sustainable sources of food. We do this through different approaches by: • Leveraging welcome and outreach calls, referrals, and assessment information to identify enrollees with immediate food needs or overall food insecurity. Our SDOH assessment uses person-centered questions derived from the PREPARE tool to collect information on food needs in a non-judgmental fashion. • Offering a variety of mechanisms to assist the enrollee to obtain food resources, including our Food as Medicine VAB for home delivered meals or shelf-stable packaged meals; Aunt Bertha, our on-line resource directory detailing available food pantries and other community food programs; and applications to Supplemental Nutrition Assistance Program (SNAP℠). By offering the enrollee different options, we enable the enrollee to direct their Plan of Care, fostering engagement to address other health and SDOH needs.
Enrollees without reliable telephone access
The key to engaging enrollees without reliable telephone access is to establish a reliable method of communication and leverage interventions to address other SDOH needs to build trust and rapport. We do this through different approaches by: • Leveraging Community Educators and CHNs to conduct face-to-face visits in shelters, provider offices, CBO sites, and our Wellness & Opportunity Centers to facilitate the introduction of care management and provide information on options to obtain a cell phone. For example, through our relationship with the SafeLink Wireless®/TracFone® program, eligible enrollees can receive a smart phone with unlimited text and phone and up to 4.5 GB of data. Text invitations are sent out to connect the enrollee to our mobile application and two-way texting platform. • Collecting and storing alternative phone numbers, such as family or friends, to provide additional avenues to use when contacting the enrollee. • Identifying preferred meeting places and times for on-going face-to-face interactions, such as the enrollee's home, a shelter, CBO site, or provider office. • Using various tools to gather information on specific aspects of enrollee needs and person-centered Plan of Care interventions, including an SDOH survey that assesses for secure phone access and other SDOH needs.

2.6.6.4

Tier Identification, Management, and Support

We assign enrollees to a case management tier based on enrollees' needs and health care triggers, PICS algorithm results, and a Case Manager with experience in managing the enrollee's condition. This approach allows us to effectively connect enrollees and their families to the right care and right services, at the right time, in the right setting. The enrollee's level of health care needs is evaluated as part of the assessment; enrollees are appropriately triaged using objective measures and risk stratification.

Our program integrates physical health, pharmacy, psychosocial, and environmental aspects of enrollees' care, as well as coordination with behavioral health, into a single individualized Plan of Care. Enrollees are assessed and re-assessed as needed and moved into different tiers as needs change. Stratification is performed by placing enrollees with correlated complexities and risk levels into different care categories based on their level of physical health and behavioral health needs. The model helps determine the lead Case Manager based on the enrollee's priority need, along with an expected contact frequency for addressing the needs of high-risk enrollees. Enrollees are reassessed as needed and moved into different tiers as their needs change. The Case Management Levels and Support table outlines the combined approach and the resulting tier identification and minimum supporting activities. AmeriHealth Caritas Louisiana will provide more frequent support depending on the enrollee's needs.

Case Management Levels and Support

Objective Measures and Criteria	Minimum Support Provided
Tier 1 — Case Management (Low Risk)	
• Recently incarcerated and transitioning out of custody. • SUD discharge. • Uncontrolled diabetes. • Sickle cell disease. • HIV, newly diagnosed or non-compliant. • SHCN. • Other conditions as identified.	In-person comprehensive assessment and Plan of Care within 90 days of identification, quarterly case management meetings, annual updates to Plan of Care. • Yearly in-person formal re-assessment. • **Home environment and SDOH priority assessments.** • **CHN support as needed.** • **Peer Support/Housing Specialist/PSH Liaison, as needed, per Plan of Care.**
Tier 2 — Case Management (Medium Risk)	
• Behavioral Health admit/discharge. • Asthma (1 IP and/or 2 ED visits in prior 6 months). • Congestive Heart Failure with IP/ED history. • High-risk pregnancy. • Homeless and physical health/behavioral health co-morbid condition. • Other conditions as identified.	**All bolded supports listed in Tier 1 (Low Risk), as well as:** • In-person comprehensive assessment and Plan of Care within 30 days of identification, monthly case management meetings, quarterly updates to Plan of Care. • Quarterly multidisciplinary care team meeting. • Quarterly formal in-person reassessment. • **Support focused on clinical care and SDOH needs.** • **Coordination with LDH transition coordinator as needed.**
Tier 3 — Intensive Case Management (High Risk)	
• Top 1% of risk stratification (PICS). • 4 or more co-morbid conditions (Asthma, COPD, SUD, **serious emotional disturbance**, SPMI, Diabetes, and **coronary artery disease**). • Traumatic Brain Injury/Spinal Cord Injury/Quadriplegia/Paraplegia. • Trauma/condition with complex discharge needs (multiple DME/Home Health/Home Therapy/Home Assistance needs). • Home Ventilator Support. • High-risk Pregnancy with Homelessness and/or Current Substance Use. • Other conditions as identified.	**All bolded supports listed in Tier 1 (Low Risk) and Tier 2 (Medium Risk) levels, as well as the following:** • In-person comprehensive assessment and Plan of Care within 30 days of identification, monthly in-person updates to Plan of Care. • Monthly in-person reassessment. • Monthly multidisciplinary care team meeting. • Close coordination of care with medical, behavioral, ancillary services to help ensure daily needs are met. • Coordination with waiver programs.

Transitional Case Management

The goal of our Transitional Case Management program is to provide enrollees with safe and successful transitions between institutional and community care settings, including those transitions listed in **Section 2.7.5.4** of the Model Contract, while avoiding unnecessary readmissions. Our Case Managers (for existing enrollees engaged in case management) and our Transitional Case Managers (for enrollees not currently engaged in case management) support the enrollee through the entire transition process. They also perform on-site transition-of-care collaborations with several medical and behavioral health institutions (with plans to set up additional collaboration sites) using established processes to communicate with enrollees and other stakeholders on discharge planning. The latter includes our case management system's auto-alert feature that notifies the case management team when an enrollee is admitted to a health care facility. The care team reviews the enrollee's current needs and planned

services; reasons that led to the admission; and available supports with the enrollee during a scheduled face-to-face visit in the hospital, when possible, identifying causes leading to unplanned admissions and barriers to successful re-integration into the community.

To facilitate successful discharges, our Case Manager works with the enrollee, providers, and other supports of the enrollee's multidisciplinary teams prior to the transition date to develop a transition Plan of Care in coordination with the care setting, which is provided in writing to the enrollee upon discharge. For enrollees experiencing homelessness or housing instability, our Housing Specialist helps ensure these transferring enrollees, at the time of discharge, are connected to appropriate housing resources, including application to Permanent Supportive Housing (PSH) program and our future Medical Respite VAB (for those with post-acute medical needs). The Plan of Care includes post-discharge care appointments and resource linkages, medication reconciliation, patient education and self-management strategies, the Case Manager's name and contact information, circumstances in which face-to-face follow-up is warranted, and plans to address prior authorization and transportation needs. For enrollees preparing for discharge from intensive behavioral health facilities, our Case Manager arranges aftercare services 30 Calendar Days prior to discharge. They also confirm the transition setting is supportive of information sharing and communicate with the enrollee's providers regarding their treatment received and contact information.

Despite the challenges caused by the COVID-19 public health emergency, we saw an increase of 7%–9% in enrollees engaged with Case Management who had a follow-up outpatient visit within 7, 14, and 30 days of hospital discharge.

Within seven Calendar Days following discharge/transition, our Case Managers follow up with the enrollee or their caregiver to confirm that services are being provided per the transition Plan of Care and discharge plan. They also coordinate across the multidisciplinary team involved in transitional case management for enrollees, especially those at risk for readmission. During these team meetings, enrollees are assessed for discharge medications, durable medical equipment (DME), social and caregiver needs, follow-up appointments, and home health visits.

Process for Developing an Individualized Plan of Care

The enrollee is assigned a Case Manager with their consent. Together with enrollees and their guardians/caregivers, the Case Manager guides the development and implementation of a culturally appropriate person-centered Plan of Care with significant input from the multidisciplinary team. The Case Manager first engages the enrollee telephonically or in person to complete the comprehensive assessment (adult, pediatric, or maternity), further tailored by branching logic to identify more specific enrollee conditions. The data is collected in our ZeOmega® Jiva™ (Jiva) case management platform, and the enrollee is assigned a risk level based on inputs, including diagnoses and acuity of needs. The risk level identifies the Case Management Tier, directing the minimum frequency, schedule, and type of enrollee contacts. Jiva provides capabilities for care coordination, quality management, UM, and disease management, integrating medical, behavioral, pharmacy, laboratory, demographic, and SDOH data to manage whole-person care. The Case Manager Portal enables Case Managers to complete assessment, create and manage care plans, schedule and track activities, manage enrollee contact lists, and update clinical notes. The multiple data sets accessed by Jiva generate actionable alerts for the Case Manager, prompting enrollee outreach and engagement. **From January 2021 to July 2021, we have completed 100% of assessments of enrollees who have SHCN within 90 days following identification.**

Based on principles of enrollee self-determination and recovery, the Plan of Care includes medically necessary services, care coordination activities, and supports developed from the completed

comprehensive assessment. The enrollee-driven and approved Plan of Care document identifies person-centered goals, priorities, and active interventions with time frames. It also includes goals and interventions that address both emergency disaster planning and weather safety plans. The Case Manager is responsible for coordinating, sharing information, and communicating with participants; fostering trusted relationships; and establishing shared accountability between the various health care providers, family caregivers, social support agencies, and other relevant supporting entities. The Plan of Care helps ensure consistent, continuous quality of care and service that is safe, efficient, and effective through multidisciplinary team collaboration. The Plan of Care is reviewed and revised upon reassessment of the enrollee's functional needs at a frequency based on their case management tier.

2.6.6.5

Coordinating With Providers and State Staff for Continuity of Care

AmeriHealth Caritas Louisiana Case Managers have the training and expertise necessary to identify what role they need to play, whether as a lead or as part of the multidisciplinary team, to develop and integrate the enrollee's Plan of Care and coordinate enrollee needs without duplicating services. Our Plan of Care is comprehensive to address enrollee needs and states who the lead case manager is and which activities will be done by provider or State staff. We work collaboratively with providers and State staff who may be providing case management support to our enrollees by actively participating in the multidisciplinary team to decrease potential for duplication and fragmentation of care. Our Embedded Discharge Case Managers collaborate with hospital care teams during ED rounds, where high utilizers of hospital services and other potential case management candidates are referred for care management follow-up. We employ liaisons who coordinate and participate in multidisciplinary team meetings with agencies, including but not limited to, the Department of Children and Family Services (DCFS), Office of Juvenile Justice (OJJ), Louisiana Department of Education (LDOE), Office of Behavioral Health (OBH), Office for Citizens with Developmental Disabilities (OCDD), and LDH Permanent Supportive Housing (PSH), per **Part 2** of the MCO Manual. In these instances, we collaborate on the Plan of Care, discharge and transition plan, and treatment, as we manage the enrollee's care.

AmeriHealth Caritas Louisiana was the first plan to collaborate with the Louisiana Hospital Association through the Louisiana Health Information Network to provide EDs with the names and contact information of the Case Manager assigned to our enrollee and their assigned PCP.

The focus of coordination with providers and State staff is to help provide a stable continuum of care that avoids duplicative services, regardless of whether services are provided through managed care, fee-for-service, other LDH contractors, or community and social support providers. Some examples of how we collaborate routinely with State-funded programs include, but are not limited to:

Coordinated System of Care

In a collaborative effort between case management teams, enrollees meeting criteria for CSoC are engaged, screened, and referred (upon consent) to the contracted administrator of the CSoC program, with the goal of preventing out-of-home placements. If an enrollee is in a psychiatric residential treatment facility, SUD residential program, or therapeutic group home and is enrolled in case management, the Case Manager will participate in treatment team meetings to monitor for the enrollee's discharge date and will make a CSoC referral between 30 and 90 days before discharge. When a CSoC enrollee is engaged in case management, our Case Manager will monitor the enrollee's eligibility

and attempts contact every 3 months in order to support the enrollee in receiving appropriate services until discharge from CSoC. Our Behavioral Health Medical Director and UM associates will review to determine medical necessity and planned services with CSoC before authorization for admission. Our Behavioral Health Medical Director also collaborates with the contracted administrator on enrollees with a history of poor responses to treatment (even with CSoC interventions) to develop future treatment recommendations. Once the enrollee is discharged from CSoC, the Case Manager will assist with care coordination and follow the Plan of Care. Case Managers and/or the CSoC Liaison participate in weekly discharge planning meetings to support the enrollee in a safe and seamless discharge transition. If the enrollee does not participate in CSoC, our Case Manager attempts to fully engage the enrollee in case management. In the case of a waiting list for CSoC services in the enrollee's region, our Case Manager assists with care coordination and linking to appropriate behavioral health providers to avoid treatment delays.

LDH - Department of Justice Agreement Target and At-Risk Populations

AmeriHealth Caritas Louisiana communicates and collaborates with LDH to provide transition planning and support to eligible enrollees with serious and persistent mental illness (SPMI) who are either currently in a nursing home placement, transitioning to the community, or identified as being at-risk for needing nursing home placement through the Pre-Admission Screening and Resident Review (PASRR), part 2 process. When LDH transition coordinators identify enrollees ready to transition from the nursing home to the community we assign a Case Manager who meets with the enrollee in-person to collect baseline information and obtain permission for case management services. We are working to implement a process in Q1 2022 where we will then refer the enrollee to the community case management agency within one Business Day of referral receipt from LDH, per **Section 2.7.6** of the Model Contract. The agency works with our case managers to coordinate transitional care and assist enrollees with independent living in a community. Our Case Managers continue to have oversight of enrollee Plan of Care and assist community case management with obtaining needed services for the enrollee. Should an enrollee be identified as at-risk for nursing home placement, an AmeriHealth Caritas Louisiana Case Manager will coordinate the services needed to keep the enrollee in the community and to prevent nursing home placement.

Justice-Involved Pre-Release Population

Our Care Coordinator contacts the Department of Corrections (DOC) facility 45 days prior to release and schedules two case management appointments with the offender. Within 30 days of release, our Case Manager holds video-conference meetings with the enrollee to gather relevant medical, behavioral, and social histories and arrange post-release continuation of services. A follow-up care form is completed and shared with the DOC. Enrollees newly released from custody receive a welcome call and outreach from a peer support specialist or CHN to coordinate subsequent care and covered services. If we are unable to locate the enrollee, we follow up with their parole officer. We continue to follow up with the enrollee post-release to help with access to medications, medical and behavioral services, and relevant community services.

2.6.6.6

To identify and select qualified delegates, we will work with interested providers to assess their capabilities and readiness for delegated case management. As part of this selection process, we will evaluate interest from 1) providers who have historically had a high number of patients who have either accepted or declined engagement in our case management program; and 2) providers who have been

successful with us in value-based agreements that include per member per month (PMPM) care management components. We have developed a readiness assessment tool that distills the contract requirements for delegated entities so that we can assess a delegate's qualifications transparently. The readiness assessment tool includes a checklist to help providers understand what requirements must be met related to delegation. We will use the assessment tool with new providers and those that are currently engaged in case management to identify providers that are qualified and interested in a delegated arrangement.

We will work with providers and provider organizations, in particular PCPs, OB/GYNs, and behavioral health practices, to clarify the intent and scope of case management services, including minimum qualifications to support such services, to determine the most appropriate reimbursement methodology. Payment for delegated case management can include risk-adjusted PMPM fees and/or value-based incentives, in combination with fees paid for specific services, i.e., an initial assessment and Plan of Care. The case management payment methodology may apply to subpopulations or to total populations based on enrollee eligibility/attribution and can vary depending upon enrollee complexity, required contacts/services types, and types of resources used and qualifications (e.g., nurse, social worker, CHN) and will be contingent upon the successful achievement of agreed upon value-based goals and governance under the arrangement and in compliance with the **Model Contract**. AmeriHealth Caritas Louisiana will set high-quality standards for delegated services from providers and monitor against these standards through a delegation process run by the Quality Department in accordance with the terms of their agreement and the requirements of LDH's Medicaid case management program.

AmeriHealth Caritas Louisiana shows a commitment to delegating care coordination and case management services to providers through our participation in the following programs:

- We are an active participant in the multi-payer **Comprehensive Primary Care Plus (CPC+) program**, which includes risk-adjusted tiered case management fee (CMF) payments to collaborating CPC+ practices to promote improved care coordination, data-driven quality improvement, and enhanced targeted case management for high-risk enrollees. AmeriHealth Caritas Louisiana is expanding this risk-adjusted CMF model to targeted non-CPC+ providers to assist with infrastructure development and encourage provider-led case management activities.
- We are an active participant in **Primary Care First**, a multi-payer five-year payment model that offers enhanced payments to support advanced primary care services, with larger payments for managing the care of more complex enrollees.
- We recently took a leadership role in organizing meetings among current MCOs to develop a plan to identify and contract with community case management agencies, as well as develop a uniform standard operating strategy to conduct quality monitoring of community case management agents.

Additionally, we have extensive experience with delegated services in other markets that will allow us to leverage and implement delegated arrangements quickly within Louisiana:

- Our **health plan affiliate in the District of Columbia** is collaborating with the highest-performing core service agency in the District, who is a provider of behavioral health services to lead case management efforts for identified enrollees with a behavioral health primary diagnosis and outreach efforts to locate enrollees following ED discharge.
- Our **health plan affiliate in North Carolina** is delegating case management activities to Advanced Medical Home (AMH) providers that meet established criteria to support community-based, provider-led case management. An estimated 78% of the enrollee population is served through a delegated case management arrangement.

2.6.7
Case Scenarios

AmeriHealth Caritas Louisiana's Case Managers help enrollees find solutions that fit their lives. Through our Make Every Calorie Count program, Renee started swimming and lost more than 50 pounds.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.7 Case Scenarios

2.6.7.1

Overview of Our Approach in Caring for Andrew

AmeriHealth Caritas Louisiana's approach to address a case like the one presented by our enrollee Andrew would be informed and guided by the points noted below.

Core Care Team	• Andrew. • Andrew's caregiver. • AmeriHealth Caritas Louisiana Case Manager. • PCP. • Psychiatrist.
Care Management Priorities	• Develop a Plan of Care to address Andrew's behavioral and physical health concerns. • Provide resources to support Andrew's caregivers in supporting his overall health care needs. • Support referral management/access to specialty appointments. • Develop a safety plan. • Support Andrew, his caregivers, and PCP with adherence to the Plan of Care.
Resources and Infrastructure To Be Leveraged	• Case Management. • Telemedicine/Telepsychiatry. • Let Us Know Program. • Wellness & Opportunity Centers. • Tulane Early Childhood Collaborative. • Two-way Texting. • Rapid Response Team.
Appropriate MCO Covered Services	• Primary care. • Specialty Services (Psychiatry, Otolaryngology, Neurology, Sleep Specialist). • Behavioral Health/Child Psychology. • Applied Behavior Analysis. • Pediatric Endocrinology. • Registered Dietitian. • Diagnostic Studies. • School-Based Health Services.
Root Cause/ Drivers	• Delay in receiving specialty appointment due to COVID-19 and missed appointments by enrollee/caregiver. • Behavioral Factors. • Potential knowledge deficit related to referrals.

Identifying Andrew

AmeriHealth Caritas Louisiana takes a standardized approach to screen for, identify, and address our enrollees' physical, behavioral, and social needs — including enrollees with persistent and/or untreated medical issues — through our established systems and our Population Health Management Care Management process. In this scenario, Andrew would be identified through a number of different inputs, including:

- **Predictive Modeling** — Our predictive impact of care management services (PICS) system is a proactive analytic learning model that goes beyond traditional industry predictive modeling scores to profile and identify emerging and high-risk enrollees for care coordination and management. Building from a wide range of metrics associated with enrollees' medical and behavioral risks, gaps in care, and specific health conditions (including childhood obesity), our model includes key indicators of case management success identified via previous predictive modeling and program evaluation analyses.

Referrals generated from our PICS system trigger outreach by a Case Manager for additional follow-up.

- **Health Needs Assessment** — The health needs assessment (HNA) is made available to all new enrollees in multiple formats, including the new enrollee welcome call. This provides preliminary health and functional needs information and is a gateway into further evaluation for care management activities. Several of Andrew's existing physical, behavioral, and social health concerns, (such as difficulties keeping an appointment) would prompt outreach by a Case Manager for engagement into case management. AmeriHealth Caritas Louisiana will adhere to the HNA requirements, as described in **Section 2.7.2** of the Model Contract.
- **Referrals** — We generate referrals from our clinical, operational, and outreach teams. Providers, including primary care, behavioral health, pharmacists, and specialists, are encouraged to refer enrollees for case management. Organizations, such as State agencies, as referenced in **Section 2.7.4.1.3** of the Model Contract, and community-based organizations, may also directly refer. Enrollees and caregivers, like Andrew and his family, are also encouraged to request case management services.

Andrew and his caregiver appear to be well-established and closely connected with his primary care provider (PCP). Given this close relationship, and the PCP's multiple attempts to provide care coordination and connect the enrollee to specialty services, it is likely the PCP would utilize our Let Us Know program to refer Andrew for case management services. The Let Us Know program encourages provider offices to notify AmeriHealth Caritas Louisiana of enrollees who need additional assistance with health care or non-health care services. Following identification (regardless of method/input), Andrew is connected to the AmeriHealth Caritas Louisiana Care Management program for outreach and engagement. Due to Andrew's complex medical conditions, unmet health-related needs, outstanding referrals, and behavioral problems, he qualifies for intensive case management (Tier 3).

Andrew's Behavioral Health Case Manager, who specializes in pediatric/behavioral health care, partners with the PCP to leverage their existing relationship to complement (rather than duplicate) the efforts of the PCP. Andrew's PCP will be asked if they are willing to direct case management. If so, Andrew and his family will be provided with two options: provider-directed/delegated case management or case management directed by AmeriHealth Caritas Louisiana. Should delegated case management be selected, we will be a constant resource to the provider-based Case Manager and provide monitoring/oversight to ensure adherence to applicable case management requirements, as described in **Section 2.7.15** of the Model Contract. Should Andrew/his family select plan-directed case management, AmeriHealth Caritas Louisiana will assume the primary case management role, as described throughout this response.

Ensuring Coverage for Medicaid-Coverable and Medically Necessary Services

Following engagement, Andrew's Case Manager completes a comprehensive assessment and collaborates with Andrew, his caregiver, and his multidisciplinary care team to develop a Plan of Care within 30 days of identification, as referenced in **Section 2.7.5.1** of the Model Contract. Through the assessment process, the Case Manager will probe the root causes of Andrew's missed appointments. Based on the stated priorities of Andrew and his caregiver, the Case Manager will collaborate with his PCP and other treating providers to prioritize and plan for the appropriate combination, sequence, and timing of his services.

We ensure access to care and needed services through a high-touch, fully integrated, multidisciplinary approach. We have a comprehensive network of specialized physical and behavioral health service providers, streamlined prior authorization processes, and highly accessible enrollee support services that Andrew and his team can access to mitigate barriers to care. Andrew's Case Manager coordinates with his multidisciplinary care team and community-based providers to ensure timely access to appropriate services.

Additionally, our Medical Directors are available to review Andrew's case, consult with providers, and authorize medically necessary services and execute single case agreements with providers, if needed, to ensure Andrew and his family are fully supported and receive access to the services reflected on his Plan of Care. We also conduct integrated clinical rounds that holistically address the physical, developmental, and behavioral health needs of enrollees. These integrated rounds provide an opportunity for our Case Management and Utilization Management teams to review enrollees with complex needs/high utilization history to identify and connect them to additional services and interventions.

The Summary of Andrew's Identified Services and Supports table outlines the services and interventions needed to support Andrew's care as reflected in the Plan of Care.

Summary of Andrew's Identified Services and Supports

Identified Need	Supportive Services and Interventions
Psychiatry	**Psychiatry Services** — Andrew's Case Manager will partner with Andrew, his caregiver, and his PCP to identify psychiatry services near their home. Acknowledging the PCP's unsuccessful attempt at locating a provider, Andrew's Case Manager will help to identify and address existing or perceived barriers to care and provide solutions to connect Andrew to needed services. If Andrew/his caregiver prefers in-person care, we will help identify/connect Andrew to a child psychiatrist close to his home and can facilitate transportation to and from the appointment. His Case Manager will provide options for telepsychiatry services, such as enrolling Andrew's family in SafeLink Wireless® to receive access to a smartphone (if needed). We also support families to access telepsychiatry through kiosks located within our Wellness & Opportunity Centers and in clinics across the State. Should Andrew/his family continue to miss appointments, we will support his PCP through consultation with our Behavioral Health Medical Director, a board-certified child and adolescent psychiatrist. Additionally, we can facilitate consultation with the Tulane Early Childhood Collaborative, which provides statewide psychiatric consultative services to PCPs. Additional provider options, such as a medical psychologist with child and adolescent behavioral health experience, can be discussed with the PCP and offered as an alternative to a child and adolescent psychiatrist.
Otolaryngology /Neurology	**Otolaryngology/Neurology Services** — Andrew's care team agrees with the recommendations for Andrew to be evaluated by an otolaryngologist (for possible surgical interventions) and a neurologist (for assessment of neurological sleep disturbance). Andrew's specialty services appointments were initially postponed due to COVID-19, then later not kept by the enrollee. Andrew's Case Manager will assist Andrew and his caregiver with his pending referrals to otolaryngology and neurology and provide available telemedicine options to increase access to these needed services. His Case Manager will assess for social determinants of health (SDOH) and develop solutions to address any identified barriers to care. His Case Manager will provide education to Andrew and his caregiver regarding the specialty services/reasons for his referrals to address any knowledge deficits that may be creating anxiety/contributing to his missed appointments.
Behavioral Problems	• **Child Psychology** — Andrew's Case Manager will partner with his PCP to initiate a referral for a psychologist to evaluate his behavior at school and at home. • **Individualized Education Plan (IEP)** — With parental consent, Andrew's Case Manager will coordinate with Andrew's school to ensure he has an IEP in place and will provide

Identified Need	Supportive Services and Interventions
	input from his multidisciplinary care team to help develop goals/behavioral interventions. His school will also receive a copy of his Plan of Care to support integration and information sharing. If Andrew does not have an IEP in place, his Case Manager will educate his caregiver on the process to request an IEP. • **Developmental Assessment/Genetic Testing** — Andrew's care team recommends a comprehensive developmental assessment and genetic testing to consider a differential diagnosis of developmental delays, parent-child relational problems, and/or Prader-Willi syndrome. Andrew will be tested for Prader-Willi syndrome based on his clinical symptoms (compulsive eating, behavioral problems, and sleep disturbances, usually with excessive daytime sleepiness). Although this test is not covered under AmeriHealth Caritas Louisiana's usual fee schedule, this test is considered medically necessary, and it will be provided to Andrew through the Early and Periodic Screening, Diagnosis, and Treatment benefit. • **Applied Behavior Analysis (ABA)** — Andrew will be connected to ABA services, should a Comprehensive Diagnostic Exam recommend such a referral. • **Additional Evidence-Based Therapies** — Andrew's caregiver will be educated on appropriate evidence-based therapies, which may include Triple P (Positive Parenting Program) and Parent-Child Interaction Therapy to help in the management of the behavioral challenges, as well as Child/Parent psychotherapy and Pre-School PTSD Treatment if assessments document trauma. Referrals will be made based on availability and parental/caregiver consent and preferences.
Obesity/ Compulsive Eating	• **Pediatric Endocrinology** — In addition to genetic testing, Andrew's Case Manager will facilitate a referral to endocrinology to evaluate potential root causes of his presenting symptoms/compulsive eating. • **Registered Dietitian** — The Case Manager will facilitate a referral to a Registered Dietitian and will provide Andrew's caregivers with a food and exercise log to help track and follow/reinforce recommendations made by the Registered Dietitian/PCP related to food management and exercise. If diagnosed with diabetes mellitus, the Registered Dietitian will develop an appropriate diet with Andrew and his caregiver.
Enuresis	Andrew's care team discusses Andrew's enuresis and schedules testing to identify if there is an underlying cause for his bedwetting, such as an infection or diabetes mellitus. Additionally, Andrew's Case Manager (with support from the child therapist or PCP) will develop a behavior modification plan to support Andrew and his caregiver with reducing the bedwetting.
Excessive Sleepiness	In addition to specialty evaluations, the Case Manager will develop a sleep resource guide to assist his caregiver with sleep hygiene tips. Examples include keeping a regular bedtime and nighttime routine, providing a healthy diet, using blackout curtains (or a nightlight if he is scared), using a white noise machine, and turning off screens (tablets, TVs, videogames).

Supporting Adherence to Referrals and Psychiatric Care

AmeriHealth Caritas Louisiana supports enrollee adherence to referrals and needed services through multiple programs and solutions.

Care Management

Andrew's Case Manager will provide ongoing support to Andrew and his family and will be accountable for providing intensive monitoring, follow-up, clinical management, care coordination activities, and referral management in support of Andrew's Plan of Care.

In compliance with **Section 2.7.5.1** of the Model Contract, Andrew's Case Manager will meet in-person with Andrew and his caregiver on a monthly basis (or more frequently if needed) to assess his Plan of Care, complete an environmental assessment, and gain insight into current status and treatment

adherence. Andrew's Case Manager will partner with Andrew and his caregiver to identify barriers and develop solutions to support adherence to recommended referrals and in obtaining pediatric psychiatric care.

During each enrollee interaction, the Case Manager will assess for SDOH needs or potential barriers that would prevent Andrew or his caregiver from accessing care to any open referrals. Andrew's Case Manager will also be available to accompany Andrew to his PCP and/or specialty appointments. Additionally, Andrew's Case Manager can schedule a Community Health Navigator to accompany Andrew and his caregiver to PCP/specialty appointments to provide additional support to the family.

Andrew's Case Manager will review provider documentation, collected in our Care Management Platform, and conduct outreach to his provider(s) to validate adherence with the Plan of Care. We have processes within our electronic care management system to document referrals and set reminders for follow-up with the enrollee and their caregivers to ensure successful follow-up and connection to needed services.

Rapid Response Team

AmeriHealth Caritas Louisiana's Rapid Response Team (RRT) model was developed based on best practices to ensure timely resolution of enrollee needs without delays. The team is comprised of clinical and non-clinical staff to support care coordination services. We train RRT staff to assist enrollees by investigating and overcoming the barriers to achieving their health care goals. Working in collaboration with Andrew's Case Manager, RRT staff will provide additional support and resources to help address episodic issues and questions, such as how to find a specialist physician; how to access appropriate social services; how to secure transportation; and how to obtain medications, supplies, or medical equipment. The RRT remains available and involved through issue resolution.

Technology

Telemedicine

We offer enrollees like Andrew and his caregiver access to telemedicine services via phone, computer, or tablet to improve access and adherence to needed services. We leverage local providers who have invested in this technology and work to remove barriers to delivering care. Using telemedicine, providers can expand their reach into rural and medically underserved areas. We further support access to telemedicine by offering the use of equipment located at our community-based Wellness & Opportunity Centers.

Two-Way Texting Engagement Strategy

Our two-way text messaging service is a high-impact, low-cost method of engaging enrollees. It uses a communication method enrollees often prefer and provides a vehicle for case management staff to maintain one-on-one contact with enrollees and caregivers, allowing flexibility and convenience for the caregiver to remain engaged, provide appointment reminders, and conduct check-ins between scheduled calls. Our population health platform also offers a method for enrollees to submit inquiries and messages via text that go directly into the queue for follow up by our case management staff.

2.6.7.2

Overview of Our Approach in Caring for David

AmeriHealth Caritas Louisiana's approach to address a case like the one presented by our enrollee, David, would be informed and guided by the points noted below.

Core Care Team	• David. • David's family. • Pediatrician. • AmeriHealth Caritas Louisiana Case Manager. • Psychiatrist. • Behavioral Health Counselor.
Care Management Priorities	• Ensure the health and safety of all members of David's household. • Partner with David's family and care team to identify community services and treatments to safely address his needs in the community, preventing the need for DCFS involvement. • Provide transition of care support. • Provide resources to support David's caregivers and their ability to care for David. • Develop safety plan to address David's behavioral health concerns.
Resources and Infrastructure To Be Leveraged	• Case Management. • Coordinated System of Care. • Office for Citizens with Developmental Disabilities. • Transition of Care Support.
Appropriate MCO Covered Services	• Primary care. • Psychiatry. • Behavioral Health Counselor. • Specialized Behavioral Health Services. • Psychiatric Residential Treatment. • Therapeutic Group Home.
Root Causes/ Drivers	• Enrollee's worsening aggression, poor impulse control, poor affect regulation. • Mom's inability to safely care for the enrollee and his siblings in the home.

Successfully Managing the Enrollee in the Community

AmeriHealth Caritas Louisiana takes a proactive approach to successfully managing enrollee health care needs through early identification, intervention, and connection to needed services and supports. Our best-practice models are designed to continually assess enrollee care needs and facilitate access to specialty and evidence-based services, helping to avoid potentially preventable events from occurring (such as Department of Child and Family Services [DCFS] involvement, ED referrals, and the need for inpatient care services). We work collaboratively with enrollees, such as David and his family/support system, to engage them into care management services, assess their comprehensive health care needs, and coordinate the full range of resources available to safely meet their needs in the community.

Understanding the complexity of David's current situation, and the immediate crisis of possible parental abandonment requiring DCFS involvement, an AmeriHealth Caritas Louisiana Medical Director overrides the medical necessity criteria and extends his inpatient admission to allow for his mother and care team to meet and discuss David's needs. David's Behavioral Health Case Manager (specialized in pediatric behavioral health, developmental disabilities, and trauma-informed care, and experienced in supporting enrollees with developmental disabilities) schedules an emergency multidisciplinary care team meeting (including his inpatient treatment team) to review David's current status, his transition plan, and community treatment options available for David and his family.

The team discusses what was working well (and not well) during his brief community tenure. His inpatient care team provides input on successful treatments/medication adjustments that were made during his hospitalization that may provide important information related to his community transition and treatment options. The team partners to identify potential specialty and/or evidence-based community treatments (with modified protocols for individuals with mild-moderate developmental disabilities) that would safely support David and his family's needs in the community.

Providing Access to Specialty and Evidence-Based Community Treatments and Services

David's multidisciplinary care team provides his mother with an array of options to provide David with clinically indicated/medically necessary specialty and evidence-based community treatments. David's specialty and evidence-based community treatments (summarized in the David's Specialty and Evidence-Based Community Treatments and Services table) will provide David and his family with ongoing support, interventions, and resources to safely treat David in the community and prevent the need for higher levels of care.

Should David's mother feel comfortable with the services and interventions available, his Case Manager will collaborate with his primary care provider (PCP) and other treating providers to prioritize and plan for the appropriate combination, sequence, and timing of his services. Once his outpatient treatment plan has been established, his Case Manager will work with his mother to obtain the necessary consents and will coordinate with the appropriate providers/agencies to execute referrals. David's Case Manager will work with the Provider Network Management team to identify in-network providers near Bunkie.

David's Specialty and Evidence-Based Community Treatments and Services

Specialty/Evidence-Based Services	Description of Support
Coordinated System of Care (CSoC)	David's Case Manager completes an initial screening for CSoC eligibility during his hospitalization (with his mother's approval), and will refer David to the CSoC program for further assessment of eligibility (as appropriate). If approved for CSoC, the specialty services/evidence-based community treatments listed in this table will be available to David and his family (except where indicated).
Office for Citizens with Developmental Disabilities Waiver Services (OCDD)	David's Case Manager will assist the family to connect with and schedule an assessment at the Central Louisiana Human Services District in Alexandria (as appropriate) to determine if David may qualify for OCDD services, including waiver services. If approved, OCDD can provide consultation to the Therapeutic Group Home, Psychiatric Residential Treatment Facility, and other treatment providers to individualize the treatment plan to accommodate David's developmental disability.
Child Psychiatry	David's Case Manager partners with his mother and care team to identify a psychiatrist who can support David's mental health concerns in the community.
Homebuilders®	David's Case Manager will assist David and his mother in connecting to Homebuilders (pending a referral from DCFS and/or Office of Juvenile Justice).
Family Functional Therapy (FFT)	Based on the preferences of David and his mother, the Case Manager may facilitate referral to FFT. FFT therapists would assess family behaviors/interactions that contribute to negative behavior in order to help correct dysfunctional family communication and teach David and his family how to negotiate effectively, set clear rules, and improve communication.
Multi-systemic Therapy (MST)	An MST) provider would focus on empowering David's mother and improving her ability to manage David's behavior by identifying strengths and developing natural support systems. If enrolled into CSoC, David would not be eligible to receive MST.

Specialty/Evidence-Based Services	Description of Support
Trauma-focused Cognitive Behavioral Therapy	Trauma-focused Cognitive Behavioral Therapy is an effective, community- and evidence-based treatment approach shown to help children, such as David, and their caregivers overcome trauma-related difficulties and help reduce negative emotional and behavioral responses following trauma(s). This option will be presented to David and his mother.
Applied Behavioral Analysis (ABA)	David's care team would recommend the consideration of ABA therapy in David's treatment plan (if clinically indicated/appropriate following the completion of a Comprehensive Diagnostic Evaluation, and if David's trauma issues have been addressed/treated).
Mental Health Rehabilitation Services (MHRS)	David's multidisciplinary care team would recommend that home-based MHRS be considered to help with appointment flexibility and his mother's work schedule.
Eye Movement Desensitization and Reprocessing Therapy (EMDR)	Due to David's diagnosis of PTSD, his care team may recommend adding EMDR therapy.
Triple P	The Triple P — Positive Parenting Program® may be recommended to prevent as well as treat behavioral and emotional challenges impacting David and his family.

A child and adolescent psychiatrist is identified in Alexandria, at the Rapides Regional Physician Group, who agrees to take David as a new patient and agrees to participate in his multidisciplinary care team to support integration and collaboration amongst his community providers. The Case Manager also identifies several provider options with locations near Bunkie for the evidence-based services identified including Phoenix Family Services, Fairway Counseling, and the Louisiana Autism Center.

Addressing Enrollee and Family Service Needs When Inpatient or Residential Level of Care Is Indicated

Should David's mother/care team determine that David's needs cannot safely be addressed in the community, David's care team will recommend transitioning David from his current psychiatric admission to a Psychiatric Residential Treatment Facility (PRTF) or a Therapeutic Group Home (TGH). The Case Manager will work with CSoC to facilitate a transfer to We Care Residential Services, a TGH in nearby Alexandria. AmeriHealth Caritas Louisiana will provide support during this challenging transition and continue to authorize his current hospital admission until a bed at the PRTF/TGH is available and a transfer is scheduled to ensure David and his family's safety and to prevent the need for DCFS involvement.

David's mother will be provided with facility locations, treatment details, and information regarding the admission process to assist in her decision. Once a treatment option has been selected (regardless of the service chosen), our Behavioral Health UM team will coordinate the admission to the PRTF/TGH with David's Case Manager, obtaining necessary consents, Certificate of Need, and providing David's clinical information to the admitting facility.

If David is engaged in CSoC, his care team will work with the PRTF/TGH to accomplish his treatment goals within 90 days so his mother is able to continue to receive family services throughout his admission. Additionally, the CSoC contractor will provide the supportive services (transition of care, safety planning, and ongoing care management) as described in the following sections.

Transition of Care Support

If David is not engaged in CSoC, his AmeriHealth Caritas Louisiana Case Management program will provide transitional case management and coordination of services in accordance with **Section 2.7.5.4** of the Model Contract. Immediately upon admission to the PRTF/TGH, David's Behavioral Health Case Manager will begin working with the PRTF/TGH transition coordinator to proactively plan for discharge and develop a transitional Plan of Care.

David's Case Manager participates in scheduled check-ins once per week with the facility care team to discuss progress, treatment care plans, discharge plans, and appropriate aftercare resources. David's Case Manager will complete a comprehensive discharge management checklist, which includes these transitional case management interventions:

- Develop a transition Plan of Care that includes post-discharge care appointments, barriers to care, medication reconciliation, education, and self-management strategies, and addresses prior authorization needs.
- Refer to CSoC (already completed in David's case) 60 Calendar Days prior to his anticipated discharge, as noted in **Section 2.16.18** of the Model Contract.
- Ensure aftercare services are in place 30 Calendar Days prior to discharge.
- Ensure inpatient treatment information is shared with David's PCP and behavioral health providers regarding the treatment received and contact information of inpatient providers.
- Assess social determinants of health (SDOH) needs and address any barriers to care.
- Schedule Case Management follow-up with David within seven Calendar Days of discharge to ensure that services are being provided as detailed within the transition Plan of Care.
- Facilitate follow-up as detailed in David's discharge plan.
- Provide coordination across the multidisciplinary care team.

As an additional support, AmeriHealth Caritas Louisiana's Behavioral Health Medical Director participates in the PRTF/TGH continued stay reviews, including determination of medical necessity and discharge planning. David's Case Manager and multidisciplinary care team work with David and his mother collaboratively throughout the admission to ensure a successful transition back to the family, helping to avoid future out-of-home placement, and increasing his community tenure.

Safety Planning

David and his family's safety is a top priority. Prior to discharge, David's Case Manager will partner with the PRTF/TGH to develop a comprehensive safety plan that will provide those involved in David's care (his mother, family members, and teachers) with the tools and resources to effectively and safely manage negative behaviors. The safety plan will provide education on identifying early warning signs and recognizing home/environmental triggers that contribute to behavioral problems/escalation. The safety plan will include de-escalation techniques and direct action steps to take if David's behaviors become challenging. David will be encouraged to provide input to the safety plan, such as incorporating new strategies/coping skills he has learned during his current treatment. David's Case Manager will partner with David's mother and his school to ensure an individualized education plan (IEP) is in place or is updated to reflect David's current needs. David's safety plan (and Plan of Care) will be shared with his school for incorporation into his initial/updated IEP.

Ongoing Care Management

Maintaining close communication with families during any transition involving a child is crucial. David's Case Manager will be a constant source of support, advocacy, and education throughout the entire

process. His Case Manager will facilitate needed referrals, provide coordination across the multi-disciplinary team, and ensure connection to the services reflected on his Plan of Care (including connection/reconnection to the specialty and evidence-based services referenced in the David's Specialty and Evidence-Based Community Treatments and Services table, as appropriate).

Following discharge from the PRTF/TGH, David's Case Manager meets with David and his mother within seven days of transition to ensure services are being provided as detailed within his Plan of Care, as noted in **Section 2.7.5.4.4** of the Model Contract. David's Case Manager will continue to contact his mother weekly (as identified in the Plan of Care) to discuss his Plan of Care, symptoms, medications, care gaps, and ensure connection to needed services. The Case Manager will provide David's mother with her direct contact information should she have any questions, concerns, or need additional support prior to the scheduled contact.

Additionally, David's Case Manager will provide the family with tailored educational tools and resources to support their knowledge of David's presenting conditions and strategies to support him. At each encounter, David's Case Manager will assess for SDOH and identify solutions to identified barriers. David's multidisciplinary care team will continue to meet monthly and will reassess David quarterly, as noted in **Section 2.7.5.1** of the Model Contract, to ensure he remains at the appropriate support level. David's Case Manager will focus on implementation of David's Plan of Care to prevent institutionalization and other adverse outcomes, and to support David and his family in meeting his care goals.

2.6.7.3

Overview of Our Approach to Caring for Carmen and Ana

	Carmen	Ana
Core Care Team	• Carmen. • Carmen's family. • Bright Start® Case Manager. • Bilingual Educator. • Spanish-Speaking Doula.	• Ana's family. • AmeriHealth Caritas Louisiana NICU Case Manager. • Bilingual Educator. • Hospice Care team.
Care Management Priorities	• Maternity, perinatal, and postpartum care. • Connection with a Bilingual Educator with enrollee linguistic and cultural understanding. • Trauma care.	• Transition of care planning. • Palliative care. • Family understanding how to care for Ana at home.
Resources and Infrastructure to be Leveraged	• Bright Start® maternity case management. • Bilingual Educator. • BH specialists. • Community resources.	• Case Management. • Bilingual Educator. • Hospice services.
Appropriate MCO Covered Services	• Pre- and post-natal care providers. • Bilingual Educator. • BH Providers.	• NICU Case Management. • Bilingual Educator. • Extended Home Health Services. • Hospice Services.
Root Causes/ Drivers	• High-risk pregnancy. • ACE due to sexual assault. • Cultural and linguistic understanding, meeting Carmen and family where they are.	• Ana's terminal diagnosis. • Cultural and linguistic understanding, meeting Carmen and family where they are.

Caring for Carmen and Identifying Her for Case Management

AmeriHealth Caritas Louisiana takes a comprehensive, collaborative approach to provide the right level of care for Louisiana's high-need populations. We consider the complexities of enrollees' needs, including social determinants of health (SDOH), to provide them personal choice in managing their care.

There are several ways we may first become aware of Carmen, including enrollee claims, referrals, or enrollee information received on the 834 file. Once aware, we will attempt to contact Carmen by phone for an enrollee welcome call. We hire and train staff to reflect the multilingual, multicultural demographics specific to each service area — such as recruiting staff who speak prevalent non-English languages like Spanish. Information about Carmen on the 834 file may show her language preferences and would be used if provided. Regardless, the Call Center staff asks about her preferred language at the beginning of the call and connects her with a representative who speaks Spanish. During the welcome call, a Spanish-speaking Bilingual Call Center staff member explains welcome kit materials, written in Spanish, which will be sent to her via mail. A health needs assessment (HNA) is also completed at this time. The HNA collects data on Carmen's demographics, health history, physical and behavioral health screenings, pregnancy status, and SDOH needs. The data collected also identifies Carmen for case management. If attempts to contact Carmen by phone for her welcome call are unsuccessful, a Community Health Navigator (CHN), who lives in and serves this community, may be sent to her home.

Providing Carmen With the Right Level of Care — As a high-risk pregnant enrollee, Carmen is eligible to be engaged in Tier 3: Intensive Case Management through our Bright Start maternity management program. This program provides comprehensive case management throughout her pregnancy, as well as postpartum, and focuses on collaborations to improve compliance with prenatal and postpartum care.

Carmen's Bright Start Case Manager speaks Spanish and, after receiving the referral, reaches out by phone to talk with her about the program. If the Bright Start Case Manager is unable to reach Carmen by phone, they may visit the address on file. Upon reaching Carmen, the Bright Start Case Manager explains how case management can help her and asks if she would like to be involved in the program.

After discussing the program, Carmen says she understands, would like to participate, and gives her consent for the Bright Start Case Manager to arrange an in-person meeting at her home. The Bright Start Case Manager asks if Carmen would like an identified support person to be with her during the meeting, such as a family member or a doula. Carmen is told about our comprehensive, evidence-based longitudinal home visiting value-added benefit (VAB) program for pregnant and postpartum enrollees and their newborns. Through this program, Carmen can work with a Spanish-speaking doula who offers services, including non-medical social and behavioral support; stress management support; education; information on the birth process and perinatal care; ensuring OB/GYN visits; and obtaining needed post-delivery services. Her decision after this explanation is for a doula to be included in her meeting rather than her family. If Carmen declined participation in the Bright Start maternity management program, the Bright Start Case Manager would explain the importance of prenatal care, assist in selecting a local OB/GYN, and refer her to community resources and how to contact AmeriHealth Caritas Louisiana if she changes her mind about participating or if her health status changes.

Addressing Language and Cultural Barriers Through a Bilingual Educator — The Bright Start Case Manager also refers Carmen to a Bilingual Educator, who provides linguistic, cultural, and educational guidance. The Bilingual Educator can translate as needed, can attend appointments with Carmen, and is able to provide support virtually through phone calls or telemedicine. Since Carmen and her family do not read Spanish or English, her Bilingual Educator reviews her new enrollee welcome kit that she received in the mail and explains the materials in a way she can understand. The Bilingual Educator also makes sure she knows how to contact enrollee services to access the AmeriHealth Caritas language line where she can engage an interpreter over the phone at any time.

Developing Carmen's Plan of Care

When Carmen, the doula, and her Bright Start Case Manager meet in-person, Carmen completes a Comprehensive Assessment. It is explained to Carmen that this assessment data will be used to develop her person-centered Plan of Care. With Carmen's agreement, the Bright Start Case Manager then documents the assessment details in our case management platform, such as Carmen's physical and behavioral health, SDOH, and other needs; providers caring for Carmen, if any; and existing services and supports she currently uses. In order to connect her with community-based resources, the Bright Start Case Manager also asks about her support system and long-term goals, such as education, plans to work, or naturalization. It is during this assessment that Carmen shares her history of sexual assault.

Using the assessment details, the Bright Start Case Manager develops a person-centered Plan of Care to support Carmen's strengths and goals and includes medically necessary services, care coordination activities, and supports to address her full spectrum of clinical, mental health, trauma care, social, and other needs. After reviewing the plan with the support of her Bilingual Educator, Carmen approves it. From that point, Carmen's Bright Start Case Manager is able to serve as her key facilitator and advocate in following and managing the Plan of Care by coordinating across providers and other entities serving Carmen, sharing data, fostering relationships, and establishing shared accountability. Carmen's Bilingual Educator assists to help ensure that Carmen's plan is tailored to meet her cultural needs and that she understands the instructions received.

Addressing Carmen's Trauma — As part of the Plan of Care and to help ensure Carmen's living conditions are safe, the Bright Start Case Manager makes sure that Carmen receives an Intimate Partner Violence screening. With her past trauma and Ana's medical complexity, she is also referred to a therapist who speaks Spanish and specializes in both trauma and grief care, such as through the Children's Bureau of New Orleans. Carmen also receives depression screenings upon entering the Bright Start program, during her third trimester and after the birth of her baby. Her Bright Start Case Manager also refers her to community resources, such as the New Orleans Family Justice Center, the Beyond the Blues postpartum support group in New Orleans for new mothers struggling with perinatal mood and anxiety disorders, and other community-based trauma counseling and support groups.

Connecting Carmen With Providers Who Understand Her Cultural Background — The Bright Start Case Manager works to identify providers for Carmen who speak Spanish or have received cultural competency training. AmeriHealth Caritas Louisiana's network development process helps facilitate this by gathering information on providers, including race, ethnicity, and languages spoken, and specializations in serving particular cultures or enrollee needs. This helps us to offer a network of providers whose backgrounds match the cultural backgrounds of our enrollees.

Building Carmen's Care Team — The Bright Start Case Manager helps Carmen choose providers for her and her baby from a list of local Spanish-speaking practitioners that includes 21 OB/GYNs, 45 primary care providers (PCPs), and 47 pediatricians. It is while visiting her Spanish-speaking obstetrician with the doula that Carmen has an ultrasound that shows her baby, Ana, will be born with hydranencephaly. The Bright Start Case Manager then connects Carmen with necessary specialists during her pregnancy, including one of the two local Spanish-speaking maternal fetal specialists in our network. Knowing that Ana will be born with hydranencephaly, Carmen, on the advice of her Bright Start Case Manager, doula, and providers, decides she will deliver the baby in a Level III hospital. The Bright Start Case Manager coordinates case conferences with hospital staff, including providers and a hospital maternity social worker, to share information with Carmen and her family about available support and services. After she receives this information, Carmen can plan how she would like care to be delivered in the hospital. The Bright Start Case Manager also talks to Carmen about case management for Ana. After Carmen agrees to Ana receiving case management, the Bright Start Case Manager sets a meeting with AmeriHealth Caritas Louisiana's neonatal intensive care unit (NICU) Case Managers within a month of Carmen's expected due date to ensure her history is understood and necessary supports are in place ahead of time. After Ana is born, Carmen's Bright Start Case Manager meets with her to talk about family planning and maintains contact for postpartum education to ensure Carmen attends postpartum provider appointments. Because Carmen is a high-risk enrollee, she is eligible for postpartum home visits through our home-visiting VAB program. Home visits may be provided by the same doula she has worked with to this point or, if appropriate and Carmen agrees, a Perinatal CHN.

Connecting Carmen With Community Resources — In addition to the services offered by AmeriHealth Caritas Louisiana, Carmen's Bilingual Educator and doula also connect her with community resources to ensure she has a support network within her own community. She may be referred to resources including:

- **Healthy Start** — A community-based program to help navigate prenatal and postnatal care, enroll in community assistance programs, and gain parenting skills.
- **The Special Supplemental Nutrition Program for Women, Infants, and Children** — A program for assistance with nutritional needs; nutrition education and counseling; and screening and referrals to health, welfare, and social services for low-income women and children who are nutritionally at-risk.

- **AmeriHealth Caritas Louisiana Community Baby Showers** — The Bright Start Case Manager tells Carmen she has the option to attend one of our Community Baby Showers, held at our New Orleans Wellness & Opportunity Center, which include educational materials and presentations, gifts, and door prizes. Options include fully Spanish-language baby showers.
- **Video Resources on the March of Dimes Website** — A collection of videos on-demand designed to assist pregnant and new mothers, fully available in English and other languages, such as Spanish.
- **Picture-Based Educational Materials** — Printed health education resources designed for enrollees of all literacy levels and language preferences.

At Carmen's request, her Bilingual Educator and her doula refer her to Catholic Charities, a community-based organization who can answer her immigration-related questions. Carmen's Bilingual Educator refers her to resources, such as Puentes New Orleans; English as a Second Language programs through the State; and Catholic Charities Archdiocese of New Orleans, such as Education and Citizenship classes.

Intensive Case Management for Ana

Because of Ana's complex situation, collaboration with multiple members of Ana's care team is required. Ana is eligible for our intensive case management program, through which she can receive NICU case management for a year or longer, depending on her continuing prognosis. Because Carmen has already agreed to case management for Ana before her birth, the Bright Start Case Manager meets with our NICU Case Managers and hospital staff at the Level III hospital one month prior to Carmen's due date.

When Ana is placed in the NICU, a utilization management alert lets a NICU Case Manager know that she is ready to begin case management services and that Ana is identified for Tier 3 case management. Following delivery, Carmen's and Ana's Case Managers continue to collaborate for Ana's care. Similar to the care received by Carmen, Ana's Case Manager helps connect her with providers who provide care that is both culturally and linguistically competent for her family. Carmen's Bilingual Educator remains assigned to her to assist with Ana's care. The Bilingual Educator may also attend Ana's provider appointments to ensure Carmen understands how to provide Ana with the care she needs.

Transition of Care Planning for Ana

Ana's discharge planning begins upon our notification of her admission to the NICU. Because of Ana's prognosis and risk for readmission, weekly multidisciplinary rounds occur. Ana's multidisciplinary team includes the NICU medical director, pharmacist, NICU registered nurse, behavioral health clinician, hospice care team, and utilization clinical reviewers. In collaboration with the hospice provider, she is assessed for needs related to discharge: medications; social and caregiver needs; home health care; and durable medical equipment (DME), such as a hospital crib, nutritional support and feeding supplies, and oxygen and apnea monitors. These arrangements are made before discharge. Carmen works with her Bilingual Educator, Ana's hospice provider, and hospital staff to understand how to use Ana's DME before discharge. Ana's transition Plan of Care is developed with Carmen and members of Ana's multidisciplinary team and is delivered to Carmen in writing before discharge. Carmen reviews the plan with the Bilingual Educator to make sure she understands it. Within 24–48 hours of notification of discharge, Ana's Case Manager calls Carmen to assess if she understands Ana's discharge instructions, has received medications, has a discharge follow-up provider appointment, and ensures that hospice has been in contact. Carmen's Bilingual Educator is involved in the discharge assessment to ensure instructions are continually conveyed to Carmen in a way that is both culturally and linguistically adequate. Carmen is offered assistance in scheduling provider follow-up and transportation assistance.

Hospice Care for Ana

As an enrollee under age 21, Ana is eligible for the concurrent care model of hospice, through which she can receive hospice care and additional services, such as early and periodic screening; diagnosis and treatment; personal care services; and extended home health services. When Ana is discharged, Carmen has the option to choose at-home or inpatient hospice care. Carmen chooses home-based hospice services for Ana, and a hospice nurse visits her home within 24 hours of discharge. To address Ana's acute needs, the hospice nurse visits their home up to three times per week.

Extended Home Health — Ana is eligible to receive Extended Home Health Services through a private duty nurse, who can help with Ana's day-to-day care. Before Ana transitions home, AmeriHealth Caritas Louisiana collaborates with Ana's hospital care team and participates in the hospital case conferences to plan the level of at-home care that Ana will receive. We honor the care team's recommendations, and Ana's private duty nurse, supplemented by Personal Care Services and hospice, can begin to provide care 24/7. Hours are reduced as Carmen's confidence in caring for Ana grows. Ana's private duty nurse coordinates with her hospice care nurse to ensure she receives the appropriate amount of care.

Hospice Care Team — In addition to Carmen, Ana's Case Manager, and the hospice and private duty nurses, Ana's hospice team may also include a social worker, hospice team interpreter, a palliative care physician, a patient care attendant, respiratory therapist, dietitian, neurologists or neurosurgeons, an occupational or physical therapist, and bereavement professionals. Ana continues to receive care from her subspecialists and PCP, as necessitated by her care goals. Her hospice providers and other providers work together to ensure a collaborative care approach. The Bilingual Educator performs a home visit within five days after Ana's discharge to answer questions Carmen may have and refresh her on how to call enrollee services for language line access for assistance, if needed.

Caring for Ana's Family — Ana's family are referred for grief counseling through counseling services, pastoral care, and local support groups, such as through Maison Vie, the Children's Bureau of New Orleans, and Catholic Charities Archdiocese of New Orleans Counseling Services. Community-based connections help build a support network of people in their community who understand their situation.

Helping Avoid Hospital Readmission for Ana

When Ana is unexpectedly referred for inpatient treatment for diabetes insipidus, Ana's Case Manager and Carmen's Bilingual Educator meet with Carmen about the palliative care that Ana is receiving. Through discussion, they help Carmen understand what hospice means, the kind of care Ana should be receiving, and who can provide this care. They also help Carmen understand the steps she should follow if there is an emergency, and hospice care workers are available 24/7. Finally, they discuss Ana's Do Not Resuscitate orders to make sure Carmen understands. Ana, in stable condition, is discharged home after Carmen and the Bilingual Educator review Ana's transition plan.

Ensuring Language and Cultural Barriers Do Not Impact Access to Care

As addressed throughout this scenario, we meet our enrollees where they are. We work to hire staff with cultural backgrounds similar to that of our enrollees and to have network providers who speak their language and receive specialized cultural trainings. We are embedded in our enrollees' communities and refer them to resources tailored to meet their unique cultural needs, such as through our Spanish-language Community Baby Showers hosted at our Wellness & Opportunity Centers, and care by Spanish-speaking doulas. Through our staff, such as Bilingual Educators, we routinely connect with our enrollees to guide and educate, helping our enrollees with the knowledge and support they need to drive their own care.

2.6.7.4

Overview of Our Approach in Caring for James

AmeriHealth Caritas Louisiana's approach to address a case like the one presented by our enrollee, James, would be informed and guided by the points noted below.

Core Care Team	• James. • James' family/representative (if identified). • PCP. • AmeriHealth Caritas Louisiana Case Manager. • Community Case Manager. • HCBS coordinator/ caregiver.
Care Management Priorities	• Ensure James' safety in the community. • Support James' Community Case Manager to address James' physical, behavioral, and social health needs and coordinate appropriate services. • Complete a home safety assessment/fall assessment. • Address James' pain and prevent unnecessary ED visits. • Identify SUD interventions and community supports.
Resources and Infrastructure To Be Leveraged	• AmeriHealth Caritas Louisiana population health management program. • Case Management. • Rapid Response Team. • Peer Support Specialists. • ACT Team. • Permanent Supportive Housing Program.
Appropriate MCO Covered Services	• Primary care. • Psychiatry. • SUD treatment services. • Pain Management. • Physical Therapy. • Occupational Therapy. • Podiatry. • Neurology. • Home Health.
Root Causes/ Drivers	• James has a history of brain injury with co-morbid schizophrenia and alcohol use disorder, leading to poor impulse control, reduced executive functioning, and poor decision making. • Pain of unknown etiology.

Addressing James' Needs

We assist enrollees similar to James and others included in the Department of Justice (DOJ) Agreement Target Population through the implementation of a specialized community case management program, consistent with the DOJ Agreement and Louisiana Department of Health (LDH)-issued guidance, using subcontracted Community Case Managers who meet qualifications established by LDH. AmeriHealth Caritas Louisiana will provide continuous support and oversight to ensure enrollees like James receive high-quality care management support and have access to all services reflected on their Plan of Care.

Prior to James' return to the community, his AmeriHealth Caritas Louisiana Case Manager verifies that he has access to a qualified Community Case Manager (in his region of residence) that facilitates the transition from the nursing facility to the community and will provide James with ongoing case management services for at least a full year after his transition. His AmeriHealth Caritas Louisiana Case Manager will partner with James and his Community Case Manager to help secure providers, resources, and community supports, as detailed in his Plan of Care. Our highly coordinated and integrated care

management process guides our approach to ensuring James' needs are met before, during, and after his transition to the community.

Should James not agree to participate in Community Case Management, but instead agree to participate in the AmeriHealth Caritas Louisiana Case Management program, an internal plan Case Manager will assume the primary Case Management role. If James declines both Case Management options, AmeriHealth Caritas Louisiana will conduct monthly outreach to James, providing supportive interventions and connection to needed services and supports. He will also be supported by an AmeriHealth Caritas Louisiana Community Health Navigator (CHN), who will engage James in the community, make in-home visits, and ensure James is receiving necessary community supports. We describe our approach to addressing James' needs in the community following his consent and engagement with the Community Case Management and AmeriHealth Caritas Louisiana Case Management programs.

Assessing James' Needs

Since returning to the community, James has been faced with many challenges, including an increase in pain in his feet (resulting in multiple ED visits), an increase in alcohol use (resulting in a 30-day inpatient detox program), and socially inappropriate behavior (leading to two evictions from apartment complexes and an arrest). Due to his change in condition, James' Community Case Manager schedules an in-person assessment to reassess his current physical and behavioral health status and identify services and interventions to ensure his safety in the community. James' Community Case Manager will complete a reassessment every 90 days or whenever the condition or needs of the enrollee change. The assessment will help to identify any medical, behavioral, social/recreational, educational/vocational supports needed to address James' daily needs and preferences. Assessments will include input from James, his core care team, family/natural supports (as appropriate), medical providers, behavioral health providers (including peers), and any additional representatives chosen by James.

Developing a Person-Centered Plan of Care

The voice of the enrollee is the guiding force for their person-centered Plan of Care. The enrollee identifies what recovery looks like for him; leads the development of the plan; and determines who else should be involved, including, but not limited to, the enrollee’s representative, the enrollee’s family and/or significant others, the Community Case Manager, the AmeriHealth Caritas Louisiana Case Manager, Home and Community-based Services (HCBS) service coordinator, and the enrollee’s primary care provider (PCP) and other providers. Following James' reassessment, his Community Case Manager and AmeriHealth Caritas Louisiana Case Manager engage James' multidisciplinary care team to discuss James' current status and develop solutions to his current challenges and health care needs. His Community Case Manager contacts his care team at least seven days prior to the scheduled care planning meeting to encourage the full team's participation. The team evaluates James' current services and supports available through the HCBS waiver to ensure there is no duplication of services and that the team is able to develop a cohesive Plan of Care that takes into account all of his available resources. The Community Case Manager leads the development and implementation of James' person-centered Plan of Care, including the following components:

- Goals and desired outcomes.
- Services and supports to achieve enrollee goals.
- Type, amount, duration, and frequency of services.
- Strategies to address identified barriers.

- Crisis resources to prevent unnecessary hospitalization/institutionalization.
- Emergency preparedness and backup plan.
- Documentation of the enrollee participating in the planning process/having freedom of choice.

James' AmeriHealth Caritas Louisiana Case Manager will provide ongoing assistance and coordination with James and his Community Case Manager to secure the providers, resources, and community supports reflected on his Plan of Care. The James' Plan of Care Summary table summarizes the services, supports, and treatments identified to address James' immediate and ongoing needs in the community.

James' Plan of Care Summary

Identified Needs	Services, Supports, and Treatments to Address Needs
Safety	• **Falls** — James' Community Case Manager will complete an updated falls assessment, which includes an evaluation of his fall history, medications, mobility, and cognition. Additionally, the Community Case Manager will facilitate a referral to Physical Therapy (PT) and Occupational Therapy (OT) to complete an environmental and mobility assessment. • **Home Environment** — Leveraging the findings from James' PT/OT environmental and mobility assessments, the care team recommends the following home safety modifications (to be addressed by James' HCBS coordinator): o Removal of throw rugs in the home. o Rearrange furniture to permit open pathways throughout the home. o Ensure light switches are easily accessible from a wheelchair position upon entry to a room. o Provide bathroom adaptive equipment (support bars in shower, shower chair, elevated toilet seat). • **Wheelchair** — James' PT will provide additional assistance in evaluating James' wheelchair to determine if modifications need to be made to assist with his mobility needs.
Physical Health	• **Primary Care** — James' Community Case Manager will work with AmeriHealth Caritas Louisiana to make sure that James is connected to a PCP and that he understands the importance of the PCPs role in managing his care. • **Pain Management, Podiatry, and Neurology** — James' PCP will initiate a referral to pain management, podiatry, and neurology to conduct an evaluation of James' foot pain. James' Community Case Manager will coordinate with his AmeriHealth Caritas Louisiana Case Manager to obtain visit notes and diagnostics that were completed in the ED to avoid unnecessary duplication of services/tests. In addition to a pain evaluation, neurology will be consulted to complete an updated assessment to evaluate brain function in light of his recent behavior changes and excessive alcohol intake (which may contribute to continued brain injury and increase his risk for additional complications). • **Falls** — James' PCP will evaluate James for medical conditions/underlying illness that could be contributing to his falls, including medication side effects, postural hypotension, inner ear problems, bradycardia, infection, and/or dehydration. • **Home Health Services** — James' PCP recommends additional home health services. His Community Case Manager will facilitate a referral for a Home Health evaluation. • **Medication Management** — James' Community Case Manager will coordinate with his PCP, AmeriHealth Caritas Louisiana pharmacist, and other prescribing health care providers to review his case and ensure he is on the appropriate medication regimen to address his health conditions, behavioral health concerns, and substance use disorder (SUD). The HCBS direct care staff will be educated on James' medication, administration, and medication safety, as they will likely be responsible for administration and picking up medications from the pharmacy. • **ED Use** — James' Community Case Manager will educate James and his HCBS staff on appropriate use of the ED vs. primary care/urgent care. James and his HCBS staff are provided with his Community Case Manager and AmeriHealth Caritas Louisiana Case Manager's direct

Identified Needs	Services, Supports, and Treatments to Address Needs
	contact information should they have future medical questions or need assistance in scheduling an appointment with his PCP.
Behavioral Health	• **Psychiatry** — James' care team recommends a psychiatric evaluation to establish his current level of functioning and assist in making future diagnostic considerations, pharmacological interventions, and treatment recommendations. • **SUD** — James continues to engage in excessive alcohol consumption following his inpatient detox/rehabilitation treatment. When he drinks, he exhibits problematic social behaviors, including profanity and public nudity. James' care team assesses James' attitude toward and readiness for change. Should James acknowledge his drinking problem and indicate a readiness for change, his team would recommend the following services: o **Alcoholics Anonymous® (A.A.) meetings** — The team recommends James begins attending A.A. meetings to engage in social interaction and receive emotional support from others going through similar challenges. Additionally, James will receive practical tips to help him refrain from drinking. o **Assertive Community Treatment (ACT) Services** — ACT services are therapeutic interventions that address the functional problems of individuals who have the most complex and/or pervasive conditions, associated with a serious mental illness or co-occurring SUD. The ACT team includes a psychiatrist, Peer Support Specialist, licensed mental health professional, Housing Specialist, Employment Specialist, and SUD counselor who will offer James appropriate supports to address his needs and treatment goals. If James continues to have difficulty adhering to the behavioral health treatments described, his care team will evaluate the need for additional measures, such as a petition for Assisted Outpatient Treatment (as appropriate). • **Public Nudity** — James' Community Case Manager will discuss with James perceived reasons for his public nudity. During their conversation, his Community Case Manager will explore less obvious causes (i.e., his clothes are ill fitting or sensory implications). James admits that he engages in public nudity after drinking and often doesn't remember doing it. Together, they set boundaries and help James understand the connection between his alcohol use/inappropriate social behavior and potential negative consequences (incarceration, losing his apartment, and nursing facility placement). James' care team works with the supports coordinator to explore increasing his attendant hours through the HCBS waiver and other approaches to support him in his recovery and his attempt at becoming sober.
SDOH	• **Housing** — James is at risk of eviction from his current housing due to his inappropriate behaviors. James' apartment supervisor is invited to participate in his care team meeting and encouraged to provide James with honest feedback regarding his risk for eviction. As an alternative to his current housing, James is referred to AmeriHealth Caritas Louisiana's Housing Specialist, who works alongside the LDH Permanent Supportive Housing Program to provide permanent, subsidized rental housing with flexible, individualized housing supports for people with disabilities. Should James be engaged with ACT services, they will take the lead on providing housing support services. • **Transportation** — James' Community Case Manager will ensure he has access to reliable transportation to follow up with his PCP, for specialty appointments, to pick up medications, and to participate in A.A.

Implementing James' Plan of Care

The team immediately begins to implement James' Plan of Care. His AmeriHealth Caritas Louisiana Case Manager partners with the Community Case Manager to complete the following referral and linkage activities, as described in the DOJ Agreement Compliance Guide:

- Inform James of available supports and services and ensure James is provided a choice of services and service providers.

- Assist James with locating and arranging for services and supports.
- Provide support in scheduling appointments and arranging for transportation.
- Assist James in with contacting and accessing community resources, as needed, including scheduling appointments.
- Prepare James for his upcoming appointments, including, but not limited to, providing education on transportation system and health care-related processes and assisting James to develop questions to ask the care provider, as needed.
- Attend appointments with James, as desired, to assist in navigating the health care system.
- Help ensure services and supports are coordinated between all agencies that provide services to James.
- Exchange relevant information (with James' consent) with agencies and/or providers supporting James' care.

James' AmeriHealth Caritas Louisiana Case Manager will act as the single Point of Contact for James' Community Case Manager. The AmeriHealth Caritas Louisiana Case Manager will have direct access to a Licensed Mental Health Professional/Psychiatrist experienced in working with enrollees with Serious Mental Illness and will be available to provide assistance with any clinical questions or concerns from the Community Case Manager. The AmeriHealth Caritas Louisiana Case Manager will help secure service providers, remove barriers, assist with prior authorizations, and ensure linkage to necessary community/social supports identified on James' Plan of Care.

Monitoring and Follow-up

James' Community Case Manager will continue to monitor James' progress, conducting frequent contacts (as outlined in the DOJ Agreement Compliance Guide) to verify that James is receiving needed services, in accordance with his Plan of Care. At each contact, James' Community Case Manager will assess for changes in James' current status, identify the need for additional supports or services, resolve identified issues, and verify that the Plan of Care is being effectively implemented.

In accordance with **Section 2.7.6** of the Model Contract, James' AmeriHealth Caritas Louisiana Case Manager will maintain ultimate responsibility to see that James' needs are being met by his Community Case Manager. AmeriHealth Caritas Louisiana will conduct weekly rounds with community case management agencies to oversee community case management activities; review enrollee status; identify and address enrollee health and safety risks; coordinate enrollee's care; address barriers to care or quality of care; develop engagement strategies; and plan for potential discharges. Additionally, we will ensure community case management staff meet the minimum qualifications and training requirements, both prior to delivering services and on an ongoing basis.

We will conduct quality monitoring reviews on enrollee-level data to ensure that James' needs are being addressed and his Plan of Care is effectively being implemented in the community. Data elements include (but are not limited to) housing stability, assessment/contact requirements, enrollee satisfaction, clinical outcomes, and service utilization. When James is nearing the end of his services with community case management, his AmeriHealth Caritas Louisiana Case Manager will review discharge criteria and work with James and his Community Case Manager to implement his transition plan. Following discharge from community case management, his AmeriHealth Caritas Louisiana Case Manager will assume James' primary case management role and will continue to ensure James' comprehensive health care needs are being met.

2.6.7.5

Overview of Our Approach in Caring for Samantha

AmeriHealth Caritas Louisiana's approach to address a case like the one presented by our enrollee, Samantha, would be informed and guided by the points noted below.

Core Care Team	• Samantha. • Samantha's mother/additional family (identified by enrollee). • Primary care provider. • AmeriHealth Caritas Louisiana Case Manager. • NOW Support Coordinator/caretaker. • Waiver Provider Agency representative.
Care Management Priorities	• Ensure Samantha's safety in the community. • Coordinate with Samantha's care team to address physical, behavioral, and social health needs. • Facilitate expedited seating evaluation/wheelchair repair and replacement. • Provide education, monitoring, and oversight related to positioning, contractures, skin care, and other treatments reflected on Plan of Care. • Facilitate evaluation for swallowing difficulties and medication review. • Provide care coordination related to Samantha's upcoming surgery and secure aftercare resources. • Address transportation barriers and access to care. • Partner with Samantha and her NOW Service Coordinator to implement Plan of Care.
Resources and Infrastructure To Be Leveraged	• Case Management. • Telemedicine. • United Cerebral Palsy/Louisiana cerebral palsy support groups. • The Mobility Resource.
Appropriate MCO Covered Services	• Primary care. • Physical Therapy. • Speech Therapy. • Registered Dietitian. • Neurology. • Orthopedics. • Home Health. • Durable medical equipment for wheelchair/bathing equipment. • Swallow study.
Root Causes/ Drivers	• Cerebral palsy complicated by immobility with contractures/existing health conditions. • Open/unresolved case related to wheelchair. • Transportation issues. • Access/Neurologist 52 miles from home.

Addressing the Health Care Needs of the Enrollee

Our care management approach leverages both data analytics and personal interactions to quickly identify and address the health care needs of enrollees similar to Samantha. In Samantha's case, she is identified for case management through several inputs, including eligibility records indicating enrollment in home- and community-based services (HCBS) or special health care needs (SHCN) classification; our predictive modeling analytics program that identifies rising risk; and a care needs assessment that considers physical, behavioral, and social determinants of health (SDOH) needs. We then stratify tiers by risk, based on enrollees' needs and health care triggers. This approach enables us to effectively and efficiently connect enrollees and their families to the right care and right services, at the right time, in the right setting.

Due to Samantha's clinical presentation and functional status, she was assigned to a high-risk, Tier 3 stratification level, which provides intensive case management support, including Plan of Care development within 30 days of identification, monthly multidisciplinary meetings, formal in-person quarterly re-assessment, home environment assessment, SDOH priority assessment, and community health worker support, as needed, as described in **Section 2.7.5.1** of the Model Contract.

Samantha's Case Manager was notified of a change in status by a member of the Utilization Management (UM) team following receipt of a prior authorization for her upcoming surgery. After reviewing all available clinical information, Samantha's Case Manager reaches out to the enrollee to schedule an in-person, comprehensive assessment and coordinate a multidisciplinary care team meeting with her New Opportunities Waiver (NOW) Service Coordinator. During the in-person meeting, her Case Manager updates the adult comprehensive health needs assessment, which includes the identification of any SDOH, a home environment assessment, and a depression screening (Patient Health Questionnaire-9).

Samantha's NOW Service Coordinator schedules a multidisciplinary care team meeting to develop an updated NOW individual support plan. The NOW individual support plan will identify the needed services and supports to address Samantha's health care needs and help to shape the AmeriHealth Caritas Louisiana Plan of Care. The Case Manager is responsible for coordinating and ensuring proactive information sharing and communication amongst all participants, fostering trusted relationships and establishing shared accountability between the various health care providers, family caregivers, social support agencies, and other relevant entities supporting the enrollee. Samantha's care team is invited to participate in person or by phone, and her clinical providers are given the opportunity to provide input and review Samantha's updated assessments and clinical summary via the Provider Portal prior to the meeting.

Following the development of the NOW individual support plan, Samantha's Case Manager will develop an integrated Plan of Care that reflects her comprehensive needs, including those needs captured on her NOW individual service plan and her service provider's Plan of Care. The Case Manager updates the enrollee's Plan of Care at a frequency determined by their level of need or when the enrollee's circumstances/needs change significantly, as in Samantha's case, per **Section 2.7.8.4** of the Model Contract. The Plan of Care is based on the principles of self-determination and recovery and includes all medically necessary services, care coordination activities, and supports.

A major component of the Plan of Care process is identifying and addressing the enrollee's health care needs. In collaboration with the multidisciplinary care team (and in alignment with Samantha's NOW individual support plan), the Case Manager develops a list of available services, support options, and care team interventions (described in Samantha's Plan of Care Summary table) to be considered as part of Samantha's individualized Plan of Care.

Samantha's Plan of Care Summary

Addressing Samantha's Health Care Needs	
Identified Needs	Services, support options, and care team interventions.
Safety	• **Quality of Care Concerns** — Samantha's safety is our top priority. Samantha's Case Manager schedules an emergency meeting with Samantha's NOW Service Coordinator and day habilitation staff to identify root causes and a correct course of action regarding Samantha's ongoing care. Samantha's Case Manager advocates for her current NOW caregivers/day habilitation staff be replaced. Samantha's NOW Service Coordinator is responsible for identifying new staff who have been educated and deemed competent to

Addressing Samantha's Health Care Needs	
	provide Samantha with high-quality care, as reflected in her Plan of Care. Samantha's Case Manager submits a Quality of Care referral to initiate an investigation related to the concerns over the care provided by Samantha's NOW caregivers and day habilitation staff. • **Dysphasia/Risk for Aspiration** — Samantha's Case Manager will coordinate with her primary care provider (PCP) to schedule swallow testing for her undiagnosed swallowing difficulties. In conjunction, Samantha will be assessed by a registered dietitian to ascertain if additional measures need to be taken, such as supplemental nutrition, food texture changes, etc.
Functional Health	• **Wheelchair Repairs** — Samantha's wheelchair has been in disrepair for several months, with missing parts, and her wheelchair seating system no longer meets her positioning needs. Understanding that receiving a new wheelchair might take some time, Samantha's Case Manager arranges for an expedited seating evaluation for a new wheelchair that meets her functional needs, as well as to make corrections/modifications to her current wheelchair to prevent further complications. The Case Manager will arrange for immediate approval of Samantha's new wheelchair and follow up with the durable medical equipment company to ensure this critical issue is resolved as quickly as possible. • **Immobility** — Samantha has experienced prolonged periods of immobility sitting in a wheelchair. Samantha's Case Manager will work with Samantha's PCP to place a referral for physical therapy to develop an activity/position change schedule (considering distribution of weight, stability, comfort, and pressure relief). Samantha's Case Manager will ensure Samantha's NOW team is educated on her activity/position change schedule and that it is posted in accessible locations throughout the home and at the day habilitation facility. • **Home Modifications** — Environmental Accessibilities Adaptations are covered by NOW and can provide options for Samantha to modify her bathroom to allow for wheelchair accessibility. Additionally, Samantha's Case Manager will work with the PCP to place a referral for a Hoyer® lift (as appropriate) to allow for easier and safer transfers from the bed and/or a specialized bath chair to provide additional bathing options for Samantha.
Physical Health	• **Skin Breakdown** — Samantha's multidisciplinary care team recommends adding skilled nursing to her treatment plan to provide Samantha with ongoing support/intervention from a licensed professional. This will provide Samantha with frequent clinical assessments to quickly identify and prevent further health complications and provide skilled wound care and ongoing education/monitoring of non-clinical support staff. Additionally, as discussed above, physical therapy will provide a detailed activity schedule to prevent further skin breakdown/complications. • **Contractures** — Samantha's orthopedist has scheduled a surgical intervention for the correction of Samantha's contractures. In addition, physical therapy will develop exercises/instructions (to be added to the activity schedule) to increase Samantha's range of motion, strengthen her muscle mobility, and prevent future contractures. • **Medication Review** — Samantha's Case Manager will work with her PCP and an AmeriHealth Caritas Louisiana pharmacist to complete a comprehensive medication review to assess the need for a baclofen adjustment. The Case Manager will provide education to the support coordinator/service provider, as they will likely be responsible for administration and receiving medications from the pharmacy. • **Dental Care** —Samantha's Case Manager will connect her to needed dental services for home- and community-based waiver enrollees covered under recently enacted state law. • **Speech/Communication** — Samantha has difficulty communicating due to her cerebral palsy. The Case Manager will work with the PCP to ensure a referral for speech therapy is placed to help strengthen/improve facial and oral muscle control. Additionally, the speech therapist will be asked to provide Samantha with a communication board/ speech generating device so she is able to contribute and share her opinions/preferences on treatment options and coordination of her care. While waiting to receive a more long-

Addressing Samantha's Health Care Needs	
	term adaptive speech solution, Samantha's speech therapist will provide Samantha with a tablet and/or a picture board to support communication and help to ensure her voice is heard. • **Hypertension** — Samantha's Case Manager will provide her NOW caregiver with an automatic blood pressure cuff, education on its use, and education related to keeping a blood pressure log. They will be informed of warning signs and when to contact a nurse/provider for additional follow up and evaluation. • **Cerebral Palsy** — To support Samantha in developing social networks and support systems, her Case Manager will refer her to United Cerebral Palsy or cerebral palsy support groups that are available throughout the State. • **Pre/Post-Surgical Needs** — Samantha's orthopedist has recommended surgical interventions, followed by inpatient rehabilitation and Home Health services. Samantha's Case Manager will coordinate with UM to ensure timely approval, scheduling, and connection to needed services. The Case Manager will partner with Samantha and the orthopedist, rehabilitation staff, and Home Health to develop a comprehensive transition plan to support Samantha as she recovers from surgery and returns back to her home.
SDOH	**Transportation** — It was reported that transportation has not been regularly provided due to lack of reimbursement and far distance. Samantha's Case Manager will act as an advocate for Samantha and discuss the NOW coverage options with her service coordinator. Transportation is included in the rate paid to the direct service provider (with no specified mileage limit). The Case Manager will ensure that transportation services are available to Samantha through NOW. As an additional option, and because Samantha's mother does not have a wheelchair-accessible vehicle and struggles to drive Samantha to appointments due to working two jobs, Samantha's care team will assist her in obtaining a wheelchair-accessible vehicle through grants or community resources. As an example, The Mobility Resource helps to support disabled individuals in leasing/buying wheelchair-accessible vans through Louisiana disability grants. Money can also be applied to accessibility modifications, including access ramps; scooter or wheelchair lifts; and turning automotive seating systems and hand controls for adaptive driving.

Improving Access and Delivering Care in a Timely Manner

We use a variety of tools and measures to continually monitor network availability and accessibility to validate that covered services are as accessible (in terms of timeliness, amount, duration, and scope) as they are to non-Medicaid beneficiaries in the same service area.

For Samantha, we want to ensure timely access to the services reflected on her Plan of Care. Samantha's Case Manager will provide options for telemedicine as an alternative to in-person care. AmeriHealth Caritas Louisiana connects enrollees to providers offering telemedicine services via phone, computer, or tablet, including smart home technology and other assistive technology, to effectively increase engagement and access in rural and urban populations.

Additionally, Samantha's Case Manager will help to identify and connect her to in-network providers who provide care directly to enrollee's in their homes. As an example, we are currently developing an initiative where community paramedicine providers are available to provide enrollees with in-home support and medical follow-up to improve access and help enrollees maintain their health conditions in the community.

If telemedicine/in-home care is not preferred, Samantha's care team will discuss distance and the travel time required for Samantha to attend her neurology appointments. Acknowledging that 52 miles is within the geographic access requirement, the team evaluates if there is a need to identify a neurologist closer to home. Given Samantha's complex medical conditions and her mother's challenges in attending

appointments due to working two jobs, the team agrees to locate a provider closer to home. Her Case Manager works with the Provider Network Management team to locate an in-network provider, and if one is unavailable due to Samantha's location, a single case agreement will be pursued to ensure timely access to this needed service.

For all proposed options, Samantha's Case Manager will be a constant resource and advocate for Samantha and will work closely with Samantha and her care team to ensure timely access and connection to all services, support options, and interventions reflected on her Plan of Care.

Additionally, AmeriHealth Caritas Louisiana will address the major delay in Samantha receiving resolution of her wheelchair repairs. As discussed in Samantha's Plan of Care Summary table, we will partner with Samantha to resolve the immediate issue through facilitation of an expedited seating evaluation to correct Samantha's existing wheelchair while her new wheelchair is being built/delivered. To prevent this issue from occurring again, we will conduct a root cause analysis to identify and evaluate causal factors (both internally and provider-related issues) that contributed to this delay. Should the delay be attributed to a provider process and/or system-related issue(s), we will work with them to design and implement the changes needed to reduce or eliminate the barrier to care.

2.6.7.8

Overview of Our Approach in Caring for Emma

AmeriHealth Caritas Louisiana's approach to address a case like the one presented by our enrollee, Emma, would be informed and guided by the points noted below.

Core Care Team	• Emma. • Emma's parents. • AmeriHealth Caritas Louisiana Integrated Case Manager (also serves as Transition of Care Coordinator).	• CSoC Case Manager & Providers (if Emma and her parents consent to services). • Pediatrician. • Behavioral Health Specialists.
Care Management Priorities	• Address personal safety. • Connect to/coordinate with CSoC (if Emma and her parents consent to services). • Access to behavioral health specialists with eating disorder experience. • Access to nutritionist with eating disorder experience. • Access to Psychiatric Residential Treatment Facility. • Ensure coordinated and integrated care delivery. • Provide resources to support parents/family. • Assess for additional physical, behavioral, and or/social support and services. • Address any SDOH needs.	
Resources and Infrastructure To Be Leveraged	• Community Care Management Team. • Peer and Family Support Groups for Eating Disorders.	• CSoC. • Psychiatric Residential Treatment Facility. • Telemedicine.
Appropriate MCO Covered Services	• Primary care. • Specialized Behavioral Health Services.	• Nutrition. • Psychiatric Residential Treatment Facility.
Root Causes/ Drivers	• Lack of convenient access to a local psychiatrist who accepts Medicaid. • Lack of access to a local nutritionist who treats anorexia nervosa. • Lack of access to in-state psychiatric residential treatment that treats anorexia nervosa.	

Addressing Acute and Chronic Components of Emma's Care Needs

To address Emma's needs, we would follow AmeriHealth Caritas Louisiana's care management pathway. Six essential phases comprise our overall approach to managing enrollees' needs and encompass the following activities: identification, engagement, assessment, care planning, implementation, and monitoring. These core elements enhance care coordination, eliminate duplication, and promote self-management skills, helping Emma and her parents more effectively manage her health.

Identification

AmeriHealth Caritas Louisiana uses a multi-channel, no wrong door approach to identify enrollees who may need care coordination. This includes our data-driven predictive modeling and risk stratification process, referrals from a wide variety of sources, and our health needs assessment (HNA). Emma would likely be identified as needing support through referral by her pediatrician. We would also be alerted to Emma's needs by admission, discharge and transfer (ADT) hospitalization alerts. Any of these notifications would trigger referral to our care management program.

With Emma's diagnoses of anorexia nervosa and malnutrition, as well as her recent physical health and behavioral health hospitalizations, she would be categorized in our Tier 3 high-risk domain and be

eligible for our Tiered Case Management program, which helps ensure timely access to care for enrollees with multiple comorbidities and conditions, integrating physical and behavioral health care, pharmacy, and social determinants of health (SDOH) services to address psychosocial and environmental needs. Within each Tier, we stratify by enrollee behavioral and physical health needs for care management assignment. Since Emma would fall into Quadrant 4 of our care management triage model (i.e., high behavioral/high physical health needs), a Case Manager with strong behavioral health and physical health experience will provide her with support.

Engagement

Emma's AmeriHealth Caritas Louisiana Case Manager and support team will use multiple methods to support the ongoing process of engaging Emma and her family in care, depending on what works best for them. These options include in-person (including meeting at the office of Emma's pediatrician if that is convenient for them), phone, video, texting, and/or other digital technologies and platforms. The Case Manager will ensure that any information provided to Emma and her parents — including the consent for care management services — will be easily accessible and relevant to them, accounting for factors such as cultural preferences and health literacy. This will increase the likelihood that Emma and her parents will understand the information, view it as relevant, and take action.

Assessment

The AmeriHealth Caritas Louisiana Case Manager will schedule a time to meet with Emma and her parents to complete the comprehensive assessment. Given the severity of Emma's condition, the comprehensive assessment would be completed with urgency. The comprehensive assessment (which includes trauma indicators) allows the Case Manager to obtain more detail about Emma's physical health, behavioral health, SDOH, and other needs; providers and other entities involved in her care; and services and supports already in place. Due to Emma's clinically acute presentation, the Case Manager will also complete condition-specific assessments, including the Patient Health Questionnaire (PHQ)-2 and PHQ-9A for depression, adolescent substance use disorder assessment, specific chronic condition assessments, and home environment assessment. The Case Manager will also review Emma's case history and review documents, including Emma's hospitalization reports/analysis; primary care, behavioral health and specialist reports (if any); and medication utilization/history. The Case Manager will collect the data from the assessments in our integrated care management platform, and it will be used as the basis for developing Emma's individualized, person-centered Plan of Care.

Care Planning

Given Emma's diagnoses, history, and the urgency around her poor health condition, as a first step, the Case Manager will schedule a meeting with Emma, her parents, AmeriHealth Caritas Louisiana's Behavioral Health Medical Director, and Emma's pediatrician to review assessment results and discuss two primary treatment options — intensive outpatient care, as offered through the Coordinated System of Care (CSoC) or other provider(s), as desired; or admission to a Psychiatric Residential Treatment Facility (PRTF). Although, in most cases, intensive outpatient care is preferred, Emma has had three hospitalizations related to anorexia nervosa, and she is still in poor health with minimal improvement, which may necessitate PRTF. Since Emma's pediatrician has been engaged and working with Emma and her parents, it will be critical to have their input and recommendations when talking to Emma and her parents about the following treatment options.

- **PRTF —** If Emma and her parents decide to pursue a PRTF referral, an AmeriHealth Caritas Louisiana behavioral health utilization management (UM) reviewer who specializes in PRTF and our Behavioral Health Medical Director will review the PRTF referral with the referral source to determine medical necessity. The Case Manager will work with the UM team to first search for appropriate in-network and out-of-network options; however, there is very limited in-state capacity for adolescents. If there are no viable in-state options, AmeriHealth Caritas Louisiana would pursue a Single Case Agreement for Emma to access PRTF care out of state, as long as Emma meets medical necessity, keeping Emma's Case Manager engaged and informed throughout the process. If Emma is admitted to PRTF care, the Case Manager and the Utilization Manager, serving as her Transition of Care Coordinators, will work with the facility to capture Emma's progress, support discharge planning, perform concurrent reviews, and share relevant information with her care team.
- **Intensive Outpatient Care —** If Emma and her parents choose to pursue intensive outpatient services before PRTF, the AmeriHealth Caritas Louisiana Case Manager will review with them the option to receive services through CSoC. If Emma and her parents consent to a CSoC referral, the AmeriHealth Caritas Louisiana Case Manager will conduct the CSoC Health Risk Assessment and refer Emma to AmeriHealth Caritas Louisiana's CSoC Liaison to complete the referral to the CSoC contractor. If Emma and her parents decide to enroll in CSoC, the CSoC contractor will assume the role of CSoC Case Manager for Emma's behavioral health care. The AmeriHealth Caritas Louisiana Case Manager will assist with coordination of care and, along with our Behavioral Health Medical Director, will meet with the CSoC contractor as needed (at minimum once a month) to get updates on Emma's progress and anticipate any referrals to PRTF or physical health, as necessary. If Emma and her family decline CSoC services, or if there is a waiting list for CSoC services in her region, AmeriHealth Caritas Louisiana will immediately engage, offer, and provide services to ensure that Emma receives intensive outpatient services and support with no gap, as her condition could be life-threatening. The Case Manager will immediately identify and activate an interdisciplinary team to engage with and support Emma, which will include a support system of registered nurses, licensed social workers, and Community Health Navigators (CHNs) to meet with Emma and her family face-to-face when needed.

Plan of Care Development

Emma's Case Manager will lead the process to develop a person-centered Plan of Care organized around her strengths and goals, co-developed with Emma and her parents. Her Plan of Care is developed within 30 days, incorporates the principles of self-determination and recovery, and includes the medically necessary services, care coordination activities, and supports to address her full spectrum of clinical, social, and other needs. We develop the Plan of Care using an interdisciplinary team process led by Emma's Case Manager, who serves as the key individual working with the enrollee and her family and is responsible for coordinating across providers and other entities serving the enrollee, acting as Emma's advocate. The Case Manager shares assessments and other information with the team, fostering relationships and establishing shared accountability.

While the Plan of Care is developed within 30 days, as noted previously, appropriate clinical intervention for Emma will begin immediately. Unfortunately, based on our long history in the State, AmeriHealth Caritas Louisiana is aware that there is a widespread lack of access to qualified, experienced eating disorder treatment for adolescents. Currently, AmeriHealth Caritas Louisiana's Behavioral Health Medical Director has taken a leadership role among the five MCOs in Louisiana to try to strengthen the network of available eating disorder services.

Notwithstanding, Emma's Plan of Care will potentially include the services and supports outlined in Emma's Plan of Care Components to Meet Her Acute and Chronic Health Needs table to address her health needs, supporting an integrated care delivery model for Emma. Our integrated care approach ensures that Emma's providers can, regardless of the service type, exchange information (with Emma and her parents' consent), secure prior authorizations, and bill directly.

Emma's Plan of Care Components to Meet Her Acute and Chronic Health Needs

Components	Details
Access to Needed Services	In addition to PRTF and intensive outpatient services, the Case Manager will work with Emma and her family to connect her to services that her providers deem are necessary to treat her condition. These include: • **Nutritionist With Eating Disorder Experience/Specialization** — The Case Manager will conduct a search for nutritionists who specialize in eating disorders in adolescent girls. If no nutritionists can be found, the Case Manager will identify nutritionists who may not be in the area but are able to provide care via telemedicine and present that option to Emma and her family; help her to secure an appointment; and work with her to explore telemedicine options. • **Behavioral Health Specialists With Eating Disorder Experience/Specialization** — As with the nutritionist, the Case Manager will assess if there are behavioral health specialist options experienced in anorexia nervosa (including Psychiatrist, Psychologist, Medical Psychologist, or licensed Social Worker) closer to Emma's home (including a local mental health center/local government entity, mental health rehabilitation, or functional family therapy) and, if not, will consider telemedicine options with Emma and her family. The Case Manager will also assess if access to transportation is a barrier. Most likely, however, the actual travel time is a barrier for Emma's parents since they may have to miss work for appointments. If access to transportation is a barrier, the Case Manager will arrange for transportation to and from appointments. • **Physical Health** — The Case Manager will work with providers to ensure that the physical health impact of Emma's eating disorder (amenorrhea, electrolyte imbalance, etc.) is being addressed, along with the behavioral health aspects. • **Personal Safety** — Emma's Case Manager will work with her parents to help ensure Emma's personal safety. The Case Manager will work with Emma's parents to advise on at-home mitigation measures to prevent injury from fainting (Emma's condition caused her to be light-headed) and to safeguard medications, especially laxatives and anti-emetics, to prevent/limit misuse. The Case Manager and Emma's providers will also provide education to Emma and her family on the need to prevent excessive exercise, which is especially risky given her history of electrolyte imbalance. The Case Manager will also ensure that Emma's parents have the information for local Behavioral Health Crisis Services and Nurse Line, if warranted. • **Oral Health** — The Case Manager will work with the pediatrician to monitor and assess if oral health services are needed, should there also be a history of self-induced vomiting. If so, the Case Manager will help Emma access services. • **Connection to CSoC After Behavioral or Physical Health Hospitalization or PRFT** — As described previously, Emma and her parents will be offered CSoC as the first option for intensive behavioral health outpatient services. If they accept CSoC support, Emma's AmeriHealth Caritas Louisiana Case Manager and our Behavioral Health Medical Director will coordinate with the CSoC Liaison regarding Emma's condition and progress to ensure that physical health needs are met and participate in transition activities when needed. If they decline, AmeriHealth Caritas Louisiana will provide her with Transitions in Care support through case management, including our Community Care Management Team (CCMT).

Components	Details
Connection to Support Services	• **Connection to Family Therapy and Parental Support** — The Case Manager will work with Emma and her family to ensure access to family therapy, since treatment is focused on the individual with a strong family emphasis. To further support Emma's family, the Case Manager will also provide written material on and connect Emma's parents to parental support services (e.g., support groups and therapy for the parents). If no support groups are available locally, the Case Manager will explore remote group options and resources and assist Emma and her parents to select a program that fits. If Emma receives CSoC services, this effort would be led by the CSoC contractor. • **Social Supports For Emma** — The Case Manager, coordinating with CSoC if Emma is enrolled, will work with Emma, her family, and (with permission) her school to ensure that Emma is maintaining a healthy peer group and relationships and ensure the absence of bullying. The Case Manager will provide Emma and her family with support strategies for family intervention, if needed.
Coordination With School	• With permission from Emma and her parents, the Case Manager will engage with her school to address and coordinate any educational needs related to missing school (e.g., plans to make up work at home) and further support in the school environment.

Implementation

Emma's Case Manager will oversee the implementation of her Plan of Care for any of Emma's covered services. The Case Manager will work with the CCMT (including her AmeriHealth Caritas Louisiana CHN, RN, and social worker) to help to ensure timely access to services; schedule transportation, if needed; connect Emma to health-related programs identified in her Plan of Care; connect Emma and her family members to SDOH resources; address any care gaps; facilitate medication management; and coordinate care Emma receives from multiple providers and agencies. The Case Manager will provide and offer psychoeducational materials and utilize motivational interviewing to determine and discuss Emma's current state of readiness for change. In addition to providing Emma with coaching support, the Case Manager will also provide support to Emma's parents including ongoing coaching and education.

Monitoring

Given Emma's diagnosis and poor health condition, close monitoring and rapid intervention when there is regression will be critical for her care. The Case Manager will establish a regular contact schedule for follow-up with Emma and her parents based on their needs and preferences, meeting face-to-face at least monthly. Emma's Case Manager will also maintain regular contact with her providers to monitor and provide updates, including facilitating case management meetings monthly or more frequently, depending on Emma's condition. In addition, the Case Manager will receive alerts from our care management system based on ADT data, as well as UM triggers and approvals for inpatient or ED experiences. These events will alert the Case Manager if Emma's condition may have changed and additional outreach is needed. If Emma is enrolled with CSoC, her Case Manager will receive regular updates (at least monthly) regarding her status. If Emma's condition worsens and she needs additional hospitalization, our UM team will engage Emma's Case Manager to assist with her discharge planning, serving as her Transitions of Care Coordinator. Given Emma's challenges with accessing providers near her home that specialize in eating disorders, the Case Manager will continuously work with her and her providers to monitor her access to care in-person and/or via telemedicine to determine if it addresses her barriers to care or is otherwise meeting the needs of Emma and her family.

2.6.7.9

Overview of Our Approach in Caring for Allen

AmeriHealth Caritas Louisiana's approach to address a case like the one presented by our enrollee, Allen, would be informed and guided by the points noted below.

Core Care Team	• Allen. • PCP/PCP Care Coordination Team. • AmeriHealth Caritas Louisiana Case Manager. • CCMT with CHN and other staff. • Hematologist and Pain Specialist. • AmeriHealth Caritas Louisiana Pharmacist.
Care Management Priorities	• Connect Allen with a Hematologist and PCP experienced in supporting enrollees with SCD. • Assess as needed for underlying behavioral health issues. • Support referral management/access to specialty appointments. • Priority SDOH screening to identify additional SDOH needs. • Enroll in Tier 3 Intensive Care Management for High-Risk Enrollees/SCD Disease Management. • Facilitate access and provide coordination to needed services. • Build trust and improve access to care via Case Manager and CHN support.
Resources and Infrastructure to be Leveraged	• Case Management. • Hematologist and/or PCP experienced in supporting patients with SCD who can also build trust with Allen. • Rapid Response Team. • SCD Symptom and Pain Medication Management. • Disease specific programs and education (e.g., Living Healthy with Sickle Cell Disease brochure, SCD Workgroup/Peer Support). • Respite Care Value-Added Benefit (if criteria are met). • SafeLink Wireless®/TracFone® cell phone program. • AmeriHealth Caritas Louisiana Housing Coordination. • Whole Health Action Management (WHAM) referral, if warranted. • Care Extender referral if warranted.
Appropriate MCO Covered Services	• PCP. • Specialty Services (Hematology, Vascular Care, Orthopedics, and Pain Management). • Pharmacist. • Housing Specialist. • Respite Value-Added Benefit. • Embedded Case Manager/CHN/ Social Worker. • Peer Support Specialist/Care Extender (if behavioral health concern is identified).
Root Cause/ Drivers	• Potential quality-of-care issue due to insufficient cultural competency training of providers and support staff. • Neglect issue due to fragmented care. • Poor medication adherence due to lack of PCP. Other SDOH issues exacerbated by housing instability and lack of mobile communication.

Addressing Allen's Needs

AmeriHealth Caritas Louisiana assists enrollees similar to Allen by providing individualized person-centered care, focusing on the unique challenges, needs, preferences, and cultural background of each enrollee. We have strong experience in the care management of enrollees with sickle cell disease (SCD) and their accompanying sequela and work collaboratively with our enrollees to initiate care, connect them to needed services, and remove barriers that prevent them from living a healthy productive life. Allen's AmeriHealth Caritas Louisiana Case Manager will help him connect immediately to providers that are experienced in working with his specific physical, social, and any latent behavioral health care needs; resources; and community supports that will inform his Plan of Care. In order to initiate and address Allen's needs, we would use six essential phases, including identification, engagement, assessment, care planning, implementation, and monitoring.

Identifying and Engaging Allen in Care Management Options

AmeriHealth Caritas Louisiana takes a multi-channel approach to screen for, identify, and address our enrollees' physical, behavioral, and social needs — including enrollees with persistent and/or untreated medical issues — through our established systems and our Population Health Management Case Management process. This includes our data-driven predictive modeling and risk stratification process, referrals from a wide variety of sources, and our health needs assessment (HNA). We are able to identify enrollees similar to Allen who receive episodic care in the ED, by leveraging available data sources, including the real-time admission, discharge, and transfer (ADT) feeds we receive from the Louisiana Health Information Network (LHIN), which informs our predictive modeling and care management systems. In this scenario, we would likely be alerted to Allen's condition by ADT hospitalization alerts following his past ED visits. This notification would trigger a referral to our care management program.

Following identification (regardless of the method/input), Allen is connected to the AmeriHealth Caritas Louisiana care management program for outreach and engagement. Allen's diagnosis of SCD, as well as his recent ED visits and social determinants of health (SDOH) needs, qualify him for our Tier 3 high-risk Intensive Case Management program, which helps ensure timely access to care for enrollees with multiple comorbidities and conditions and integration of physical and behavioral health care, pharmacy, and services to address psychosocial and environmental needs. In order to address these needs, we develop the steps necessary to inform his Plan of Care. Allen's AmeriHealth Caritas Louisiana Case Manager will use multiple methods to support the ongoing engagement of Allen in this program, including gaining Allen's trust and meeting him where convenient.

Assessing Allen's Needs

An AmeriHealth Caritas Louisiana Case Manager will begin reviewing documents, including Allen's hospitalization reports/analysis; primary care and specialists reports; and medication utilization/history. The Case Manger will schedule a time to meet with Allen to complete a comprehensive assessment to obtain more detail about his physical health, behavioral health, SDOH, and other needs; providers and other entities involved in his care; and services and supports already in place. Considering that Allen is a young man with a serious chronic illness and multiple debilitating sequelae resulting from illness complications, we will inquire and perform assessments to define how the illness and its sequelae have affected his physical and behavioral health. He feels distanced from his health team and experiences a lot of pain and compromised health. Allen may have an unspecified trauma-stressor-related disorder secondary to his SCD and perhaps other behavioral needs, in which case he may benefit from behavioral health services. We will assess all of Allen's issues in an empathic and respectful manner, as part of our normal assessment process, with additional follow-up assessments conducted as necessary. The Case Manager completes condition-specific health risk assessments and a housing assessment with Allen's permission. Allen's Case Manager would also connect him with a Community Health Navigator (CHN), who lives in the community they serve, or the Community Care Management Team (CCMT), who would establish and build a relationship with Allen so he can begin to restore his trust in the health care system and get the care he needs. During the assessment, the Case Manager identifies that Allen is lacking phone access and stable housing and is not connected with a primary care provider (PCP) or specialist to care for his SCD. The Case Manager documents these findings in our integrated care management platform as the basis for developing Allen's individualized, person-centered Plan of Care.

Developing a Person-Centered Plan of Care

The Case Manager, with Allan's input and involvement, leads the process to develop a person-centered Plan of Care organized around and prioritizing the strengths and personal goals Allan identifies for himself. His Plan of Care will be developed within 30 days and incorporate medically necessary services, care coordination activities, trust building with providers, and supports to address the full spectrum of Allen's clinical, social, and other needs. We develop the Plan of Care using a multidisciplinary team approach, led by Allen's Case Manager, who will serve as the key individual working with the enrollee. Allen's Plan of Care will potentially include the services and supports outlined in Allen's Plan of Care Components to Meet His Acute and Chronic Health Needs Summary table to address his health needs.

Allen's Plan of Care Components to Meet His Acute and Chronic Health Needs Summary

Component	Details
Access to Needed Services	**The Case Manager will work with Allen to connect him to services necessary to treat his condition. These include:** **Specialty Care** — The Case Manager will support connection to and communication among specialists identified as necessary to manage Allen's chronic conditions. These potentially include a hematologist, orthopedist, and pain management. If a hematologist is unavailable due to Allen's location (for example), then a PCP with experience in managing the effects of SCD would be selected to manage Allen's care throughout. **Primary Care** — The Case Manager will work with Allen and his hematologist to connect with a PCP who has experience in treating enrollees with SCD and specific cultural backgrounds. Allen is advised to see his PCP every 6–12 months. **Pain Management** — Allen's Case Manager will coordinate with his hematologist to connect with a pain specialist to address his chronic pain. The specialist and hematologist work together to develop an SCD symptom management plan, including steps that Allen will take to manage his specific symptoms. Allen may be advised to hydrate regularly, exercise appropriately, take recommended pain medications, or try alternative pain management approaches, such as massage, heating pads, physical therapy, relaxation methods, or acupuncture. Allen is instructed to call his hematologist or the on-call hematologist when he has new symptoms to discuss their recommendations on next steps. **Behavioral Health**— Allen's SCD diagnosis places him at risk for depression, substance use disorder for pain management, and trauma-stressor-related disorders secondary to his impaired health, as the literature suggests (see S.S. Adam et al., 2017 and J.D. Wilson et al, 2020). The Case Manager will continually assess for behavioral health issues (such as the Patient Health Questionnaire-9 for depression, as part of the standard assessment process) and will refer Allen to counselling services that best meet his needs should any concerns arise. Other supportive methods for Allen include joining an SCD peer support group, working with a provider on coping methods for pain, supportive counseling, and prescribing antidepressants, if clinically indicated. **Community Care Management Team** — Allen may be referred to CCMT, which provides high-touch, face-to-face engagement for high-risk enrollees with intensive care needs. Our CCMT coordinates with community providers with the goal of helping Allen receive the right evidence-based care, in the right place, at the right time, and decreasing potentially preventable ED visits. They also promote Allen's self-management skills through encouragement and coaching for chronic disease management. The team, led by a medical director and consisting of Case Managers, CHNs, and a social worker, employs a person-centered care approach to case management and care coordination to help Allen navigate access to needed medical, behavioral health, and social services. **Medication Review** — Allen's Case Manager will work with his hematologist/PCP, AmeriHealth Caritas Louisiana pharmacist, and CCMT staff to remove barriers and help obtain the medications prescribed and needed by Allen, such as hydroxyurea or the newer inhibitors of deoxygenated sickle hemoglobin polymerization. If Allen requires medication administered by infusion, we will

Component	Details
	collaborate with the housing specialist and others to arrange for infusion to be administered at his home or the location of his choosing. We will collaborate with the PBM to monitor and facilitate prior authorization review if a change to Allen's medication regimen is recommended. **Peer Support** — Depending on his behavioral health assessments and wishes, Allen may be referred to a WHAM program. Led by a Peer Support Specialist, Allen would develop an action plan for how to establish increasing autonomy in managing his illness. **Transitional Care** — If Allen's orthopedist recommends surgical interventions to treat Allen's joint damage, followed by inpatient rehabilitation and Home Health services, Allen's Case Manager coordinates with the multidisciplinary team to support timely scheduling and referrals to needed services. The Case Manager coordinates with Allen, the orthopedist, rehabilitation staff, and Home Health to develop a comprehensive transition plan to support recovery from surgery as he returns to his home. Allen's Case Manager is alerted during any future hospital visits and works with his multidisciplinary team on follow-up care and SDOH resource referrals to transition Allen back into his community.
Connection to Support Services	**SDOH Support for Allen** — The Case Manager will reassess Allen's needs and refer him to appropriate supports using our resource platform, Aunt Bertha. The Case Manager will identify key social needs like material security, income, education, transportation, and housing, using an SDOH Assessment, and will refer Allen to appropriate community-based organizations for services, and government agencies for public benefits like SSI and SNAP. **Address Unstable Housing** — Allen's Case Manager will connect him with our Housing Specialist to perform a Housing Services Assessment and refer him to appropriate housing resources to stabilize his living situation and secure more permanent housing that includes ground-level options and housing features (due to his orthopedic complications), if necessary. His housing instability and lack of other supports in the home or community could be reasons for utilization. If Allen's housing situation remains unstable, referral to the Respite Care Value-Added Benefit may provide the short-term post-acute care he needs to better manage his SCD symptoms, when a trip to the hospital is not needed. **Respite Care Value-Added Benefit** — Based on his history and needs drawn from the Housing Services Assessment, Allen could qualify for the Respite Care Value-Added Benefit, which provides short-term, post-acute care in a safe and supported environment where he can receive care when hospitalization is not needed. Referral to this program would be made by the Medical Director in coordination with the Housing Specialist, the Medical Management Coordinator, and the Case Manager. We will explore follow-up by the respite care partner or Allen's Case Manager as part of our evaluation of program efficacy, by SDOH assessments, predictive impact of care management services list, etc. **Connect to Mobile Phone Access** — Allen is referred to the SafeLink Wireless®/TracFone® mobile phone program to receive a mobile phone with free minutes. The Case Manager enters Allen's new mobile phone number into Allen's electronic care management record so that they can stay in regular contact with Allen. Allen can then communicate through text, video, social media, and/or other digital technologies or platforms.

Implementing Allen's Plan of Care

Allen's Case Manager, responsible for overseeing the implementation of Allen's Plan of Care, works with his entire care team to help ensure timely access to services; schedules/facilitates all appointments; connects Allen to SDOH resources (housing, food, support groups); and coordinates care among Allen's multiple providers. Allen will be provided with intensive case management support, including monthly multi-disciplinary meetings, formal in-person quarterly re-assessment, home environment re-assessment, SDOH priority re-assessment, and CHN support, as needed. The multidisciplinary team determines that Allen requires focused attention to address his clinical and social needs and to progress towards self-management. On an ongoing basis, the Case Manager follows up with Allen monthly, either

telephonically and/or in-person; conducts in-person quarterly re-assessments to monitor Allen's progress toward his self-directed goals and provides support; and helps track monthly Plan of Care updates for Allen and his hematologist. Depending on a potential behavioral health diagnosis from our health assessments, the Case Manager may refer Allen to appropriate behavioral health resources, the CCMT program, and/or a Peer Support Specialist-led group intervention to help Allen assume greater resiliency, autonomy, and self-advocacy in his health care.

Monitoring the Plan of Care

Allen's Case Manager will monitor his health and progress toward achieving the goals set forth in his Plan of Care. Given Allen's SCD and recent ED visits, close monitoring of Allen's progress will be important. The Case Manager contacts Allen once a week by phone and coordinates with the CHN, who conducts one monthly in-person meeting as agreed upon during the multidisciplinary team meeting. Allen's Plan of Care will be updated monthly, and formal in-person quarterly reassessments will be completed. Should Allen experience any future hospitalizations, Allen's Case Manager assumes a transition care coordination role to help make Allen's transition back home as seamless as possible, by providing him with the supports he needs on day one. The Case Manager also regularly interfaces with available resources in the State, including the Louisiana Department of Health/Bureau of Family Health Genetic Diseases Program and Regional Sickle Cell Clinics and Foundations.

Systems and Policies to Promote Health Equity for Allen

The disconnect Allen has experienced with his providers has exacerbated his SCD complications and resulted in fragmentary care, poor medication adherence and pain management, and unaddressed SDOH needs. Our Health Equity Administrator, Lori Payne, MHAc, helps ensure that systems and policies with a health equity focus are in place for Allen and all of our enrollees. We have outlined a variety of ways to promote greater equity in Allen's care. We address this potential quality issue by opening a complaint investigation and grievance review on Allen's care including follow-up and possible provider education. We search for an alternative provider or office staff with greater cultural cohesion, cultural competency, and/or SCD experience, preferably a hematologist. Allen's Case Manger works with the hematologist to build a multidisciplinary care team to address the fragmented care that Allen has experienced. Specialists on the team will address Allen's sequelae, including orthopedists and pain specialists. The Case Manager, trained in motivational interviewing and active listening, builds trust with Allen, and inquires and perform**s** assessments to define how the illness and its sequelae have affected his overall health. Our Case Manager and pharmacist will work with Allen, his hematologist, and pain specialist to develop a treatment plan that Allen can follow. Finally, the Case Manager will work with Allen to develop an SDOH support plan providing resources for cell phone acquisition and housing, such as coordinating affordable housing in a comfortable, non-discriminatory neighborhood.

Additional system-wide changes to address health equity include:

- **Provider training** could consist of ED diversion practices; best practices to support care and deliver mitigation responses; bias and antiracism guidance.
- **Staff training** on unconscious bias, antiracism, health equity, and active listening.
- **Data mining** to identify inequity and quality improvement processes to address findings and implement solutions.
- **Direct health equity support** by developing solutions with health equity by design.
- **Support overall need to address discrimination** in health by providers, doctors with SCD experience, and support for providing resources for additional community/post-hospital support.

2.6.7.10

Overview of Our Approach in Caring for Madison

AmeriHealth Caritas Louisiana's approach to address a case like the one presented by our enrollee, Madison, would be informed and guided by the points noted below.

Core Care Team	• Madison. • Madison's family members and/or significant others (if desired). • AmeriHealth Caritas Louisiana Bright Start® Case Manager.	• High-risk Obstetrician. • Behavioral Health Specialist. • SUD treatment provider able to treat pregnant women. • PCP.
Care Management Priorities	• Ensure coordinated and integrated care delivery. • Address personal safety issues. • Connect to obstetrician. • Connect to treatment providers offering services for co-occurring mental health issues and SUD appropriate for pregnant women. • Demonstrate progress toward mental health stability. • Secure stable housing.	• Ensure transportation to services. • Assess for additional physical, behavioral, and or/social support and services. • Linkages to emotional/social supports, including parenting support. • Connect to regular primary care. • Connect to pediatric care for newborn. • Provide education regarding NARCAN®, neonatal abstinence syndrome, and family planning options.
Resources and Infrastructure To Be Leveraged	• Bright Start Maternity Program. • Perinatal CHNs/Doula to provide longitudinal home visiting program services (VAB). • Peer Support Specialist. • ACT.	• Louisiana Mental Health Perinatal Partnership (LAMHPP). • Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). • Food as Medicine. • Housing support.
Appropriate MCO Covered Services	• Primary care. • High-risk OB/GYN. • Psychiatry, counseling/therapy services for co-occurring illnesses.	• SUD treatment (including MAT). • NEMT.
Root Causes/ Drivers	• Lack of access to/use of obstetrics, primary care, mental health services, and SUD treatment. • Psychiatric instability.	• SUD. • Unstable housing. • Lack of transportation.

Systems to Identify Enrollees

AmeriHealth Caritas Louisiana uses a multi-channel, no wrong door approach to identify enrollees who may need care coordination. This includes our data-driven predictive modeling and risk stratification process, referrals from a wide variety of sources, and our health needs assessment (HNA).

Data-Driven Identification — We are able to identify enrollees similar to Madison, who receive episodic care and/or are disconnected from the health care system, by leveraging available data sources, including data from the Louisiana Health Information Network (LHIN) and the real-time admission, discharge, and transfer (ADT) feeds we receive to inform predictive impact modeling within our care management services system. In Madison's case, the likely route of identification will be a health information exchange (HIE) notification from the ED that she frequents, triggered by her diagnosis and pregnancy status. If pregnancy status is not indicated, we will still be alerted to Madison by the

frequency of ADT alerts for the ED. We also receive a weekly stratification report of enrollees who have had a pregnancy test in the health care setting, which may have been done in Madison's case at the ED, as well as claims with a pregnancy diagnosis. Given Madison's substance use disorder (SUD), we may also identify her based on an analysis of opioid pharmacy claims (high-risk opioid medications). Any of these notifications where Madison's pregnancy are known will trigger referral to our Bright Start program, which provides case management for pregnant enrollees.

Referrals — We also identify enrollees such as Madison through internal and external referrals, as well as enrollee requests. Internal referrals may come through enrollment services staff, the 24/7 Medical Advice Line, the Behavioral Health Crisis line, Grievance Coordinators, our Rapid Response Team, care coordination staff, or utilization management staff working with enrollees, family members, and internal and external providers (including hospitals). External referrals may come from providers, community organizations, or state agencies. Providers are notified of the availability of care management services and how to refer enrollees through our network staff during new provider orientation, ongoing training, provider newsletters, and our website. We also inform other entities serving our enrollees of how to refer for care coordination. Enrollees and their families may also request care coordination support. We inform enrollees about the availability of care coordination in enrollee materials, on the enrollee web portal, in the welcome call, and in newsletters.

HNA — If Madison is a new enrollee, her HNA would be triaged based on clinical presentation and need. If her pregnancy is known, an HNA will be prioritized and completed no later than 30 days after identification. The HNA data is entered into our care management system, which uses this preliminary health and functional needs information to identify enrollees who require further evaluation. The system sends an automatic notification to our Case Managers for enrollees who require additional assessments and/or interventions, such as screening for behavioral health (including serious mental illness [SMI]) and substance use. If Madison is pregnant at the time of the screening, the system will trigger an automatic notification and outreach to our prenatal care management program, Bright Start.

Steps to Address Enrollee Needs

In order to address Madison's needs, we will use our process of engagement, assessment, and care planning to obtain Madison's buy-in and consent to case management and understand her needs to develop the steps that will inform her Plan of Care. With Madison's complex clinical condition, she will be categorized as Tier 3 in our high-risk domain, per **Section 2.7.5.1** of the Model Contract. Due to her pregnancy, she will be enrolled into our Bright Start program, which will provide Madison with intensive case management through all phases of pregnancy and the postpartum period. Within each Tier, we stratify enrollees by behavioral health and primary care needs for case management assignment. Madison will fall into Quadrant 4 of our case management triage model (i.e., high behavioral health and high physical health needs) and, therefore, will be assigned a Bright Start Case Manager with strong behavioral health and physical health experience. The Bright Start Case Manager (who will also have a labor and delivery background) will provide Madison with support and engage her using motivational interviewing strategies that have been designed for dual diagnosed individuals and readiness for change strategies. The Bright Start Case Manager will schedule a time to meet with Madison to complete a comprehensive maternity assessment and obtain more detail about her physical and behavioral health (including SMI), social determinants of health (SDOH), and other needs; providers and other entities involved in her care; and services and supports already in place. The Bright Start Case Manager will collect the data in our integrated care management platform for use as the basis for developing

Madison's individualized, holistic, person-centered Plan of Care, with Madison's input and around her strengths and goals. Given Madison's circumstances, AmeriHealth Caritas Louisiana would recommend the steps identified on the Summary of Madison's Identified Services and Supports table to address her needs, listed in priority order:

Summary of Madison's Identified Services and Supports

Identified Need	Supportive Services and Interventions
Safety Concerns	SUD and partner violence are the leading causes of maternal mortality in Louisiana, and Madison's history of drug intoxication is a serious concern. As such, Madison's Bright Start Case Manager will assess Madison's environment and develop a strategy with her to ensure her personal safety, including providing access to and education regarding the use of NARCAN®.
Obstetric Needs	The Bright Start Case Manager will work with Madison to identify and schedule an appointment with an OB/GYN who has experience treating women with co-morbid mental health issues and SUD. Should there be no OB/GYN providers with this experience, the AmeriHealth Caritas Louisiana network has two contracted specialized opioid use disorder (OUD) clinics that accept and treat pregnant women who have OUD (including polysubstance use, such as in Madison's case) who could provide treatment and/or actively consult with any OB/GYN to ensure that Madison has the specialized and coordinated care she needs. The Bright Start Case Manager can also connect Madison's providers to educational resources, such as those offered by the Louisiana Mental Health Perinatal Partnership (LAMHPP), through which psychiatrists and mental health professionals provide consultation and support to primary perinatal health care clinicians in the implementation of first-line mental health and SUD management, including for OUD, and effect referrals to additional community resources. The LAMHPP will give Madison's providers real-time consultation resources, including web-based resources and provider trainings. The Bright Start Case Manager will assist Madison with appointment reminders for upcoming visits and assist her with scheduling transportation. With Madison's consent, the Bright Start Case Manager will also share Madison's Plan of Care with the new OB/GYN and connect the provider to her care team.
Behavioral Health Needs	Ensuring Madison's psychiatric stability will be a critical component to successfully engaging Madison in her care. The Bright Start Case Manager will work with Madison to identify and connect her with a behavioral health provider, which may include a local mental health center/Local Governing Entity (LGE). The Bright Start Case Manager will assist Madison with scheduling an appointment and arranging transportation. With Madison's consent, the Bright Start Case Manager will also share Madison's Plan of Care with the new behavioral health provider and connect the provider to her care team. Part of the coordination of care within Madison's care team may include the management of any psychotropic medications that may be prescribed for Madison to treat her mental illness to ensure that they are safe for pregnancy. Based on the provider's and care team's inputs and Madison's goals, the Bright Start Case Manager may also connect Madison to additional behavioral health programs and services, including referrals to assertive community treatment (ACT), which Madison's psychiatric needs would likely suggest.
Services for Pregnant Women with Co-Occurring SUD	Madison's Bright Start Case Manager will discuss with Madison psychiatric stability and SUD treatment options that are appropriate for pregnant women, including treatment for withdrawal, inpatient substance use rehabilitation, and an SUD intensive outpatient program (IOP). Madison will be provided with information about medication-assisted treatment (MAT) for OUD. Madison's Bright Start Case Manager will also discuss options with her that are related to the continuum of SUD services and supports, including sober living homes, parenting classes, ACT, or IOPs with an SUD provider knowledgeable and skilled in the treatment of OUD and poly-SUD in pregnant women. Madison's Bright Start Case Manager and her care team will assist her in selecting and securing the appropriate

Identified Need	Supportive Services and Interventions
	treatment program based on her clinical history and presentation, readiness level, and circumstances. For Madison, a Peer Support Specialist may also be a valuable component of her care team — people with mental health issues and/or SUDs have a unique capacity to help each other based on a shared lived experience. To augment her care team and provide further SUD support, Peer Support Specialist services will be offered to Madison through AmeriHealth Caritas Louisiana or an LGE, as appropriate.
SDOH Needs	The Bright Start Case Manager will work with Madison to address SDOH needs based on her priorities and preferences. Madison's needs related to stable housing and transportation are critical to address if she is to be successful in obtaining the care she needs to become healthy and have a successful pregnancy. Madison's Bright Start Case Manager, will assist with securing stable housing by activating AmeriHealth Caritas Louisiana's Housing Specialist to identify and secure short- and long-term housing options, including recovery housing. The Bright Start Case Manager will also assess Madison's nutritional needs, helping her to apply for Supplemental Nutrition Assistance Program benefits (should she agree), if she does not already receive them, and connecting her with a Food as Medicine program to provide home-delivered meals (or delivered to the address of Madison's choice). Madison's Bright Start Case Manager will also secure reliable non-emergency medical transportation to medical appointments by connecting to the transportation vendor.
Additional Prenatal Services and Supports	The Bright Start Case Manager will connect Madison to options for comprehensive, evidence-based, longitudinal home-visiting programs, per **Section 2.6.3.1.8** of the Model Contract. If this is Madison's first pregnancy, she will be referred to the Nurse-Family Partnership, a home-visiting program that can support pregnant women with SUD. She will also be eligible to receive support from our Perinatal Community Health Navigators (CHNs) or doulas, who will provide at-home visits for Madison while she is pregnant and postpartum. The Bright Start Case Manager will also ensure that Madison receives our value-added benefit **Safe Place for Baby to Sleep**, which will provide her with a cribette and sheet at no cost for her baby and is connected to our community baby shower program. During her pregnancy, the Bright Start Case Manager will connect Madison to parenting classes to support her skills development, extending into the postpartum period and the baby's first year of life. Additionally, Madison will have access to the **Keys to Your Care interactive text messaging service** through which she will receive twice-weekly educational messages, encouragement to keep obstetrician appointments, and additional information based on her replies to the texts.
Primary Care	With Madison's complex needs and necessity for coordination, establishing a primary care medical home is important. The Bright Start Case Manager will work with Madison to identify and select a primary care provider (PCP), schedule an appointment, and arrange for transportation. With Madison's consent, the Bright Start Case Manager will also share with the new PCP Madison's Plan of Care and connect the PCP to her care team. This includes sharing information — with Madison's consent — regarding the names and contact information of her behavioral health specialists, SUD provider, and OB/GYN to ensure all providers are aware of and can contact one another. Consent will include additional signatures required for the disclosure of SUD information. In addition to Madison's primary care, the Bright Start Case Manager will also work with Madison to identify a pediatrician for her baby.
Family Planning	Finally, the Bright Start Case Manager will work with Madison to provide education about family planning, including contraception options for post-pregnancy. Should Madison be interested, the Bright Start Case Manager can refer Madison to speak with her PCP or OB/GYN regarding contraceptive options, including long-acting reversible contraceptives, which could be inserted immediately after delivery, should Madison choose to do so.

Implementation and Monitoring

Madison's Bright Start Case Manager will oversee the implementation of Madison's Plan of Care, which will include establishing person-centered, short-term, and long-term goals; helping to ensure timely service delivery and access; scheduling or facilitating appointments; arranging transportation (if needed); connecting Madison to health-related programs identified in her Plan of Care; connecting Madison and any of her family members and/or significant others to SDOH resources, if desired; addressing any care gaps; facilitating medication management (e.g., delivery, consultation with internal pharmacy team); and coordinating the care Madison receives from multiple providers and agencies to avoid future institutionalization and adverse outcomes. Madison and her care team, coordinated by her Bright Start Case Manager, will have in-person Case Management meetings at least monthly, or more frequently, as needed, within Madison's Plan of Care. A formal in-person re-assessment will be completed by the Bright Start Case Manager quarterly. In addition to providing Madison with coaching support, the Bright Start Case Manager will also provide support to any of Madison's significant others or family (if desired). This includes ongoing coaching and education on the importance of annual exams and other preventive health activities/screenings. The Bright Start Case Manager will also provide support to Madison's care team to ensure that they are informed regarding her care by coordinating integrative rounds with Madison's health care providers.

Connection to Care for Newborn

Our integrated model of care ideally positions us to support Madison and her baby's successful start in life. In order to ensure that Madison's newborn is linked to a pediatrician, Madison's Bright Start Case Manager will work with her prior to birth to identify a pediatrician, ideally one that has experience with neonatal abstinence syndrome, given Madison's history and diagnoses. This outreach will occur in the third trimester to ensure that the pediatrician is selected at least 60 days prior to birth. In addition, due to Madison's SUD history, the Bright Start Case Manager will provide education to Madison regarding the possibility of the baby having neonatal abstinence syndrome and a possible neonatal intensive care unit (NICU) stay post-birth.

Because of Madison's SUD history, the infant may have been exposed to opioids in utero and will be tested by the hospital. If the infant is positive for opioids or other substances, as a mandatory reporter, the hospital will report the results to the Department of Children and Family Services (DCFS). Madison's Perinatal CHNs will work with DCFS to track the status of Madison's baby’s case and support Madison through the DCFS investigation process.

The Bright Start Case Manager will coordinate with the pediatrician to treat Madison and her baby. Following birth, there will be a number of supports to ensure that the baby receives the recommended preventive care visits and services. The Bright Start Case Manager will assist with appointment tracking, scheduling, and arranging transportation, if needed. If Madison is enrolled in the Nurse-Family Partnership, Madison's assigned nurse will also assist with appointment scheduling and follow-up, emphasizing the importance of developmental screenings. Madison's Perinatal CHN will also continue to provide at-home visits and support connection to her baby's pediatrician. If the baby is admitted to the hospital NICU, the NICU Case Manager will become part of Madison's Care Team and will also follow the infant and assist with pediatric appointment scheduling.

2.6.7.11

Overview of Our Approach in Caring for Donna

AmeriHealth Caritas Louisiana's approach to address a case like the one presented by our enrollee Donna would be informed and guided by the points noted below.

Core Care Team	• Donna. • Donna's family (if desired). • AmeriHealth Caritas Louisiana Integrated Case Manager.	• PCP. • Behavioral Health Specialists, counselors/ therapists.
Care Management Priorities	• Connect to regular primary care. • Connect to Behavioral Health Specialists. • Connect to specialists related to chronic conditions (if needed). • Assess for additional physical, behavioral, and/or social support and services.	• Assess for readiness/connection to tobacco cessation services. • Connect to family/social supports.
Resources and Infrastructure To Be Leveraged	• Case Management. • Peer Support Specialists. • CHNs. • Mental health-intensive outpatient programs.	• Disease-specific programs (e.g., Control Your Diabetes, Control Your Destiny; Heart Healthy; Make Every Calorie Count; Living Beyond Pain; Louisiana Tobacco Quitline).
Appropriate MCO Covered Services	• Primary care. • Specialized behavioral health. • Specialty care as needed (e.g., podiatry, cardiologist, etc.).	• Pain management. • Tobacco cessation.
Root Causes/ Drivers	• Multiple chronic conditions not properly managed. • Potential knowledge deficit regarding benefits, availability of services, proper use of ED.	

Understanding the Use of Acute Care

AmeriHealth Caritas Louisiana will conduct a root cause analysis to understand the reasons behind Donna's use of acute care. Donna, with multiple chronic conditions, a serious mental illness behavioral health diagnosis, and high ED utilization, qualifies as a member of the Department of Justice (DOJ) Agreement At-Risk population. Donna's assessment process and root cause analysis will include:

- **Review of Case History** — We will review documents, including Donna's hospitalization reports; primary care, behavioral health, and specialist reports (if any); and medication utilization.
- **Comprehensive Assessment** — Donna's assigned Case Manager will schedule a time with Donna to complete a comprehensive assessment to obtain more detail about her physical health, behavioral health, social determinants of health (SDOH), and other needs; providers and other entities involved in her care; and services and supports already in place. Due to Donna's circumstances, the Case Manager will also complete condition-specific health risk assessments, including the Patient Health Questionnaire (PHQ)-2 and PHQ-9 for depression, chronic condition assessments (including diabetes and heart disease), and SDOH assessment. Donna's Case Manager will also arrange for a home environment assessment for Donna, with her consent. Finally, the Case Manager will also assess if COVID-19 concerns are a contributing factor to lack of accessing preventive and routine care. Based on this assessment, Donna will be in our Tier 3 high-risk domain and eligible for our Intensive Case Management program, per **Section 2.7.5.1** of the Model Contract, which follows DOJ guidance.

- **Relationship Building** — Donna's Case Manager will connect her with a Community Health Navigator (CHN), an associate who lives in her community and will establish and build a relationship with Donna to get her direct, unstructured input regarding the circumstances that contribute to her use of acute care. Both Donna's Case Manager and CHN will employ active listening and motivational interviewing as primary engagement tools.

The Case Manager will collect the findings from these efforts and enter the data into our integrated care management platform, where it will be used to inform discussions in multidisciplinary rounds regarding the root cause of Donna's acute care usage. The results of the root cause analysis and recommendations inform Donna's Case Manager in the development of an individualized, person-centered Plan of Care, including specific strategies to reduce the unnecessary use of acute care.

Addressing Donna's Identified Needs

Our Complex Care Management program will help ensure that Donna has timely access to care, integrating physical and behavioral health care, pharmacy, and social services to address psychosocial and environmental needs. To address Donna's needs, priorities, and preferences, we will follow AmeriHealth Caritas Louisiana's care management pathway, consisting of core elements that enhance care coordination, eliminate duplication, and promote self-management skills, helping enrollees with multiple comorbidities and risk factors to more effectively manage their health conditions.

Within each tier, we stratify by behavioral health and primary care needs for care management assignment. Since Donna falls into Quadrant 4 of our care management triage model (i.e., high behavioral health and high physical health needs), a Case Manager with strong behavioral and physical health experience will provide her with support. Donna will have the option to receive provider-led case management support or case management from AmeriHealth Caritas Louisiana. If Donna is connected to a primary care provider (PCP) that provides delegated case management, she could choose to receive case management from them, with AmeriHealth Caritas Louisiana support and oversight.

Should Donna choose to receive case management from AmeriHealth Caritas Louisiana, her assigned AmeriHealth Caritas Louisiana Case Manager will activate members of the AmeriHealth Caritas Louisiana interdisciplinary team to engage with and support Donna, including behavioral health specialists/social workers, registered nurses, and CHNs who can work with Donna in the field. If Donna's behavioral health diagnoses are significantly affecting her ability to engage in treatment, Donna will also work with a Peer Support Specialist, either from AmeriHealth Caritas Louisiana or a local mental health clinic/local government entity (LGE). The Peer Support Specialist and CHN will work closely together to coordinate care and services provided to Donna to avoid overlap.

Programs to support Donna will include ongoing holistic care management support; education to strengthen self-management skills and achieve individual goals; and connection to services provided by AmeriHealth Caritas Louisiana and, potentially, partner community-based organizations within her community.

AmeriHealth Caritas Louisiana has experience addressing the needs of individuals who meet the DOJ At-Risk criteria and/or are high utilizers of ED services, providing effective interventions to address the root causes of over-utilization. Currently, we have almost 300 enrollees in our care management program that we support who have a similar profile to Donna, with multiple chronic conditions, including behavioral and physical health challenges. Common issues among Medicaid enrollees, which Donna may also be experiencing, are described in the Common Medical, Psychosocial/Behavioral, and Social Issues Among Medicaid Enrollees table.

Common Medical, Psychosocial/Behavioral, and Social Issues Among Medicaid Enrollees

Category	Factors
Poor General Health	Cognitive health, physical functioning, overweight/obese, lack of medication adherence.
Psychosocial Needs	Depression, anxiety, loneliness, poor social support, limited health literacy, adverse childhood experiences.
SDOH	Unstable housing, low employment, transportation issues, health inequities, limited utilization of PCP, knowledge deficits regarding available benefits, safe place to exercise, access to healthy food.

Care Planning

Donna's Case Manager leads the process to develop a holistic, person-centered Plan of Care organized around her strengths and goals. Her Plan of Care will be developed within 30 days; incorporate the principles of self-determination and recovery; and include medically necessary services, care coordination activities, and supports to address her full spectrum of clinical, social, and other needs. The Plan of Care is developed with input from an interdisciplinary team led by Donna's Case Manager, who serves as the key individual working with Donna and her family (as appropriate) and is responsible for coordinating across providers and other entities serving Donna and acting as her advocate. The Case Manager shares assessment and other information with Donna and her interdisciplinary care team, fostering relationships and establishing shared accountability. Based on the results of the root cause analysis and Donna's person-centered Plan of Care, developed with her input, the services and supports in the Addressing Donna's Health Care Needs table may be provided.

Addressing Donna's Health Care Needs

Identified Needs	Services, care team interventions, and support options

Physical Health	• **PCP** — The Case Manager will make it a priority to identify and connect Donna with a PCP to serve as her medical home. The Case Manager will assist with selecting a PCP, scheduling an appointment, and transportation, if needed.
	• **Specialists** — As determined by Donna's PCP, the Case Manager will support connection to and communication among specialists identified as necessary to manage her chronic conditions. These potentially include a cardiologist, endocrinologist, podiatrist, orthopedist, and/or physical therapist.
	• **Programs and Services** — Connections to programs to support chronic disease management, including:
	  ○ Programs for diabetes, hypertension, and coronary artery disease.
	  ○ Nutrition and wellness programs, including our Make Every Calorie Count weight management program (which includes gym access and nutritional consultation).
	  ○ Pain management for lower back pain, such as our Living Beyond Pain program.
	  ○ Tobacco cessation programs, including AmeriHealth Caritas Louisiana's value-added benefit tobacco cessation programs, including text (Text2Quit℠), web-based support with the existing Louisiana Tobacco Quitline, and individual and group tobacco cessation counseling sessions offered at our Wellness & Opportunity Centers and locations throughout the State.

Behavioral Health	**Bipolar Disorder** — The Case Manager will work with Donna to identify and connect her with a behavioral health provider to help her treat and manage her bipolar disorder. This may include a local behavioral health center/LGE. Donna's Case Manager will support communication between Donna's behavioral health provider and PCP to promote coordinated care and assist with securing transportation, if needed.

Identified Needs	Services, care team interventions, and support options
	Programs and Services — Donna's Case Manager will discuss several other options for behavioral health treatment and support with Donna, including community-based integrated care providers and care extenders, depending on where Donna lives. Donna may also be a candidate for Assertive Community Treatment, a Mental Health Intensive Outpatient Program, and/or Mental Health Rehabilitative Services; her Case Manager will describe these programs to Donna and work with UM to determine medical necessity and provide a referral, should Donna consent. Donna will also be referred to a Peer Support Specialist with AmeriHealth Caritas Louisiana or LGE, as applicable.
SDOH	While the scenario does not describe specific SDOH needs, there are several common SDOH issues that may be driving high ED utilization. They include loneliness, unstable housing, lack of transportation, low health literacy, and food insecurity. Donna's Case Manager will use the information collected through her health needs assessment and comprehensive assessment to determine what specific issues may be impacting her. Based on this, the Case Manager will make referrals for Donna through a warm transfer to programs that may include: • **Loneliness/Social Isolation** — Referral to community health centers for health wellness/social programs, WHAM support groups, and SafeLink Wireless® phones. • **Unstable Housing** — Referral to a Housing Specialist to evaluate and connect with safe/affordable housing options, should Donna need them. • **Transportation** — Connect to the vendor for transportation to appointments. • **Food Insecurity** — SNAP℠ application, Aunt Bertha to connection to local food pantries, and AmeriHealth Caritas Louisiana's Food as Medicine program. • **Employment** — Pathway to Work, a training course that provides our enrollees with work-related knowledge and life skills, preparing them to enter the workforce. Mission GED®, including HiSET® (high school equivalency test) preparation classes, and access to help from CBOs to help enrollees earn their high school equivalency credential.

Implementation and Monitoring

Donna's Case Manager will oversee the implementation of her Plan of Care, which will include coordinating Donna's services and establishing person-centered, short-term, and long-term goals and helping to ensure timely service delivery and access; scheduling or facilitating appointments; arranging transportation (if needed); connecting Donna to health-related programs identified in her Plan of Care; connecting Donna and any of her family members to SDOH resources; addressing any care gaps; facilitating medication management (e.g., delivery, consultation with internal pharmacy team); and coordinating care Donna receives from multiple providers and agencies to avoid future institutionalization and adverse outcomes. Through an integrated approach, Donna's Case Manager will ensure that, as care is provided, all of her illnesses will be understood, identified, and treated as primary conditions. Donna and her care team, coordinated by her Case Manager, will have case management meetings in-person, at least monthly, as required within Donna's Plan of Care. A formal in-person re-assessment will be completed by the Case Manager quarterly. On an ongoing basis, the Case Manager will engage Donna using motivational interviewing to determine and discuss her current state of readiness for change to support Plan of Care implementation. In addition, Donna's Case Manager will receive alerts from our care management system, based on admission, discharge, and transfer data, as well as utilization management (UM) triggers and approvals for inpatient stays. These events will alert the Case Manager that Donna's condition may have changed and additional outreach is needed. In addition to providing Donna with coaching support, the Case Manager will also provide support to Donna's caregivers. This includes ongoing coaching and education on the importance of annual exams and other preventive health activities/screenings. The Case Manager will also provide support to Donna's care team to ensure that they are informed regarding her care by coordinating integrative

rounds with Donna's health care providers. Donna will remain in case management for 12 months. If she opts out of case management and/or is discharged, we will work with her to coordinate the transition.

Community Connection and Support

AmeriHealth Caritas Louisiana addresses barriers to care by working hand-in-hand with enrollees to connect them to available resources and strengthen community support systems. Based on Donna's needs and preferences, and by virtue of her being identified as a DOJ At-Risk member, the Case Manager will link her to multiple additional services and supports to promote engagement in care and adherence to medical and behavioral treatment plans and recommendations. These may include:

- **CHN** — A CHN will work with Donna on an ongoing basis, providing face-to-face outreach, education, and assessments; assisting with appointments and navigating the continuum of care; coordinating with community service organizations; performing enrollee advocacy; and resolving barriers by providing social support with a focus on prevention and early intervention.
- **Louisiana Certified Peer Support Specialist** — Donna will have access to a peer support specialist with AmeriHealth Caritas Louisiana or an LGE, as applicable. Peer support specialists will also assist with transitions of care should Donna be hospitalized again, assisting (in a face-to-face visit) with discharge planning, assessing SDOH care gaps and discharge barriers, scheduling follow-up appointments, and coordinating resources. Upon discharge, Donna will be asked if she would like to continue peer support services in the community; we continue to provide in-person peer support for an average of 60 days post-discharge.
- **Whole Health Action Management Program** — Since social isolation is a common problem among older Medicaid enrollees, Donna will be encouraged by her Case Manager, Peer Support Specialist, or CHN to enroll in our Whole Health Action Management (WHAM) program to help her achieve her health goals. WHAM gives participants the tools they need to effectively manage their condition through group activity and skill training.
- **Home-Based Services** — Donna's Case Manager will ensure that Donna receives at-home services for which she is eligible and to which she consents. For example, Donna's diabetes qualifies her for AmeriHealth Caritas Louisiana's program to reach out to enrollees and schedule home visits to address diabetes management and related care gaps. Donna's home visits will include services such as monitoring blood pressure, height, and weight; blood draw for A1c testing; urine sample collection; and retinal eye exam read by a board-certified ophthalmologist. The results will be sent to Donna's provider and reviewed by her Case Manager. Donna's care team will discuss the results with Donna and collaborate to establish a self-management plan tailored to meet her needs.
- **Enrollee Incentives** — In order to further support adherence, the Case Manager will provide education regarding enrollee incentives and enroll Donna in any programs she may be eligible for and wishes to participate in (e.g., CARE Card rewards).
- **AmeriHealth Caritas Louisiana's Wellness & Opportunity Centers** — If Donna resides in Shreveport or New Orleans, our Wellness & Opportunity Centers will offer Donna community-focused activities, including health screenings and education, mobile screenings, safety awareness, enrollee meetings and orientations, and exercise sessions. Our Wellness & Opportunity Center concept extends beyond our physical centers through On the Move events designed to connect community partners and enrollees in our most needy communities and will be enhanced with two new locations (Baton Rouge and a location to be determined in Southwestern Louisiana) and the addition of a Mobile Wellness & Opportunity Center to serve enrollees in less populous regions of the State.

In addition, given the COVID-19 public health emergency, the Case Manager will determine if Donna has received the COVID-19 vaccine to ensure that a fear of contracting COVID-19 is not contributing to issues related to engagement and isolation.

2.6.8
Network Management

AmeriHealth Caritas Louisiana's Care Crew volunteers give of their time during and after work hours to support their local communities.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.8 Network Management

2.6.8.1

Ensuring Timely Access to Care

In the 2019-2020 Provider Satisfaction Survey, providers rated AmeriHealth Caritas Louisiana highest among MCOs for availability of medical specialists to accommodate referrals.

AmeriHealth Caritas Louisiana understands the importance of ensuring enrollees have access to timely, effective, and culturally competent primary, specialist, and specialized behavioral health care. This includes geographic access, appointment wait times, and all other requirements noted in **Attachment F** of the Model Contract. We routinely communicate with and train providers on availability and accessibility standards — including appointment requirements for routine, urgent, and emergency care and prenatal and specialty behavioral health services — via the Provider Manual, Provider Portal, on-site presentations for newly credentialed providers, continuing education, and provider newsletters.

We achieve optimal access for enrollees while continuously assessing ways to improve and build upon our already strong provider network, including:

- Conducting ongoing analyses to identify network gaps for distance, provider-to-enrollee ratios, after-hours access, and appointment availability.
- Evaluating provider accessibility by measuring recent office-based claims activity.
- Reviewing single case agreements (SCAs) for contracting opportunities.
- Monitoring closed panels to determine capacity and willingness to accept new enrollees.
- Monitoring enrollee satisfaction feedback from CAHPS® surveys and pulse surveys that allow enrollees to respond by text and emojis regarding their experience after a provider visit.
- Examining provider complaints and enrollee grievances for access and availability issues.

Our provider network serves a diverse membership in a culturally and linguistically appropriate way. To that end, our provider directory captures the ability of providers to serve enrollees with disabilities or who speak a language other than English. **Our commitment to culturally competent care is evidenced by our NCQA Distinction in Multicultural Health Care.**

2.6.8.2

Our Work Plan

As we approach the next contracting period, our Provider Network Adequacy Work Plan focuses on objectives, including:

- Assessing our network against new Contract standards and addressing identified gaps.
- Recruiting and contracting with providers for new services related to Louisiana's Crisis System.
- Expanding initiatives to extend capacity of existing network and address enrollee needs in provider shortage areas.

The purpose of our work plan, which is derived from our network development plan, is to help ensure that our enrollees are offered a geographically accessible, culturally competent, statewide network of providers that delivers an appropriate range of preventive, primary, specialty, ancillary, and behavioral health care services, as well as to help ensure that our provider network is sufficient in size and mix to service the expected enrollment in accordance with the State standards for access to care. **A 2020**

assessment of our network adequacy found that we met provider-to-enrollee ratios for adult and pediatric primary care providers (PCPs).

The Provider Network Adequacy Work Plan Strategies and Timelines table illustrates how we will meet our Work Plan objectives to help ensure network adequacy by Readiness Review.

Provider Network Adequacy Work Plan Strategies and Timelines

Strategies	Timeline
Assess Our Network Against New Contract Standards and Addressing Identified Gaps	
Use geographic mapping and claims analytics tools to identify network gaps based on new Contract standards related to minimum claims submission requirements.	Q3 2021
Review low-claims providers (those submitting fewer than 25 claims in the last 6 months) and perform outreach to determine if they have capacity and are willing to serve more of our enrollees. [redacted], and Member Services and Population Health staff will be notified so that they can facilitate enrollee access to care. Initial specialties for focus include nephrologists, urologists, and hematologists/oncologists.	Q4 2021
Focused recruitment of providers (specifically dermatologists, neurologists, orthopedists, and pain management providers) who do not currently accept Medicaid, including offering providers alternative payment models (APMs).	Ongoing
Focused recruitment of specialized behavioral health providers who use evidence-based practices.	Ongoing
Outreach to PCPs with closed panels to assess capacity and willingness to accept new enrollees.	Q3 2021
Engage existing substance use disorder providers to improve access to services covering the American Society of Addiction Medicine (ASAM) levels of care, including: 1) outreach to participating providers to verify ASAM levels of care; and 2) outreach to non-participating providers (identified on the Health Standards Section website) to solicit recruitment. As a result of focused outreach in Q4 2020, we contracted with 14 new Substance Use Residential providers located in 6 unique regions across the State.	Ongoing
Recruit and Contract With Providers for New Services Related to Louisiana's Crisis System	
Identify/recruit Mobile Crisis Intervention and Community Brief Crisis Support providers.	Q3 2021
Identify and recruit Behavioral Health Urgent Care Centers.	Q3 2021
Identify and recruit Crisis Stabilization providers.	Ongoing
Expand Initiatives to Extend Capacity of Existing Network and Address Enrollee Needs in Provider Shortage Areas	
Identify opportunities to maximize care extenders including through Mindoula®, one of our vendors, as described in **2.6.8.2.3 Increasing Provider Capacity to Meet Enrollee Needs.**	Q3 2021
Re-assess the use of telemedicine to help ensure updated status of provider capacity to offer in addition to in-person office visit availability.	Q3 2021
Train front-desk provider staff on how to help low-income populations have a positive experience while accessing services.	Q4 2021
Work with community paramedicine providers to expand options for in-home care so that enrollees can avoid higher-level tertiary care.	Q3 2021

Identifying Network Gaps

We continually monitor enrollees' access to care through a cross-functional, proactive approach, a main component of which is the use of geographic mapping tools to run gap analyses. We submit geographic mapping reports for behavioral health providers to the Louisiana Department of Health (LDH) on a quarterly basis and for all other providers semi-annually. In addition, we track and trend high claims denial rates that, if unaddressed, may result in providers closing their panels. These reports inform updates to our network development plan and help us determine priority provider types in need of recruitment. In addition to these strategies, during on-site visits with PCPs, our Account Executives identify specialists to whom our enrollees may be referred and contact them for contracting. For action

steps that we take following identification of network gaps, see **2.6.8.2.6 Recruiting and Retaining Providers**.

Analyzing Data

Our Provider Network Management Team analyzes the results of the CAHPS® 5.0 Survey, pulse survey, provider directory utilization, enrollee satisfaction relating to accessibility, and our after-hours access survey data to measure provider performance against the accessibility standards in **Attachment F** of the Model Contract. Our annual Accessibility of Services Report presents analysis results and identifies areas for improvement. This report is reviewed and approved by the Quality of Service Committee. Non-compliant providers are notified of all categories requiring improvement and are given a remediation timeline. If remediation timelines are not met, providers are subject to a corrective action plan.

We gauge enrollees' access needs on a daily basis, based on feedback from enrollee- and provider-facing associates, enrollee grievances, enrollee surveys (such as our annual behavioral health survey, which we then present at Provider Advisory Council [PAC] meetings for their awareness), enrollee advisory forums, providers, and advocates. We engage in root cause analysis of enrollee grievances and (when related to language, culture, or disability) provider-facing staff address the issues with providers. We also analyze out-of-network provider and ED utilization patterns, as well as inpatient admissions and readmissions, to determine if the trends are a result of inadequate access in specific communities.

Distance Standards

As a first step in addressing network gaps, we validate the accuracy of provider listings. We then use geographic mapping software to generate the number and distribution of provider sites to help ensure that we meet established standards quarterly, annually, and as needed. The geographic mapping report is prepared for each parish, including maps indicating mileage standards. As of June 2021, per the existing Healthy Louisiana distance standards, **we are at 100% adequacy for distance standards for PCP adult rural providers; more than 97% adequacy for PCP adult urban providers; and more than 99% adequacy for cardiologists; gastroenterologists; neurologists; ophthalmologists; orthopedists; ear, nose, and throat specialists; and urologists.** In addition, we complete an annual analysis of our provider network based on standard distance focused on Spanish-speaking enrollees to help ensure those enrollees' access to quality care.

Auditing After-Hours Access to Care and Appointment Availability

To address after-hour access to care issues, we audit wait times and access to after-hours care. We also notify enrollees, network providers, and our enrollee- and provider-facing teams as our urgent care network expands. We also provide quarterly provider training related to after-hours appointments and redirecting enrollees to urgent care. We assess enrollee access to appointments for physical and behavioral health providers on a quarterly basis and annually for specialty care providers. We use this data to measure provider compliance with the access and availability standards against appropriate State and NCQA regulations, as well as internal access goals. Identification of gaps also occurs on an ad hoc basis — such as from enrollee complaints, PAC feedback, and identification by Account Executives.

When we identify gaps, we conduct additional comprehensive analyses, identify barriers and opportunities for improvement, and implement appropriate interventions. We facilitate updates to the provider directory on a regular basis via outbound calls. When a practice change occurs related to accessibility, we update the provider record to help ensure that accurate information is displayed in the

directory. Finally, we educate providers on access and availability requirements in a number of ways, including slide decks, a flyer that Account Executives leave with providers after meeting with them

Although we currently use our Provider Data Information Form to track provider information, [redacted]

Monthly Network Adequacy Reporting and Monitoring

We develop a monthly network availability report for all enrollee- and provider-facing associates. This report includes a summary of all provider types and newly enrolled provider and specialty types by parish. Wide internal distribution of the report allows comprehensive, cross-functional awareness of provider availability to associates who work with providers and enrollees. These associates notify our Clinical Liaisons within Provider Network Management when network providers are not available or are unable to manage a complex case. They work with our Clinical and Medical Management teams to help refer enrollees to specific providers or levels of care and are available to arrange medically necessary covered services if the network becomes temporarily insufficient within a service area. The Clinical Liaisons work with providers, key stakeholders, and families to help ensure and coordinate highly specialized needs and services. The report is filtered for provider distribution to assist providers who are unaware of the availability of physical health or specialized behavioral health services in their area.

Monitoring Closed Panels, Historical Claims, and Terminations

Our Provider Network Management team monitors our network for closed panels throughout the year, [redacted] We use updates identified from our provider community to update our directory. We continuously monitor our closed-panel network providers via additional processes, such as feedback from our multidisciplinary teams. When we identify providers with a closed panel, an Account Executive reaches out to them to confirm their status and discuss barriers to opening their panel. [redacted]

In addition, we offer regularly scheduled webinar training to drive provider attestation. We assign Data Integrity Representatives to manage provider demographic data and partner with third-party vendors such as LexisNexis® to access data sources. We perform data accuracy sampling through outbound calls to our provider network. These solutions help us identify open- and closed-panel providers. Updates or changes certified as accurate are automatically refreshed within our claims system. In addition, our Clinical Liaisons work with providers to accept enrollees even if they have a closed panel.

We monitor providers for their six-month historical claims trends and provider claim denials. We perform targeted outreach to verify potential for additional capacity and provide training and claims support if needed. When we confirm additional capacity, we update the provider record so that enrollees have access to up-to-date directory listings.

Joint operating committees also help us impact adequacy. These committees allow us to address provider load, claims, and prior authorization issues proactively with providers. With lower provider abrasion, they are more willing to keep their panels open. Providers will have regularly scheduled forums to address and work through issues when trying to resolve any current or outstanding concerns.

Increasing Provider Capacity to Meet Enrollee Needs

We understand that when a network gap exists, we remain accountable for making sure our enrollees have access to needed services. Our Rapid Response, Care Management, and Contact Center teams provide internal staff with updated provider capacity when scheduling enrollee appointments. Our Utilization Management team also receives capacity updates to support redirection and accommodate enrollee need for a prior authorized service. New providers and provider groups are identified in our Provider Newsletter and Provider Directory. In addition, we are developing a digital banner for our website that highlights new providers who are offering a new service, serving a new age range, or have a new service location. **To increase provider capacity and address the needs of enrollees, we will unlock existing capacity, build out the continuum of care, and employ care extenders and telemedicine.**

Unlocking Existing Capacity

We have built and maintain solid provider relationships through outreach, education, and support. Through these relationships, we work with providers to address challenges that drive closed panels and unwillingness to serve additional enrollees. This includes:

- Offering APMs that include value-based payments (VBPs) as a way of aligning compensation with performance and addressing concerns about low reimbursement levels.
- Providing tools to address administrative burden, including online submission of prior authorization requests, streamlined provider services call center self-service options, and actionable data sharing to support care delivery.
- Working with hospitals and health systems on proposals to leverage hospitalist capacity to provide care in outpatient clinic settings (e.g., to address gaps in hematology, oncology, and medication-assisted treatment [MAT]).
- Reaching out to low-volume providers to assess the capacity to accept new enrollees.

Building Out the Continuum of Care

Beyond the work highlighted in our work plan around building out a crisis continuum, we are also looking for innovative ways to build our network to enhance services available to our membership. The following new services are examples of how we round out the continuum of care, not only helping to connect enrollees to the most appropriate levels of care but also increasing overall capacity to meet enrollee needs:

- **Mental Health Intensive Outpatient Program (MH-IOP)** — Building from our successful Hospital Outpatient Program Extension program, we have developed MH-IOP as an in-lieu-of service that provides a step-down level of care from inpatient behavioral health services. **This decreases the length of stay and improves overall capacity for acute inpatient behavioral health treatment.** We are currently in negotiations with two behavioral health providers who are developing adolescent MH-IOP programs. One will offer four different adolescent MH-IOP programs serving south Louisiana, while the other will offer an adolescent MH-IOP program in Shreveport.
- **Home- and Center-Based Infusion** — We worked to develop reimbursement and a reimbursement policy, in addition to building out a network for both home- and center-based infusion, thereby reducing reliance on outpatient hospitals. **This provides enrollees with ease of accessibility to services in their preferred setting, reducing ED utilization (as some observed utilization trends show enrollees go to the ED when in need of infusion services, such as for sickle-cell disease), and, for enrollees who are in need of IV antibiotic therapies, reducing length of stay or eliminating stays entirely in skilled nursing units.**

Expand Initiatives to Extend Capacity of Existing Network

Care Extender Services — Although care extender services are not included in network adequacy reporting, we deploy care extenders in Minden, Monroe, Alexandria, and the Shreveport area to facilitate care coordination between behavioral health and physical health providers, focusing on high-risk patients with severe and persistent mental illness. They identify, engage, and serve populations with behavioral health and medical challenges across the care continuum. Services include 24/7 virtual psychosocial support and skills training; identification and closure of care gaps (especially those arising from barriers to care); addressing social determinants of health; and connecting enrollees to community-based programs. Care extenders also provide in-home and facilitated virtual visits for high-risk/high-utilization enrollees who could benefit from ED diversion, transition of care, or surrogate PCP services when a PCP relationship has not been established. With access to in-home and virtual providers, enrollees receive the care needed to maintain their health conditions in the community.

Telemedicine — In 2020, AmeriHealth Caritas Louisiana was a leader in driving the Louisiana Managed Medicaid Association to measure and evaluate the readiness of Healthy Louisiana, which includes providing individual technical assistance. We leverage local providers who have invested in this technology and work to remove barriers to delivering care. We offer enrollees access to telemedicine services via phone, computer, or tablet.

We continue to educate providers and enrollees on the availability of telemedicine. We currently include a list of providers on our website who have added telemedicine to their services due to the COVID-19 public health emergency (PHE) and include this information in the Directory when reported by the provider. We reimburse providers based on the fee schedule for telemedicine and currently reimburse for this service rendered in EDs where behavioral health providers may not be available. **Between February 2020 and August 2021, due to the COVID-19 PHE, we increased telemedicine claim payments to both physical health and behavioral health providers by 675%.**

Additionally, our provider network staff acts as a resource for network providers. We can connect providers to subject matter experts in AmeriHealth Caritas to explore telemedicine technology. We have also created provider resources and education documents to help ensure that no practice is left behind.

Significant Challenges

The Healthy Louisiana program faces a number of challenges in developing a complete provider network across the State, as shown in the Challenges for the Healthy Louisiana Program table.

Challenges for the Healthy Louisiana Program

Challenge	Our Potential Solutions
Provider Shortages — There is a shortage of certain providers and providers practicing in multiple locations through the State.	**We partner with Louisiana State University System institutions on several initiatives**, including a Population Health Management rotation and Health Policy Fellowship program for medical students. This is an opportunity for these students to gain experience and understanding that encourages them to continue serving the Medicaid population when they go into practice.
Reimbursement Rates — Providers in hard-to-find specialties may not be able to financially justify participation in a Medicaid managed health care plan.	**Payments through VBP contracts** to help bridge the reimbursement gap between Medicaid managed care health plans and other payers.

Challenge	Our Potential Solutions
Short-Staffed Providers — Non-participating providers who are short staffed or have time constraints can be reluctant to accept Medicaid patients; the perception is that participating in a Medicaid managed care health plan requires too much staff time and that serving Medicaid enrollees requires too much effort.	**We can reduce administrative burden for providers**, namely by augmenting training with brief presentations of how case management and our other programs help providers achieve optimal care outcomes for our enrollees without extensive time and effort on the part of providers.
Missed Appointments and Cancellations — When Medicaid enrollees miss appointments, providers are left with empty appointment slots and may stop participating in Medicaid managed care health plans.	**Our enrollee engagement programs** address barriers to enrollees attending appointments (transportation, child care, etc.) and educate enrollees on the importance of avoiding no-shows, cancelling in advance, etc.

Monitoring Compliance for Network Adequacy

Our approach to network management is provider-centric, whether it is working with providers on reimbursement levels or educating them on how to improve after-hours availability. We monitor compliance through tracking and trending. Our strategies for monitoring compliance include surveys; office visits; value-based programs; training/education; and the use of Clinical Liaisons, Case Managers, and our Rapid Response Team, who work together to find providers that are the best fit in terms of distance, wait time, and personal choice.

We identify enrollee needs based on reporting and feedback from multiple departments, as well as requests for SCAs. This leads to outreach and formal meetings with potential providers to discuss opportunities and the benefits of joining our network, as well as directory validation. We use multiple data sources to monitor compliance with the State's network standards, such as geographic mapping technology, population assessments, provider demographic information, and licensure validation.

The AmeriHealth Caritas Louisiana Network Compliance Monitoring Strategies table illustrates how we monitor compliance with the State's network standards. These strategies are informed by the data we collect on network capacity and health disparities, as evaluated in our quality management/quality improvement program.

AmeriHealth Caritas Louisiana Network Compliance Monitoring Strategies

Strategy — Provider Type	Data Source
Monthly network access reporting to monitor geographic access as it relates to distance requirements and density standards.	Provider and enrollee locations.
Quarterly geographic access reporting and mapping to monitor geographic access as it relates to distance requirements and density standards.	Provider and enrollee locations.
Monitoring of provider availability and provider directory accuracy, as well as identification of opportunities for contracting with non-participating providers.	Enrollee complaints, PAC feedback, SCAs, and identification by Account Executives.
Annual gap analysis with appointment availability audit (including wait times).	Telephonic and mail surveying of providers.
Annual gap analysis with appointment availability and after-hours access to care.	Telephonic surveying of providers.
Ad hoc gap identification and remediation.	Enrollee complaints, PAC feedback, and identification by Account Executives.
Demographic validation and compliance with urgent, emergent, and routine appointments (Behavioral Health Mystery Shopper surveys).	Telephonic surveys.
Monthly primary care, behavioral health, and specialty office visits.	Provider profiles.

Strategy — Provider Type	Data Source
Minimum of quarterly primary care, behavioral health, and specialty office visits.	Provider profiles.
Annual primary care, behavioral health, and specialty office visits.	Provider profiles.
Ad hoc monitoring of panel status; physical access; reasonable accommodations; and accessibility equipment for enrollees with physical, cognitive, or behavioral health disabilities.	Self-reporting from providers.
Quarterly validation with providers regarding status of reassignment and attribution.	Internal enrollee attribution reports.
Annual evaluation of our ability to meet the cultural, linguistic, racial, ethnic, and disability needs of our enrollees.	Internal databases of provider languages and enrollees' preferred language.
Analysis of underutilization of services and monitoring of providers who historically do not accept Medicaid.	Claims data.
Analysis of overutilization of services.	Claims data.
Quarterly evaluation of enrollees' use of out-of-network services.	Authorization requests data and denied claims data.
Quarterly analysis of the use of SCAs (non-participating).	SCA reports.
Weekly analysis of providers undergoing re-credentialing (scheduled and outcomes).	Re-credentialing reports.
Grievance trends related to access to care, interpersonal aspects of care, and quality of care.	Grievance data.
Analysis of enrollee experience (CAHPS).	CAHPS survey (mail and telephonic).
Behavioral Health Enrollee Satisfaction Survey.	Telephonic and mail surveying of enrollees.

Recruiting and Retaining Providers

Our recruitment and retention efforts are provider-centric and individualized. We do not use a one-size-fits-all strategy for different provider types; we use a variety of strategies to recruit and retain quality providers, particularly when we use SCAs, identify network gaps, offer provider incentive payment opportunities through APMs, and reach out to non-participating specialists. Our relationships with providers, based on regular communication, allow us to attract them to our network and retain them once they join. Built into our approach is a focus on quality and performance. We continue to monitor provider performance and enter into payment structures based on quality and performance.

Between 2019 and 2021, AmeriHealth Caritas Louisiana has continued to expand our network of providers across the State. Examples of this include increasing access to specialist providers like rheumatology and pediatric allergy in regions historically where access was limited, as well as an overall increase in orthopedic surgeons and nephrologists by 20% and 11%, respectively.

One example of a targeted enhancement to our network planned for the new contract is evidenced by the fact that [redacted] We are currently contracted with all residential substance use providers and therapeutic group homes in the State.

We consult with our affiliated Medicaid health plans in other markets to incorporate new strategies or modify existing ones for recruitment and retention — for example, following a corporate initiative, we initiated a project to engage ambulatory surgical centers to increase capacity among free-standing ambulatory surgical centers, which expanded options for enrollees to include settings that may be more convenient. When we identify network gaps, we use any and all of the recruitment strategies found in the Provider Recruitment and Retention Strategies table.

Provider Recruitment and Retention Strategies

Strategy	Recruit	Retain
Outreach for VBP contracts to non-participating specialists, such as dermatologists, neurologists, and orthopedists, who have not historically accepted Medicaid.	X	
Increase capacity for existing providers.		X
Increase the number of providers who use evidence-based practices.	X	
Efforts to support provider workforce efficiency through care management fees for providers in VBP contracts.		X
Use of SCAs to recruit out-of-network providers and attain a full in-network agreement.	X	
Use of innovative service delivery models to create levels of care, such as IOP-like models for behavioral health and a coalition of licensed mental health specialists, for a potential value-based contract for evidence-based care for youth and adults.	X	X
Reduce administrative burden: timely and accurate payments contribute to retention rates.		X
Identifying and contracting with providers by offering custom APMs, such as bundled payments (i.e., for cardiologists, endocrinologists, and orthopedists).	X	X
Through participation in the Managed Care Incentive Payment program, leverage relationships with integrated delivery systems to increase access to their specialists.	X	X
Use of telemedicine to simplify and expand delivery of care for physical and behavioral health services.	X	X

Meeting Enrollees' Multilingual, Multicultural, and Disability Needs

We help ensure that our network providers provide physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical, cognitive, or behavioral health disabilities. **Our commitment to culturally competent care is evidenced by our NCQA Distinction in Multicultural Health Care (we received a perfect score of 100% in the 2021 Multicultural Health Care survey from the NCQA),** as well as our enrollee programs, often hosted alongside providers, at our Wellness & Opportunity Centers and other community locations. We have also updated our website and online offerings to enhance access to our cultural competency training, interpretation services, and sexual orientation and gender identity training to better serve LGBTQIA+ enrollees.

In order to assist providers in offering culturally and linguistically appropriate services (CLAS), we perform an annual review of enrollees' language needs and assess our network's ability to adequately meet them. We also developed and publish a provider cultural competency guide on our website. It is an overview to providing culturally competent care to Black, Native American, Hispanic, and Vietnamese- and Arabic-speaking enrollees. We survey non–English-speaking enrollees annually on their experiences with interpretation services during health care encounters. Access to PCPs in urban areas for Spanish-speaking enrollees showed high rates of compliance with distance requirements in 2020, with an overall score of 95.8% for family practice, internal medicine, and pediatrics.

In the 2019-2020 Provider Satisfaction Survey, providers rated AmeriHealth Caritas Louisiana highest among MCOs for educational trainings by plan. **We have facilitated cultural competency training for 1,558 individual practitioners across 416 organizations since 2016.** The trainings were administered in

person by Account Executives during the onboarding process and during regional provider trainings and quarterly webinars by the CLAS Coordinator Specialist. This training teaches the importance of cultural preferences in providing culturally appropriate care that promotes treatment adherence and health outcomes and includes Tribal Awareness education for all network providers. We inform providers of the racial, ethnic, and language makeup of the areas they serve and provide additional sources of free cultural competency training that fulfill their continuing education credit requirements. Providers receive a copy of national CLAS standards and related federal laws. Training may take place at the provider's facility as part of new provider orientation, during area/regional trainings, and via webinar.

AmeriHealth Caritas made significant changes to its provider directory across all lines of business in order to better capture the ability of providers to serve enrollees with disabilities; **more than 98% of our providers have confirmed that their offices have disability access.** Our directory includes the following data elements, which exceed contractual requirements: whether the provider has undergone cultural competency training; whether the service location is on a public transportation route; areas/conditions for which provider has training/experience (deafness or hardness of hearing, blindness or visual impairment, physical disability, cognitive disability, etc.); whether service location, restrooms, medical equipment, exam rooms, etc., are Americans with Disabilities Act-compliant; whether the provider is a center of excellence for opioid use; and whether the provider is a school-based clinic.

Terminating Network Providers Without Cause

We do not often terminate providers without cause. In fact, AmeriHealth Caritas Louisiana has never terminated a primary care provider or physical health specialist without cause, and any decision to do so would not occur during the 45 Calendar Days prior to the start of the enrollment period through the last Calendar Day of the enrollment period. Any termination without cause is made in consultation with LDH, particularly for a provider in a Health Professional Shortage Area. We notify providers 90 days in advance in writing per the terms of their provider agreement. We use the provider's last known mailing address and include the effective date of termination. When a provider is terminated without cause, we will inform enrollees of the termination and their ability to change their MCO by mail and include a pre-paid return envelope.

Our Provider Termination Policy helps ensure continuity of care and service should a provider termination occur. **We help ensure disruptions to enrollee care and services are minimized if a provider is lost and have a contingency plan for covered services lost prior to termination.** When a PCP is terminated, we identify all enrollees currently linked to them, as well as all enrollees who have seen the PCP within the last 18 months. For all other provider types, we identify enrollees who have seen the terminated provider within the last 18 months so that proactive outreach efforts can begin in order to minimize the potential for negative impact. This triggers direct outreach to other providers who accept and serve enrollees in need of the terminated provider's services. Steps taken include:

- Written notice is mailed to all impacted enrollees, which includes the expected date of the provider's termination, the process for transfer of records, and future contact info should the enrollee need to reach out to the provider. A copy of this notice is shared with LDH within five business days.
- Our Member Services and/or Care Coordination teams help enrollees secure a new provider.
- We assist enrollees with finding other providers who are able to meet their needs and will educate them on their option to enroll with a new MCO should they choose to continue seeking care with the terminated provider. Should an enrollee choose to enroll with a new MCO, we will notify LDH and the Enrollment Broker within five business days of receipt of the request.

2.6.9
Provider Support

AmeriHealth Caritas Louisiana associates sort food into care boxes for those in need.

AmeriHealth Caritas
Louisiana

CARE IS THE HEART
OF OUR WORK.

2.6.9 Provider Support

2.6.9.1

Ensuring Timely Payment and Appropriate Provider Support

AmeriHealth Caritas Louisiana is focused on reducing provider administrative burden and increasing provider satisfaction. Our multidisciplinary approach to provider support is tailored to advance Louisiana Department of Health (LDH) priorities and deliver comprehensive, in-person, online, and practice-level collaborative support meeting all requirements in **Section 2.10** of the Model Contract and the **MCO Manual**. Our locally based Provider Services and Support team is depicted in Figure 2.6.9-1: Provider Services and Support Team.

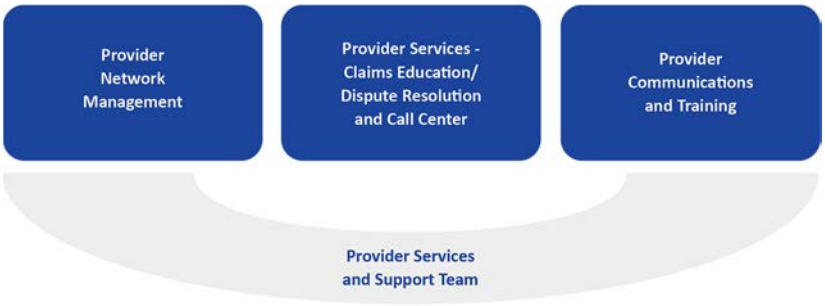


Figure 2.6.9-1: Provider Services and Support Team

AmeriHealth Caritas Louisiana's Provider Services and Support team proactively seeks to contract with the highest quality providers for inclusion in our network. We build strong relationships through both in-person and virtual visits, through which we offer to support providers in contracting activities, network enrollment, and provider orientation. We facilitate accurate provider set-up to support seamless network enrollment and minimize claims denials, then deliver new provider orientation to familiarize providers with our health plan.

According to the Healthy Louisiana Claims Report published in June 2021, our average quarterly turnaround time for paid claims was 5.5 days, the lowest average of any Healthy Louisiana MCO. We were also the only MCO with a 100% adjudicated paid claims rate over the latest four quarters of available data.

Ensuring Timely Payment — AmeriHealth Caritas Louisiana offers education, collaboration, and technology supports to help ensure timely and accurate payments. Claim system configuration is led by a Louisiana-based team, responsible for claim administration and alignment with Louisiana statutes, Louisiana Medicaid policies and guidelines, and national billing standards. During weekly meetings, our System Configuration and Programming staff review national clinical editing guidelines against Louisiana Medicaid clinical editing policy before placing edits into our automated claims processing system. We share billing requirements and instructions for claims submission via the claims filing instruction guide, provider orientation, Provider Manual, newsletters, and during ongoing trainings in-person and via webinar. We are committed to the timely processing of claims and have configured our system to maximize auto adjudication -- **year to date, through June of 2021, our auto-adjudication rate is 87.1%.**

Ensuring Appropriate Provider Support — We provide timely support to providers through our formal provider relations function and multi-channel provider communication, including but not limited to, our provider newsletter, joint operating committees (JOCs), email, in-person visits, statewide training,

webinar training, Provider Services Line, after-hours support, and our Provider Advisory Council (PAC). Our field-based Provider Services and Support staff focus on reducing administrative burden; assessment of readiness for and support for maximizing performance within alternative payment models; and education on program and plan quality initiatives.

All AmeriHealth Caritas Louisiana provider-facing staff are trained on LDH and health plan requirements and leverage every provider interaction (in-person, virtual, by phone, via our website or provider portal, and during training) to further build provider relationships and deliver timely tools and resources to support them. We continuously update the system resource tool our staff uses to respond to provider calls and questions. The Provider Services Line staff have the ability to adjust claims in real-time during provider calls. Our Quality Assurance team audits calls for each provider representative each month. We have an aggressive call quality requirement of 98%, which we consistently exceed. We use call quality errors to identify trends and deliver refresher training as needed.

We will continue to focus significant investments in offering the provider community enhanced methods for submitting authorization requests through the Provider Portal, resulting in bidirectional communication. Providers will be able to view the status of a request, receive approval, view pending decisions or denial determinations, amend a service request, and upload documents.

2.6.9.1.1

Process to Determine Adequate Provider Relations Staffing

For Provider Network Management (PNM) field-based staff, we project staffing by calculating the number of providers by type (primary care provider [PCP], behavioral health, specialist, hospital, and ancillary) and the number of visits estimated for each type per year based on the frequency described in **2.6.9.2.** We assume 2.5 hours per visit, which factors in travel, meeting, and follow-up time. We then consider factors such as provider locations, including whether the provider is based in an urban or rural setting, and the number of providers at each location. We also factor in the number of providers in value-based contracts and providers' progress on the Health Care Payment Learning and Action Network (HCP-LAN) and practice transformation continuum to adjust staffing needs appropriately. We continually evaluate our provider relations staff and adjust staffing as needed to respond to the trends within our network. For example, in August 2021, we added the role of Manager of Value-Based Contracting to support the increasing number of providers in value-based payment (VBP) models.

For Provider Services staff, we employ a staffing model based upon anticipated volume to support administrative activities, such as claims payment and accuracy trends, quality of service, provider, and enrollee contact reasons, to finalize the number of required staff. Staffing levels are informed by our Louisiana-specific experience of the number of provider inquiries per provider, adjusted based on growth in our provider network. The average number of expected daily inquiries informs our staffing levels to align staffing with expected call volume on a day-to-day basis.

2.6.9.1.2

Effective and Timely Provider Communications

Our strategies for effective and timely provider communications center on building and maintaining solid provider relationships through outreach, education, and support. AmeriHealth Caritas Louisiana keeps our providers informed of our policies and processes, supports provider evolution across the HCP-LAN payment continuum, and addresses providers' learning and training needs. Based on enrollee needs

and provider feedback through multiple lines of communication, we provide collaborative care management support and timely communications that help providers operate effectively and efficiently to deliver quality, cost-effective, and culturally competent care and improve enrollees' health and well-being.

We develop provider communications to support correct coding and resolve claim denials; emphasize strategies to prevent and detect fraud, waste, and abuse; reinforce billing policies; and alert providers to benefit changes and programs, such as our PerformPlus® value-based incentive programs, to drive improved health outcomes. In addition, our cross-departmental Health Equity, Louisiana Style workgroup has developed provider engagement strategies for each of its current initiatives.

Our statewide provider-facing field staff conduct regularly scheduled and ad hoc visits to provider sites. We maintain and are poised to provide LDH with documentation regarding these visits. We conduct monthly visits to most PCP offices, quarterly visits to hospitals and specialized behavioral health providers sites, and annual visits to specialists and ancillary providers. Upon request, we make off-cycle visits with any provider to address their needs for support or if we have new information to share with them. Our local claims subject matter experts (SMEs) provide technical assistance on billing practices, and our field staff provide information on our clinical programs and provider demographic validation. During the COVID-19 public health emergency (PHE), we responded to the needs of providers by adding training and Project ECHO® sessions on the use of telemedicine and correct coding relating to the PHE.

Secure Provider Portal — Our secure Provider Portal is the primary technology platform we use to collaborate with network providers. The portal gives providers the ability to submit requests and monitor activity related to their enrollees, including viewing their enrollee panel; verifying enrollee eligibility and benefits; submitting claims, claims adjustment inquiries, and requests for prior authorizations; checking the status of submitted claims; and accessing a variety of clinical, financial, and administrative reports. We have also made enhancements to the Provider Portal to support increased efficiency for utilization management (UM) functions, including automation of prior authorizations.

Provider Advisory Council — Our PAC meets quarterly and provides a forum for providers to give input on AmeriHealth Caritas Louisiana clinical policy development and provider operations. The PAC promotes collaborative efforts to enhance the service delivery system, improve provider and enrollee satisfaction, promote data sharing and VBP strategies, and raise awareness of health care disparities.

Provider Services Line — Our Provider Services Line is staffed from 7:00 a.m.–7:00 p.m., Monday–Friday, to answer provider questions, comments, and inquiries. We maintain an after-hours team of regularly scheduled Clinical Care Reviewers (Registered Nurses and Social Workers) to accept calls from providers. Their primary function is to respond to urgent or emergency requests in accordance with the **Model Contract**.

Provider Education Program — AmeriHealth Caritas Louisiana's Provider Learning Continuum provides ongoing education to help ensure compliance with program standards and the **Model Contract**. **In the 2019–2020 Provider Satisfaction Survey, AmeriHealth Caritas Louisiana was the top-scoring health plan among physical health providers related to timely communication of changes in policies/procedures.** The details of our Provider Learning Continuum are outlined in **2.6.9.15**.

- **Administrative Training Topics Include** — Provider Manual; claims submissions; health plan policies; Provider Portal; Provider Demographic Information Form; access to clinical support and programming to include availability of regionally based Case Managers and the benefits of our care management approach; Community Health Navigators; Certified Peer Support Specialists and Doulas; HEDIS® coding guidelines; web-based tools; licensing and accreditation requirements; re-

credentialing; Preferred Drug List; cultural competency and health equity, including training specifically focused on reducing barriers to care for LGBTQIA+ enrollees; and after-hours access to care and appointment availability requirements.

- **Clinical Training Topics Include** — HEDIS measures and State initiatives to improve quality outcomes; Health Equity Learning Collaborative that engages our network providers to help inform the design of health-equity focused measures for inclusion in our Perinatal Quality Enhancement Program; Substance Abuse and Mental Health Services Administration-approved medication-assisted treatment; training with the goal of increasing the number of providers who can treat opioid use disorder; Project ECHO; benefits of physical and behavioral health screenings; clinical practices guidelines; behavioral health toolkit; use of integrated assessments to drive integrated care; and behavioral health treatment planning and documentation.

2.6.9.1.3

Processes to Support Providers With High Claims Denial Rates

We use the following mechanisms to support providers with high denial rates: identifying trends, re-educating providers, and effectively communicating changes to providers to reduce unnecessary denials.

Identifying Trends and Re-Educating Providers — Our Provider Services staff monitor monthly reports on service denials by volume and claim type to identify denial trends. When we identify a trend of increasing denials, our Provider Services team identify the drivers of the trend and alert our Provider Claims Educator to the need for provider training. If we identify drivers related to provider billing errors, we offer practice-level support, including offering training and inviting providers to attend our monthly webinars. If the trends or drivers affect multiple providers, we deliver broad-based education and re-training to our provider network, as well as billing reminder notices. If we identify internal system configuration needs, we initiate a work request to correct identified issues, alerting providers of any applicable changes in claim submission requirements. Our local claims SMEs have over 44 combined years of Louisiana Medicaid experience and offer monthly webinars related to Medicaid billing. Since the beginning of 2020, we have held 21 webinars on Top Denials, with 493 provider participants. Based on observed needs from the claims trend, we added 10 focused webinars on Behavioral Health Claims & Billing, with 53 providers attending over the last quarter of 2020. In 2021, we have held seven webinars on Top Denials, with 132 provider participants. Notably, according to the Healthy Louisiana Claims Report, **AmeriHealth Caritas Louisiana was the only Healthy Louisiana MCO to continue webinar trainings throughout the COVID-19 PHE, and we have been the most active Healthy Louisiana MCO in offering webinar-based claims education**.

Proactive Strategies for Reducing Unnecessary Denials — Under the direction of our Louisiana-based Claims Administrator, we give providers a 30-day notice of any changes to claim submission requirements. To help ensure timely notification to our providers, we use fax blasts, e-alert electronic communication notices, the provider newsletter, JOCs, and posting of policies and procedures on our provider website and Provider Portal. We continually target provider needs in the areas of clinical improvement, education, administrative simplification, and quality outcomes. We have a job-aid that identifies the top 10 most common denial reasons, with information on how to correct the denial and resubmit claims when applicable. The guide assists providers with quickly resolving certain denial reasons to alleviate administrative burden.

2.6.9.1.4

Processes for Evaluating and Resolving Provider Disputes

AmeriHealth Caritas Louisiana has a compliant and comprehensive provider complaint system for in- and out-of-network providers to dispute claim denials, underpayments, and recoveries.

For first-level disputes, when we receive the provider's written request, we utilize the LDH Fee Schedule, the AmeriHealth Caritas Louisiana Provider Manual, Claims Filing Guidelines & Reimbursement Policies, Online Help (internal online resource), and other resources as appropriate to determine if the claim was processed correctly. We provide a determination in writing to the provider within 30 days of receipt of the dispute request. Our Grievance System Manager and team analyze first-level disputes data to identify the root cause and determine when provider education is needed or configuration updates are required and identify opportunities for internal claims processor training. Our continuous provider education strategies and root cause approach to first-level disputes have contributed to a **19% decrease in first-level disputes from 2019 to 2020,** continuing a downward trend we've seen over the last several years. For second-level disputes and reconsideration requests, senior claims staff and medical directors conduct the reviews and identify resolutions. For independent reviews, staff provide necessary documentation for the independent reviewer.

In 2020, according to LDH's Summary of Independent Reviews (IR), we had the lowest percentage of overturned decisions among all Louisiana MCOs. AmeriHealth Caritas Louisiana was also the only MCO where the total value of reviews upheld by IR was greater than those overturned.

At least monthly, AmeriHealth Caritas Louisiana shares complete lists of designated enrollees with PCPs through our provider dashboards and panel reports. PCPs may dispute our assignment policy or assignment of an individual enrollee within 15 Business Days of the assignment. If assigned members require movement to another PCP, we evaluate other providers in the locality where enrollees could be more appropriately assigned.

2.6.9.2

Supporting Providers to Improve Quality and Reduce Costs

AmeriHealth Caritas Louisiana leads delivery system and payment reform using strategies that support providers to improve quality and reduce cost through implementing strategies such as advance payment methodologies, as described in **2.6.9.2.1–2.6.9.2.3**. Our approach includes the development of and adherence to our annual Quality Improvement Provider Support Plan, which is part of our overall Quality Assurance and Performance Improvement (QAPI) Plan. We work in collaboration with providers to actively improve the quality of care provided to enrollees and align incentives through a continuum of value-based contracts, from incentive programs to risk-based arrangements. Our Provider Champion strategy highlights providers who have made measurable gains in quality metrics. We feature providers in our provider newsletter to show their commitment to quality service and promote best practices, and Provider Champions help market the unique offerings of our organization to their colleagues. We will also leverage our partnership with the New Orleans Saints and New Orleans Pelicans to recognize top performers and incentivize providers to adopt best practices in the delivery of quality care.

2.6.9.2.1

Strategies to Support PCPs

To enhance the providers' ability to advance along the value-based continuum, AmeriHealth Caritas Louisiana offers comprehensive practice transformation tailored to each provide participating in an alternative payment model and their individual practice needs. Our PCP support strategies include the following:

Investing in Primary Care Infrastructure — AmeriHealth Caritas Louisiana offers our Quality Enhancement Program (QEP) to all PCPs as a first step to value-based contracting. The QEP provides an incentive payment for practices that achieve NCQA recognition as a patient-centered medical home. Starting this year, AmeriHealth Caritas Louisiana's PCP QEP program will include an incentive for data exchange, with participants earning an additional 5% of their total per enrollee per month to support HEDIS® and quality performance-reporting activities. The data exchange process allows providers to demonstrate services provided to enrollees that may not be captured in claims data. We also participate in the Centers for Medicare & Medicaid Comprehensive Primary Care Plus program, a regionally based multi-payer model, and the Primary Care First multi-payer model.

Effective Support and Coaching — Our Provider Services and Supports team assists PCPs with core competencies such as billing, HEDIS coding, and basic operations. Our practice transformation experts, including the Practice Transformation Director, Manager of Value-Based Contracting Programs, and provider engagement specialists focus on helping network providers improve quality and reduce costs. Our dedicated value-based resources and our provider experts:

- Work with providers to develop, implement, and track performance improvement plans.
- Provide education and coaching on quality measures, change management, and new VBP models.
- Disseminate best practices and lessons learned across the network.
- Support provider adoption and use of available tools and data to optimize practice workflows.
- Assist providers and engage practice staff in overall population health management.

Investing in Future Health Care Leaders — AmeriHealth Caritas Louisiana partners with Louisiana State University System institutions on several initiatives, including an internship for Masters of Public Health students and a Population Health Management rotation and Health Policy Fellowship program for medical students, and advises on the development of a Health Navigator Certification and Associate Degree curriculum for Delgado Community College with Dr. Peggy Honoré, the AmeriHealth Caritas — General Russel Honoré Endowed Professor at the Louisiana State University Health Sciences Center New Orleans.

2.6.9.2.2

Supporting Behavioral Health and Specialty Providers

AmeriHealth Caritas Louisiana is a leader in integrated care and behavioral health delivery systems and payment reform. In 2016, **we were the first Healthy Louisiana MCO to offer a VBP arrangement to behavioral health providers**. Our payment reform strategies include:

Advanced Payment Methodologies — For specialty providers, we offer episode-based payment models that reward providers who improve quality and manage enrollees' cost of care associated with specific episodes of care. These models are flexible and tailored to include gain and/or risk-sharing incentives. Episode-based models are available for maternity, cardiology, behavioral health, and substance use

disorders, and for providers who treat enrollees with chronic conditions, such as diabetes or asthma. We also offer shared savings VBP models that reward integrated delivery systems and specialty care providers, including specialized behavioral health providers, for effectively addressing enrollees' needs across multiple care settings. The models are designed to eliminate fragmentation and waste, as well as improve enrollees' health outcomes. We share the savings generated by high-quality care management and coordination with providers as an incentive for delivering cost-effective care.

> *"AmeriHealth Caritas Louisiana has diligently worked with us to find the shared savings program that would be most appropriate for our association…Working alongside AmeriHealth Louisiana to find ways to enhance service delivery with quality outcomes through a value-based partnership has been a pleasure."*
>
> *— Katie Corkern, Executive Director, Louisiana Rural Mental Health Alliance*

Innovative Contracting — We are expanding the continuum of care by continuing to build out intensive outpatient programs as a step down from inpatient psychiatric hospitalization. We currently contract with two providers for this service and are actively working with additional providers, including adding up to five adolescent Mental Health-Intensive Outpatient sites across the State (Shreveport, Covington, Laplace, Alexandria, and Lafayette), which would provide an important new alternative level of care for this age group.

Leadership in the Healthy Louisiana Community — We are a leader in multiple delivery system reform efforts specific to behavioral health, including joint efforts among the five current Healthy Louisiana MCOs to revise the Quality Monitoring Strategy and audit tool for quality monitoring of behavioral health providers and work with behavioral health trainers to unify the strategy for conducting Quality Monitoring. We also played a leadership role in organizing an 18-month series of meetings (from 2017–2019) among Office of Behavioral Health administrators and representatives of the five MCOs to discuss and achieve increased behavioral health provider capacity to offer evidence-based interventions to enrollees 0–5 years of age.

2.6.9.2.3

Strategies to Share Provider Performance Data With Providers

We have processes in place for sharing network performance data via monthly, quarterly, and ad hoc reports that incorporate a variety of nationally recognized performance measures.

AmeriHealth Caritas Louisiana has developed **provider profiles** based on utilization data, HEDIS measures, and other specialized metrics relevant to LDH requirements and priorities. We profile all PCPs and the top behavioral health and specialty provider types that account for approximately 75% of claim volume for behavioral health and specialty services. We initiated the collaboration with all Healthy Louisiana MCOs for the standardization of Provider-Specific Profile Reports to help ensure provider convenience and ease of use. In addition to our foundational provider profiling, our proprietary **PerformPlus suite of value-based purchasing programs** include robust provider dashboard and report card components used by both AmeriHealth Caritas Louisiana and our providers to monitor and enhance performance (see Figure 2.6.9-1 Provider Dashboard Example).

Our PNM team provides **face-to-face support** on VBPs, access to and effective use of actionable data, identification of opportunities for improvement, and intervention strategies and ongoing monitoring of results. Our Practice Transformation Director and Manager of Value-Based Program Contracting provides **ongoing training** to help ensure that the PNM team has the skills and resources necessary for provider engagement and performance improvement. Our **data exchange processes** (through health information exchanges [HIEs] and directly with providers) allow us to build and report a comprehensive assessment of population health and performance based on HEDIS measures; reward our providers who provide comprehensive care; drive appropriate, preventive, and routine patient care; and identify population-level opportunities for quality improvement. Additionally, we will continue to enhance information shared through HIEs, including PCP assignment, health plan case manager information, and enrollee risk scores, which can be used by providers to improve care coordination.

2.6.9.3

Provider Engagement Model

Our Provider Engagement Model, based on years of experience in Louisiana, offers our network providers administrative simplification, efficient issue resolution, and prompt and accurate provider payment. AmeriHealth Caritas Louisiana views direct provider relationships and outreach to identify core concerns as the gold standard for provider satisfaction. Our provider engagement model is

comprised of communication; education and support services; outreach and visits; the PAC; support for delivery system and payment reform initiatives; the Secure Provider Portal; 24/7 support for urgent or non-routine requests; a toll-free telephone number; the provider support plan; the provider satisfaction survey; and timely complaint investigation and resolution.

2.6.9.3.1

Staff That Play a Role in Provider Engagement

Our Chief Executive Officer Kyle Viator, Medical Director/Chief Medical Officer (CMO) Dr. Rodney Wise, Behavioral Health Medical Director Dr. Betty Ann Muller, and Pharmacy Director Jeanine Plante regularly reach out to and engage providers to explore creative solutions for improving the care of enrollees and assess satisfaction of providers. Our provider engagement model encompasses many AmeriHealth Caritas Louisiana departments and teams, including, but not limited to, those described in the Staff Leadership, Roles, and Number of Staff table. Each staff member is appropriately trained to fulfill their role in a manner complementing noted years of experience.

Staff Leadership, Roles, and Number

Team	Leadership and Area of Responsibility	# of Staff
PNM Field-Based Staff	With 13 years of managed care experience in Louisiana, Clarence Grant, Jr. leads our PNM team. Charleen Gauthreaux, Manager of Value-Based Program Contracting, leads provider engagement in performance-based payment models. Our Practice Transformation Director provides practice transformation support and leadership related to promoting data sharing and VBP strategies.	[redacted]
Provider Services — Claims Education, Complaint/Dispute Resolution, and Provider Services Line	Kelli Nolan (with 18 years of experience supporting Louisiana Medicaid providers), leads this team, which maintains the provider complaint system; administers JOC meetings; implements and reviews provider clinical and claims education; and helps ensure systems are configured in alignment with approved payment policies. Ms. Nolan also provides oversight of the Provider Services Line and our PAC. Our Interim Chief Operating Officer, Don Gregory is the lead for all administrative and operational health plan functions.	
Provider Communications and Training	Directed by Tricia Grayson (with over 12 years of experience identifying, developing, and delivering targeted provider education and learning tools), this team helps ensure consistent and concise provider communication; coordinates cross-functional groups in developing and delivering timely provider training and notices; and updates the desktop workflow tool used by provider-facing associates across the organization.	

2.6.9.3.2

Local Field Representatives

Provider interactions are critical to effective engagement efforts. Account Executives, our local provider field representatives, are dedicated to PCPs, specialists, behavioral health providers, ancillary providers, network hospitals, and dedicated clinical liaisons. While all of our Account Executives are cross-trained, we do have dedicated representatives for hospitals and behavioral health providers to support their unique needs. Our PNM field-based staff are located in the communities they serve and deliver in-person support in all of LDH's nine regions.

Our field-based provider services and support staff include specialized Account Executives, called Clinical Liaisons. Clinical Liaisons work to identify barriers, trends, and opportunities related to access needs,

appointment availability, and network gaps as they relate to discharge planning to help ensure our enrollees receive all medically necessary services upon discharge. Each Account Executive also serves as a point of contact for providers who request assistance with linking enrollees with specialized services.

2.6.9.3.3

Mechanism to Track Interactions With Providers

Our Provider Services and Support team documents all provider interactions, including in-person contact, provider correspondence, site visits, provider training, and provider calls to the Provider Services Line, in systems and workflow management tools including the Jacada Integrated Agent Desktop (IAD) for provider services calls. Information captured during site visits and over phone conversations includes providers joining or leaving a group, discussions related to HEDIS measures, practice transformation, panel size, access and availability, claims issues, inquiries and complaints, claims education, training provided, and other validations. We also track electronic interactions with providers that occur through our Provider Portal regarding claims status inquiries, training modules, authorizations, panel status, eligibility inquiries, and reassignment validations.

Documenting all provider interactions into a single platform where all provider-facing staff can access the communication history for each provider supports consistent communication and rapid issue resolution. We categorize calls broadly and specifically to allow data trending of a particular provider, provider group, or issue. Data that we track includes, but is not limited to, providers' high-volume claim denials, claim payment or reimbursement concerns, prior authorization inquiries, and training needs.

2.6.9.3.4

Using Utilization Data and Feedback to Identify Training Needs

We obtain provider feedback and identify patterns of issues through JOCs, provider office visits, and PAC meetings. We take a proactive approach to minimize provider complaints. Our Provider Services and Support teams have bi-weekly meetings to proactively identify claims and denial trends and to address system configuration changes, provider education needs, and training needs. In addition, our Provider Support and Services team convenes SMEs to identify root causes; discusses issues and resolutions with key internal staff; and initiates provider notifications, as needed, to help ensure timely resolution and remediation. We also utilize JOCs to work with providers in an effort to resolve issues before they rise to the level of a complaint.

Our Clinical and Operations teams collect utilization data and provider feedback and review this information to monitor provider performance trends and identify outliers that may require training or remediation. Remediation may include a network-wide alert to educate providers on a specific topic; an on-site visit by field staff to support an individual practice through training; development of a quality improvement plan; or an on-site peer-to-peer meeting with our CMO, Behavioral Health Medical Director, and/or Pharmacy Director.

2.6.9.3.5

Metrics Used to Measure Satisfaction of Network Providers

AmeriHealth Caritas Louisiana takes a continuous quality improvement approach to provider satisfaction. We use the key methods presented in the Measuring Overall Satisfaction of Network Providers table to derive metrics to measure the overall satisfaction of our provider network. Metrics include satisfaction ratings with a range of MCO services, including enrollment, provider resources, provider services, the provider portal, the authorization process, provider education programs, and claims payment.

Measuring Overall Satisfaction of Network Providers

Method	Description
Provider Satisfaction Surveys	We monitor our providers' satisfaction on an annual basis through provider satisfaction surveys to assess the strength of our provider relationships, identify opportunities for improvement, and compare our performance against the other Healthy Louisiana MCOs.
Satisfaction With the Provider Services Call Line	We evaluate the accuracy of information shared through the Provider Services Call Line on an ongoing basis to help ensure accuracy and relevance to providers' concerns. We look specifically at first call resolution, call center satisfaction, and Customer Service Representative satisfaction.
Provider Complaints Reporting	We use the data contained in monthly reporting of provider complaints by category to LDH to identify, track, and trend provider complaints.
Audit of Site Visits	Through post-visit audits, we ask about the Account Executive's knowledge and ability to answer questions; a general rating of the visit effectiveness on a scale of one to five; and if the provider has any feedback about the visit.
Other Methods	We share and trend (through a cross-functional workgroup of provider-facing teams that include Account Executives, Provider Service Call Line staff, our UM team, and our QAPI committee) information we are hearing in our daily interactions.

2.6.9.3.6

Approach and Frequency of Provider Training

We deliver ongoing provider education to facilitate compliance with AmeriHealth Caritas Louisiana and Healthy Louisiana Program requirements through our Provider Learning Continuum. The Provider Learning Continuum is designed to meet providers where they are and seeks to move the provider and their practice along a quality continuum by providing education, training, core competencies, and practice transformation. An example of our approach to working with providers to deliver meaningful training is our **collaboration with the Louisiana Primary Care Association to offer Mental Health First Aid courses**. We educate our providers around our policies and procedures in a timely and comprehensive manner (including whenever we publish updates) and regularly obtain feedback on and evaluate our provider education programming. We provide at least seven days' advance notice of all provider trainings to LDH and invite LDH to participate in all provider trainings.

AmeriHealth Caritas Louisiana's Approach to Provider Training

Approach	Frequency
Basic training, including Medicaid program requirements required in Section 2.10.7 of the Model Contract and MCO Manual Part 10.	Within 30 days of contracting
Provider Portal Tools Trainings.	Monthly
Top Denials Training.	Monthly
CALOCUS/LOCUS Training.	Monthly
Treatment Planning and Documentation and ROI Training.	Monthly
Access and Availability Training.	Monthly
HEDIS Training.	Quarterly
Prior Authorization Process.	Bi-annually
Physical health and behavioral health integrated care TeleECHO clinics.	Bi-monthly
Behavioral Health Claims Training.	Monthly
Cultural Competency Training.	Quarterly
LGBTQIA+ Cultural Competency Training.	On-demand
Value-Based Contracting Training.	On-demand
Provider Resources.	On-demand
Program Specific Training.	On-demand
Provider Training eModules.	Ongoing

2.6.10
Utilization Management

This enrollee's Case Manager helped her reclaim her independence after a broken wheelchair and health complications left her bed ridden.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.10 Utilization Management

2.6.10.1

AmeriHealth Caritas Louisiana has applied sound Utilization Management (UM) principles that deliver the most appropriate care in the most appropriate setting since we first began serving the State over nine years ago. Our experienced and locally based UM staff are largely hired from the provider community, giving us a deep understanding of people we serve and our providers' needs. Lakesha Dickerson, DNP, Medical Management Coordinator, has served at AmeriHealth Caritas for two years and supervises our UM functions. Yolonda Spooner, MD, board-certified family medicine physician, first began working with our health plan during the initial transition to managed care in Louisiana. She serves as a Medical Director and currently oversees physical health UM. Craig Troxclair, MD, board-certified forensic psychiatrist, has been with us for six years. He is a Medical Director of Behavioral Health and directs behavioral health UM. We have established collaborative relationships with providers to reduce administrative burden, provide a user-friendly UM system to obtain authorizations, and address the needs of Louisiana's most vulnerable residents. These efforts have produced results. **For the period 2019–2020, AmeriHealth Caritas Louisiana earned an overall 3.5 in both Quality and Consumer Satisfaction ratings and received all available points for UM related elements of our NCQA Health Plan accreditation**. We will continue to maintain industry standard UM policies and procedures that comply with State and federal policies and regulations, the Louisiana Department of Health (LDH) requirements set forth in **Section 2.12** of the Model Contract, **MCO Manual §2.12**, and NCQA standards.

> *Our UM department's peer-to-peer review process received the highest provider satisfaction ratings of any health plan in Louisiana in 2020, with 70.0% satisfaction compared to the statewide average of 58.7%.*
>
> *— AmeriHealth Caritas Louisiana 2020 Provider Satisfaction Survey*

AmeriHealth Caritas Louisiana's Authorization Process

AmeriHealth Caritas Louisiana's authorization process provides a streamlined, comprehensive, integrated mechanism for consideration of services in a timely, cost-effective manner. Non-urgent and urgent requests for new and ongoing authorizations are triaged and reviewed to help ensure appropriateness of care and consistent decision-making. Existing prior authorization, concurrent, and post-service authorization policies for processing requests align with LDH's medical necessity definition, the Mental Health Parity and Addiction Equity Act (MHPAEA), and the Model Contract. Pharmacy processes described in this response apply to the review and approval of provider-administered drugs. We recognize the role of the state's selected single pharmacy benefits manager and will coordinate with that entity to support delivery of appropriate services to our enrollees.

Processing Service Authorization Requests

Requests for authorizations may be submitted to our UM and Pharmacy departments by phone, fax, written request by the provider or enrollee, or electronically. We use InterQual® Medical Review Service as part of our Provider Portal to process authorization requests and provide real-time responses. Our process begins with identifying eligibility and covered services, along with proactively reaching out to obtain clinical information from the requesting provider when needed, without asking for the entire medical record. Our qualified staff (including nurses, pharmacists, licensed mental health professionals,

and licensed substance use clinicians) review, document, and approve requested services in a timely manner to accommodate clinical urgency and minimize disruption in care.

If sufficient clinical information is not available, our UM and Pharmacy departments contact the treating provider to request additional information for purposes of making a determination, in accordance with **Section 2.12.11.1** of the Model Contract. If the treating provider does not provide a complete medical history, or if our UM associates are unable to establish medical necessity, they refer to a Louisiana licensed physician or psychologist for a final determination. Pharmacy reviews are forwarded to a clinical pharmacist for review. In evaluating the request, the clinical pharmacist will rely on any additional information supplied by the prescriber, claims history, guidelines published in recognized compendia, and accepted clinical practice guidelines. Our Medical Directors may consult with an external physician reviewer specializing in the services requested or engage in peer-to-peer review with the treating provider to inform authorization determination. This collaborative process offers providers the opportunity to discuss requested services and/or engage in case consultation, as needed. Any decision to deny or authorize a service or medication in an amount, duration, or scope less than what is requested is made by an AmeriHealth Caritas Louisiana Medical Director, pharmacist, or physician designee and is based on LDH-approved criteria. **We offer requesting providers the ability to have determinations reevaluated through our informal reconsideration process. This provides an opportunity for the provider to speak with our clinical reviewers about the denial and help ensure all information is being considered.** We promptly notify providers and enrollees of decisions in writing via a Notice of Action, consistent with requirements and timeframes established in the Model Contract.

Timing of Service Authorization Decisions — Timeframes for standard, expedited, and post-service authorization requests, along with Contract guidelines for sending written notifications, comply with **Section 2.12.6** of the Model Contract. Authorizations are completed within timeframes to accommodate clinical urgency, help ensure accuracy, and minimize potential disruption in care. Automated features in our Integrated Population Health Platform enable us to manage compliance within decision timeframes. UM work queues display determination due dates and the priority of the request. We measure performance via weekly and monthly reports to identify and address any compliance barriers. The Pharmacy Benefits Manager (PBM) staff review requests within 24 hours of receipt, seven days a week, in accordance with the **MCO Manual**. The online pharmacy authorization approval process guides providers through authorization criteria and can render an immediate determination for several drugs.

Documenting Authorizations — AmeriHealth Caritas Louisiana's UM department documents authorization requests in our Integrated Population Health Platform, and the Pharmacy department documents medical pharmacy requests in a proprietary prior authorization platform from our affiliate, PerformRx℠. These systems are linked, enabling coordination of services. Documentation includes case number, requestor name, date, time, submission method associated with receipt of request, substance of request, and steps taken to review the request; the determination made, including the time and date, and the name and title of the person making the decision; rationale for the decision; and the name of person notified.

Continuous Process Improvement — AmeriHealth Caritas Louisiana is continuously working on streamlining UM processes. We are currently implementing a solution to streamline our authorization request intake process using a tool called UiPath™ to digitally read faxes (which account for 82% of our authorization requests) and translate them into a case in our integrated Population Health Platform (ZeOmega® Jiva™ [Jiva]). Both UM and care management functions use Jiva, which promotes ease of referral and collaboration to support enrollee transitions of care. The UiPath system will reduce the time

and staff effort needed to manually create cases from faxed information, expediting clinical reviews. Additionally, in 2022, we will be enhancing our capabilities to use the admission, discharge, and transfer (ADT) and Continuity of Care Document information to build cases for UM review in Jiva. **Providing these connections with additional facilities will further reduce our dependencies on faxed clinical information. We have focused significant investments in offering the provider community a method for submitting authorization requests through the Provider Portal, resulting in bidirectional communication. Providers will be able to view the status of a request, receive approval, view pending decisions or denial determinations, amend a service request, and upload documents.**

UM Workflow Flow Chart

The Standard and Expedited Authorization Process Flowchart depicts the workflow from initial request to final disposition.

Figure 2.6.10-1 Standard and Expedited Authorization Process Flowchart

2.6.10.2

Criteria for Determination of Treatment

AmeriHealth Caritas Louisiana uses well-defined, nationally recognized review criteria that represent best practices; support medical necessity; and are based on evidence-based clinical criteria to make objective, measurable UM decisions. Our criteria include (in priority order): the AmeriHealth Caritas

Louisiana Provider Manual; Change Healthcare InterQual; National Imaging Associates Radiology Guidelines; AmeriHealth Caritas Louisiana Clinical Policies; and Clinical Policy Committee approved preventable and clinical practice clinical guidelines, including American Society of Addiction Medicine Guidelines and Pharmacy Prior Authorization Criteria. UM staff use these criteria to make UM determinations related to medical necessity that are based on sound clinical evidence. Clinical criteria are reviewed, updated as necessary, and approved by the Quality Assessment and Performance Improvement Committee, which includes community-based practicing physicians in primary and specialty care, as well as the Quality of Clinical Care (QCC)/Utilization Management Committee, at least annually and as otherwise required by LDH and other applicable regulatory agencies.

Applying UM Criteria to Determine Appropriateness of Treatment

UM staff uses the LDH contract, AmeriHealth Caritas Louisiana Provider Manual, the LDH definition for medical necessity, and approved clinical criteria for determining the medical necessity of covered services that require authorization. UM staff also consider individual enrollee factors and the characteristics of the local health delivery system. The Clinical and Other Information Collected to Determine Appropriateness of Treatment table summarizes this information.

Clinical and Other Information Collected to Determine Appropriateness of Treatment

Clinical Information Collected	Considered
• Name and date of birth. • Primary care provider or specialty providers. • Diagnosis(s). • Procedural codes (if available). • Medical history. • History of present illness. • Presenting symptoms. • Prior treatment outcomes. • Current clinical status. • Plan of Care. • ED treatment. • Current treatment. • Discharge Plan. • Information regarding condition and instructions at prior discharge if re-admission within 30 days.	• Enrollee individual considerations. • Age, comorbidities, complications, progress of treatment, psychosocial situation, and home environment. • Local delivery system. • Availability of sub-acute care facilities or home care in the AmeriHealth Caritas Louisiana service area for post discharge support. • AmeriHealth Caritas Louisiana benefits for sub-acute care facilities or home care, where needed. • Ability of local hospitals to provide all recommended services within the estimated length of stay.

UM processes for determining appropriateness of treatment and coordination with case management helps us address our enrollees' complex needs, as demonstrated by enrollee Lexa's story.

[redacted]

[redacted]

Applying UM Criteria to Determine Appropriateness of Site

Our UM processes are focused on making sure enrollees receive high-quality, clinically appropriate services at the right level of care, in the right diagnostic and treatment setting. UM staff review clinical information provided and apply nationally recognized, evidence-based clinical criteria in a manner customized to the enrollee, including complications, comorbidities, psychosocial situations, and home and local service delivery environments to help guide decisions. We work closely with local delivery systems to build and foster positive relationships and maintain a comprehensive provider network of physical and behavioral health providers to address individual enrollee health care needs. For example, we have a long history of contracting and collaborating with skilled nursing facility and long-term acute care providers and have worked with them on safe discharge requirements. These relationships allow our UM staff and Medical Directors to collaborate more effectively with providers, and identify which provider best meets our enrollees' placement needs. We continuously monitor the provider network to make sure that enrollees can access the appropriate level of care. For example, AmeriHealth Caritas Louisiana developed reimbursements and a reimbursement policy, in addition to building out a network for both home- and center-based infusion, thereby reducing reliance on hospital-based infusion sites. This provides enrollees with more accessible services, reducing the historical patterns of ED utilization for infusion services to treat pain in sickle cell disease patients, and shortening or eliminating skilled nursing unit stays as a step down from inpatient care.

Ensuring Consistent Application of Criteria

AmeriHealth Caritas Louisiana helps to ensure consistent application of criteria to determine appropriateness of treatment using Inter-rater Reliability (IRR) testing. UM clinical staff are assessed for consistency on the application of review criteria quarterly, while physician reviewers are assessed twice a year, using the IRR process. Case scenarios for IRRs are developed by a certified InterQual clinical trainer and constructed to assess appropriate and consistent application of criteria; highlight new or existing criteria with nuanced interpretations; and focus on at least one case reflecting a denial. In addition to the IRR process, when the case files are audited, the training/auditing team examines whether the correct medical necessity criteria were selected as a component of the clinical review process. Annual InterQual update training is held for all associates to help ensure staff awareness of changes and the appropriate application of new criteria sets. At the end of training, associates are given a 10-question IRR; if a passing score is not obtained, management begins re-education related to InterQual criteria reviews. **The physician IRR score was 96.7% for June 2021**.

Monitoring High ED Utilization

We have worked aggressively to reduce high ED utilization through our existing processes and active programs. To assist in this initiative, we continuously monitor data to identify high and inappropriate ED utilization through a number of different methods.

Using ADT Feeds to Identify Enrollees With High ED Utilization — In 2019, AmeriHealth Caritas Louisiana was the first Healthy Louisiana MCO to go live with utilization of a new ADT feed, offered through the Louisiana Hospital Association. ADT feeds allow us to refer enrollees who access the ED to

the Rapid Response Team (RRT) so they can quickly engage enrollees to better determine the reasons for ED use and identify any needs. We built functionality to send these alerts to the Provider Portal so that a primary care provider (PCP) can identify enrollee ED usage on a daily basis. We refined our approach in the summer of 2020 to create logic that combines ADT feeds with enrollees' predictive risk scores to automatically assign them to an outreach modality based on their utilization histories and risk levels. Interventions include outreach and engagement in care management, follow-up from the RRT, or tailored educational messages via text. Most recently in 2021, we added the ability of behavioral health providers to receive ADT alerts through our portal for attributed enrollees.

Identifying Enrollees With High ED Utilization Using Predictive Modeling — We identify enrollees as emerging or high-risk for high ED utilization by analyzing ED trends, using predictive modeling, risk-scoring analytics, and referrals from providers to refer enrollees to the appropriate level of care management. We integrate information from health needs assessment results, claims, laboratory results, eligibility files, and third-party data (social vulnerability index and distance mapping).

Identifying Potentially Preventable ED Visits — We use 3M's Potentially Preventable Events algorithm for identifying enrollees with potentially preventable ED visits (PPVs).

Addressing High ED Utilization

Addressing high ED utilization begins with a comprehensive understanding of specific issues challenging Louisiana enrollees. Common reasons given for ED utilization include access (nights, weekends, physician office not open, etc.), social factors (housing instability), and behavioral health comorbidities (mental illness, opioid prescription, substance use). In addition to our overall quality improvement program and value-based contracting strategies, approaches to address high ED utilization include, but are not limited to:

Rapid Response Team — RRT care connectors proactively connect enrollees to needed care to avoid PPVs. They support Case Managers by receiving inbound calls and performing outreach to promote healthy choices and close important care gaps, such as scheduling screenings and arranging health care appointments and transportation. The team will address immediate enrollee needs, verify that enrollees are established with a health care provider, and refer enrollees to complex care management for continued care coordination services. Daily reports incorporate information from ADT feeds and the 24-hour Nurse Line, which care management and RRT staff use to identify enrollees to facilitate rapid follow-up after ED visits and hospitalizations and make connections to recommended care. The Rapid Response toll-free phone line is available to all health plan enrollees and providers.

Urgent Care Network Expansion —AmeriHealth Caritas Louisiana continues to expand our urgent care network, reaching a total of 237 urgent care locations as of April 2021. Targeted expansion efforts were based on geography and ED utilization data. Enrollees frequently cite the need for evening and weekend hours as a driver for preventable ED utilization, which an expanded urgent care network can better meet. This expansion provides enrollees with options for conditions that can be treated by a care provider in a non-ED setting and allows us to offer a more appropriate site of care for ED visits that might be classified as potentially preventable. ZIP codes with a newly contracted urgent care center showed a significant utilization shift from EDs to urgent care centers**. Additionally, enrollees who sought care at an urgent care center were [redacted] less likely to seek additional care in the next 30 days and had average episodes of care that were [redacted] less than enrollees who went to the ED.**

Care Extender Program — We offer a fully evidence-based solution to reduce the frequency of ED visits through our Care Extender program. This program was piloted in North Louisiana to connect enrollees

with targeted care management and promote community stabilization and was successful in connecting enrollees to outpatient providers. Referrals are based on a list of enrollees with high frequency of behavioral health admissions and ED utilization. Care Extenders are available to the enrollee 24/7 via telephone, text message, and face-to-face interactions to address additional concerns. The goal is to teach enrollees to self-advocate for their needs. Upon completion of the program, enrollees are transitioned into care management for on-going supports and services. The program currently covers members in Shreveport, Monroe, Alexandria, and Minden. **Enrollees managed by Care Extenders experienced a [redacted] reduction in potentially preventable ED utilization.**

Upward Health® — Upward Health provides in-home and facilitated virtual visits for enrollees who could benefit from ED diversion, transition of care, or surrogate PCP services when a PCP relationship is not established. This program is designed to address the needs of the highest-risk/highest-utilization cohort of enrollees, who have average costs exceeding [redacted] per member, per month (PMPM). Upward Health has been responsible for a [redacted] **reduction in ED visits and a** [redacted] **reduction in inpatient utilization** among AmeriHealth Caritas Louisiana enrollees who participated.

Community Paramedicine Services — AmeriHealth Caritas Louisiana provides community paramedicine services to enrollees through agreements with Mobile Healthcare by Acadian and Ready Responders. The program encourages the appropriate use of emergency services, reduces unnecessary hospital readmissions, and improves patients' ability to manage their health. Our approach leverages an on-demand, mobile workforce of emergency medical technicians, paramedics, and other health professionals to deliver services to enrollees in their homes and help ensure they get needed care.

Embedded Discharge/Transition Case Manager — Our Embedded Discharge/Transition Case Managers work in select hospitals and complete face-to-face visits with hospitalized enrollees to address discharge needs. The Case Manager addresses discharge barriers; coordinates with UM and hospital staff; assists with transitions to the next level of care; and connects enrollees to RRT, case management, and Community Care Management Teams (CCMTs) for additional post-discharge support. We help schedule follow-up appointments and link enrollees to community resources. By engaging enrollees early and providing hands-on support, we decrease unnecessary hospital admissions and reoccurring ED visits. This intervention **reduced ED visits and costs by** [redacted] **and** [redacted]**, respectively, from 2019 to 2020, resulting in an estimated total savings of** [redacted]**.**

Community Health Navigators — AmeriHealth Caritas Louisiana's community health navigators (CHNs) play a critical role in improving and extending health care coordination through face-to-face activities, such as health education, community navigation, and supporting enrollees during care transition, to decrease reoccurring ED visits. The CHN team follows up with enrollees in the community to communicate information from their Case Manager and assist them in understanding their services and benefits. For example, a CHN may assist in scheduling follow-up appointments or help obtain linguistically appropriate answers to questions related to next steps after being discharged from the hospital or ED. Our approach resulted in improved health outcomes, as evidenced by overall reductions in ED admissions, re-admissions, and visits. **Preventable ED utilization decreased by** [redacted] **for enrollees engaged between January 2019 and March 2020**.

Pre-Admission Screening and Resident Review

The Office of Behavioral Health (OBH) conducts Pre-Admission Screening and Resident Review (PASRR) Level I review, then sends referrals for PASRR Level II evaluation and documents obtained during PASRR Level I evaluations via secure email to AmeriHealth Caritas Louisiana. First, our PASRR Liaison reviews

the referral, answers screening questions, and sends the referral to our review subcontractor, with Level I medical records and mental health records attached. The review subcontractor then completes the PASRR II evaluation and returns the evaluation via secure email to AmeriHealth Caritas Louisiana within four Calendar Days. Following the completion of the Level II Evaluation, the PASRR Liaison reviews the evaluation to help ensure that it is complete, then submits it to OBH with a notification of submission. OBH then faxes their determination to AmeriHealth Caritas Louisiana; the PASRR Liaison attaches the final determination to the enrollee's file in our case management system and assigns a Case Manager for outreach/enrollment. If OBH denies a nursing facility level of care, the enrollee becomes part of the Department of Justice target population and will be referred to Community Case Management. The AmeriHealth Caritas Case Manager works with Community Case Management to help ensure that the enrollee is linked to any specialized behavioral health services, including working with the behavioral health UM team to obtain medical necessity determinations for behavioral health services that require prior authorization.

If OBH approves the nursing facility and there are recommended behavioral health services, the member is assigned an AmeriHealth Caritas Louisiana Case Manager. The Case Manager does not close the case but continues to monitor and check up with the enrollee every three months until discharge in order to attempt care coordination. If the enrollee agrees, the Behavioral Health Case Manager completes an assessment and creates a Plan of Care for care coordination. The Case Manager continues to attempt to reach the enrollee in an effort to coordinate care needs.

Concurrent Review

Our UM associates perform concurrent reviews for behavioral health and physical health telephonically, by fax, through the Provider Portal, and/or via access to the enrollee electronic health record, per provider preference. The concurrent review process then examines enrollee information to determine the appropriateness of treatment, level of care, continued stay needs, and expected needs at discharge. Once medically necessary criteria are met, UM clinicians approve requested coverage for admission or continued stay. If the UM reviewer is unable to approve admission or additional days, we refer to a Medical Director, including a behavioral health Medical Director if services warrant, or their physician designee for review and determination. If services are approved, the UM clinician documents approval and notifies the facility or treating physician. In situations where medical necessity is not met for continued stay but an enrollee has complex medical needs that render it difficult to transition to a lower level of care, our clinical team continues to approve acute inpatient stay until an appropriate lower level of care can be found. Concurrent review nurses identify providers for outpatient follow-up care. We focus on discharge planning as a key component of our concurrent review process. **We have trained all our concurrent review RNs to serve as active discharge planners. Their collaboration with the acute and post-acute facility case management teams helps to ensure that enrollees are prepared for a safe transition to the next level of care and/or back into the community.** As needed, we assist enrollees with setting up post-discharge meal services through our **Food as Medicine** program. Our proposed value-added service of a respite care program will support our enrollees who are experiencing homelessness and have post-acute medical needs. By providing support and services to enrollees post-discharge, we are able to increase community transition success and reduce readmission.

Ensuring Compliance With Mental Health Parity Requirements

AmeriHealth Caritas Louisiana's UM team helps to ensure that our enrollees receive timely, medically necessary, and appropriate care to maintain and improve overall health in accordance with the

MHPAEA. Providing behavioral health services in an integrated managed care plan enables a level of accountability and transparency not available to health plans that rely on behavioral health subcontractors or separate corporate entities. It allows us to offer a broad network of providers, which limits out-of-network referrals and prior authorization requirements for most outpatient behavioral health services (e.g., we do not require authorization for many behavioral health services, such as medication-assisted treatment).

AmeriHealth Caritas developed a Parity Compliance Program modeled after guidance from the Centers for Medicare & Medicaid Services Parity Compliance Program toolkit. The goal of our Parity Compliance Program is to help ensure compliance with MHPAEA through ongoing monitoring and analysis. The Parity Compliance Program involves engagement from key functional business areas, including Pharmacy, Operational Excellence, UM, Legal, Compliance, Credentialing, and Network Management departments, to deliver continued improvement on our MHPAEA processes and efforts. This program is overseen by the AmeriHealth Caritas Louisiana Compliance Department. The Compliance Team reviews the Quantitative Treatment Limits and Non-Quantitative Treatment Limits analyses and discusses the comparability of mental health/substance use disorder (SUD) benefits to medical services, confirming parity within the analysis. If we determine that there is not parity, we identify the source and send it to that team to update our policies to help ensure parity, and then complete another analysis.

We operationalize non-quantitative treatment limitations (NQTL) analysis with direction from national advocacy organizations — including The Kennedy Forum — to bring greater compliance, transparency, and accountability to MHPAEA, aligning our processes with their findings. In addition to the annual review of NQTLs, as written, we have an early warning tool to continually monitor for potential disparity in the application of NQTLs. The tool monitors denial rates and decision timeliness for physical health and behavioral health benefits within each market using means testing of variance and standard deviations of NQTLs.

Our Compliance Team, in collaboration with the multi-disciplinary leadership team overseeing the Mental Health Parity program, provides annual comprehensive training on MHPAEA to our UM, Care Management, Provider Network, and Pharmacy teams. Additionally, associates from all departments are invited to participate in periodic training on mental health parity delivered by the Compliance Team.

Identifying Over-Utilization

We recognize that managing over-utilization is critical to controlling costs from adverse health events and inappropriate utilization of services, while maintaining quality of health care services. Our UM program is backed by sophisticated data analytics platforms and is staffed with experienced integrated clinical UM teams to help ensure enrollees receive access to timely services and appropriate evidence-based care. AmeriHealth Caritas Louisiana uses robust analytics to monitor over-utilization of services, with a particular focus on high-cost services to identify emerging-risk enrollees, improper utilization, and fraud. We analyze claims, authorizations, utilization, and health outcomes to help coordinate care and connect enrollees to needed services and supports to improve health and reduce costs. The Prior Authorization Governance team manages and analyzes UM data, supported by UM Operations and Physician Reviewers. The team performs reviews for approval and denial trends based on prior authorizations and claims annually, quarterly and on an ad hoc basis as needed, and can recommend changes to prior authorization rules accordingly.

Medical Trend Council — AmeriHealth Caritas Louisiana also receives the support of a cross-functional leadership team with representation from functional areas, including Population Health and Quality,

Finance, Payment Integrity, Data Analytics and Governance, and Provider Network Management, to oversee the management of medical/health care costs. The team meets monthly, with a focus on AmeriHealth Caritas Louisiana-specific results at least quarterly, and provides both strategic and tactical guidance on policy and operational changes and interventions necessary to effectively manage medical costs while supporting access to high-quality care for enrollees.

Mitigating Over-Utilization

AmeriHealth Caritas Louisiana employs several UM initiatives to reduce over-utilization, including:

Targeting Emerging Issues — When we identify a specific area of over-utilization, we target it with enhanced oversight and new policies, as appropriate. For example, when our claims analysis identified over-utilization of urine drug screening, we worked with other Healthy Louisiana MCOs to establish a policy that put reasonable limits on the use of that service. We identified a similar issue for endovascularization through collaboration with LDH, and an updated policy was approved in July 2021. Similarly, in June 2021, AmeriHealth Caritas Louisiana shortened the authorization period for Assertive Community Treatment (ACT) to 6 months from 12 months in order to be more actively involved in this intensive level of care so that we can support the enrollee to be successful in their plan of care. When an ACT provider submits a request for prior authorization for continued ACT services, the monthly enrollee outcome data is reviewed for the previous three months to help ensure that the enrollee is engaged in treatment. We also collect outcomes to assess the impact of the ACT services, including information about each enrollee's housing status; medical, behavioral health, SUD, and ED admissions; employment activities; and medication adherence, which indicate whether each enrollee is benefiting from ACT team services. This enables us to support better outcomes for enrollees who need ACT. We recognize that durable medical equipment is also an emerging area with a need for enhanced monitoring. It has been a component of recent workgroups to develop new review policies and standard operating procedures.

AmeriHealth Caritas Louisiana Pharmacy Director Jeanine Plante serves as Chair of the Louisiana Managed Medicaid Association Pharmacy Committee. She led efforts to establish a protocol with the LDH Pharmacy Department to consider recommended formulary changes, criteria updates, and point of sale edits that could reduce potential overutilization.

Prior Authorization Criteria Development — The team performs reviews for approval and denial trends based on prior authorizations and claims annually, quarterly and on an ad hoc basis. The pharmacy staff monitor claims data and, through drug utilization review activities, identifies opportunities to add a prior authorization requirement to physician-administered medications to avoid inappropriate use. These reviews can lead to recommendations to change prior authorization rules based on approval and denial rates.

Medical Necessity Review For High-Cost Procedures — Our licensed specialists review high-cost services (e.g., imaging) that result in sustained reductions in high-cost procedures per enrollee.

Fraud, Waste, and Abuse Monitoring Activities — We report suspected fraud, waste, and abuse (FWA) to the Special Investigations Unit (SIU), which investigates and reports, as appropriate, to the LDH Program Integrity Unit. Through our partnership with LDH and the Louisiana Office of the Attorney General, Medicaid Fraud Control Unit, we also use their monitoring and alerts to supplement our UM team's knowledge and detection of potential FWA. AmeriHealth Caritas Louisiana uses reporting and

data to identify opportunities to avoid unnecessary over-billing and over-utilization. Trends in over-utilization of certain procedure codes have led to more stringent pre- and post-authorization requirements where appropriate.

Value-Based Provider Incentives — AmeriHealth Caritas Louisiana developed our Quality Enhancement program in 2014. This program, as well as our entire suite of PerformPlus® value-based payment (VBP) models, measures and incentivizes cost and efficiency, in addition to quality care. We have expanded these programs every year since 2014, and in 2020 added a total cost of care evaluation that will further incentivize providers to support enrollees in reducing inappropriate utilization patterns.

Mental Health Rehabilitation Report — Our behavioral health team developed and implemented internal monitoring of Mental Health Rehabilitation providers to determine if quality and requirements for staff and agency services were being met by reviewing agency organizational requirements and randomized treatment records. This review process was shared with OBH and other Healthy Louisiana plans and helped to inform and enhance the treatment record review process tracked through the Quality Monitoring Summary Report of Behavioral Health Providers. We follow up with providers when reporting identifies deficiencies and determine whether to develop corrective action plans, initiate referrals to SIU, or retain providers in the network. Our goals are to increase the quality of services provided, identify potential FWA, and reduce unnecessary service utilization.

2.6.10.3

With more than nine years of experience in the State, we have a deep understanding of the unique health care needs of Louisiana communities and develop individualized models, programs, and practices to successfully help enrollees access the high-quality care they need to best improve their health. AmeriHealth Caritas has been operating for over 38 years and currently serves more than 4.7 million enrollees. AmeriHealth Caritas Louisiana benefits from the expertise, shared systems, and capabilities of AmeriHealth Caritas and its affiliated Medicaid health plans.

Utilization and Increasing Medical Trend Challenges

AmeriHealth Caritas Louisiana routinely monitors utilization and medical trends on an ongoing basis. We recognize that enrollees who are high utilizers are significant drivers of increasing medical trends. Many of these enrollees have co-existing health and social factors that complicate attaining optimal health care. Challenges with high utilizers include locating the enrollee due to housing instability, enrollee acceptance of care management services, multiple complex conditions, and behavioral health or substance use issues. Our data analysis in Louisiana identified ED utilization, behavioral health inpatient admissions, and opioid use as increasing trends. Our experience gives us the ability to customize solutions to meet enrollees and providers where they are, allowing us to better develop targeted initiatives that provide better health care. For example, **our PerformPlus programs reward providers whose efforts demonstrate efficient care transitions. We also reward providers who positively impact avoidable ED utilization through an enhanced provider reimbursement campaign, where providers receive incentives for delivering services that can be appropriately treated in a non-emergency setting. Through this effort we have seen a [redacted] reduction in PPVs**. With respect to opioid use, Dr. David Hamlin, AmeriHealth Caritas' Corporate Director of Dental Programs, is a nationally recognized expert on reducing the over-use of opioids in dental settings having presented his work in this area at the International Association of Dental Research. Dr. Hamlin will collaborate with the LDH pharmacy team and the State-designated PBM to advance approaches to address this issue in Louisiana.

Managing High Utilization

AmeriHealth Caritas Louisiana utilizes our experience to tackle increasing medical trends and reduce high utilization and lower health care costs. Key activities include, but are not limited to:

Hospital Outpatient Program Extension (HOPE) — This program mirrors an intensive outpatient program with covered benefits to offer a step-down or diversion from inpatient behavioral health services. Treatment is supportive and offers immediate access to aftercare counseling, family session, and medication management assistance. Our goal for the HOPE program, which started in 2018, is to stabilize enrollees and prevent ED admissions. Since then, the program has received in-lieu-of services approval from LDH, demonstrating its value in meeting enrollees' needs. **After 12 months, participating patients' medical and inpatient costs were lower compared to the prior period. Inpatient costs decreased by [redacted], and medical costs decreased by [redacted].**

Short Stay Admission Review — Inpatient admissions were reviewed to identify high utilization of inpatient stays of 1–2 days related to a set of ambulatory care sensitive conditions. A significant number of admissions were identified where care provided could have been safely and appropriately administered in an outpatient setting. To reduce this inappropriate inpatient utilization and improve outpatient management, we implemented a process where requests for inpatient admissions are routed for review through a Medical Director for potential peer-to-peer consultation to determine the most appropriate level of care before authorization is provided.

Community Care Management Team — The AmeriHealth Caritas Louisiana CCMT, introduced in 2014, amplifies the traditional care management continuum by providing high-touch, face-to-face engagement for high-risk enrollees with complex care needs. Our goal is to decrease overall costs by reducing ED utilization and inpatient admissions and coordinating care with the community for ongoing care. CCMT supports the development of enrollee self-management skills through encouragement and coaching for chronic disease management and supports interventions required for high-risk enrollees. In addition to improving the care and health outcomes of enrollees, our CCMT provides valuable information for and coordination with other health plan staff and services, as well as providers in the community, with the goal of helping enrollees receive the right care in the right place at the right time. **An analysis of CCMT participants from 2014 to 2020 showed a total medical cost decrease of [redacted], ED cost decrease of [redacted], and potentially preventable inpatient cost decrease of [redacted].**

Addressing Use of Low-Value Care

AmeriHealth Caritas Louisiana has several initiatives to promote conversations between providers and patients and help ensure that care is supported by evidence to make sure enrollees are not at risk for receiving low-value care, per the Model Contract. We review literature, clinical criteria and policies, and clinical and technical literature and consult with board-certified providers from appropriate specialties or professional organizations to identify appropriate industry standard approaches to care. Our clinical policies and guidelines are available on our provider website and Provider Portal. We incorporated the Choosing Wisely® initiative, a nationally recognized campaign, in our efforts to reduce unnecessary spending in low-value care in favor of evidence-based, cost effective, and patient-centered care. We also take recommendations from our subcontractors who manage specialty benefits. For example, our radiology benefit manager submits high-tech imaging requests to evidence-based review criteria and tracks radiation exposure by enrollee. Additionally, Bright Start®, our prenatal program, combs medication data for pregnant enrollees receiving harmful medications, including opioids.

We continuously review our current programs for potential improvement. The following are currently in development or under consideration: review of sinus X-rays; lumbar spine imaging in uncomplicated low back pain; human papilloma virus testing before the age of 30 or annually thereafter; androgen therapy for low testosterone levels; use of back braces in chronic pain; surgical deactivation of migraine trigger points; passive motion devices following uncomplicated knee surgery; and use of expanded lipid levels. Any new test or procedure reviewed as part of the Choosing Wisely initiative is intended to generate a conversation between the provider and enrollee about what is the safest, most appropriate, and necessary treatment given the enrollee's condition. Introduction of any new initiatives depends on the ability to achieve the goal of the Choosing Wisely initiative, without imposing undue prior authorization burdens on the enrollee or provider or limiting access to tests and procedures. We communicate this information to providers via education seminars or fax blast and to enrollees via newsletter and website.

Reducing the Need for Long-Term ED Stays

AmeriHealth Caritas Louisiana uses a targeted, evidence-based approach to reducing long term ED visits due to the limited availability of behavioral health services. By having community-based crisis services to de-escalate problems, we can complete comprehensive assessments and make treatment recommendations in the community and avoid ED and inpatient admissions, freeing up available capacity. Our Initiatives to Reduce the Need for Long-Term ED Stays include the following.

Initiatives to Reduce the Need for Long-Term ED Stays

Initiatives	
Availability of Behavioral Health Inpatient Services	Because some ED stays are prolonged by a lack of sufficient inpatient behavioral health capacity, we maintain a robust network of providers for inpatient admissions, and our UM processes identify the appropriate level and site of care.
Crisis Continuum of Care	We have worked with numerous providers including Compass, St. Tammany's Safe Haven, Jefferson Parish Human Services Authority, the City of New Orleans, and RI International in Baton Rouge on the development of the behavioral health crisis services level of care. We are actively engaged in the implementation of the newly defined crisis care services.
Behavioral Health Crisis Line	Our crisis line is a best-in-class, nationally recognized, American Association of Suicidology-accredited, Louisiana-based crisis line, available 24/7/365. Calls are answered within 30 seconds by an Enrollee Services Crisis Intervention Specialist. The Crisis Intervention Specialist assesses crisis risk and provides rapid, solution-focused therapy to stabilize the caller over the phone. If a caller is unable to be stabilized over the phone and presents imminent danger to self or others, a crisis mobile team is dispatched, where locally available, to meet the enrollee in the community and provide in-person intervention, or 911 is called. This offers enrollees experiencing a behavioral health crisis the ability to de-escalate and avoid going to the ED. The RRT follows up in 24 to 48 hours to help ensure that the enrollee is connected to needed care.
Medication Adherence	Our Population Health Management platform uses built-in alerts to identify non-adherent enrollees, signaling the care management team to proactively intervene when necessary. Keeping enrollees on their medications helps keep them out of the ED in the first place. Medication adherence is further supported through Medication Therapy Management (MTM). Our MTM activities will leverage claims data received from the State-designated PBM and will be conducted in-house by our affiliate pharmacy services subcontractor, PerformRx, and are fully integrated with our physical health and behavioral health coordination efforts. Additional MTM services are provided via a partnership with community pharmacists.
Provider Education	We use initial and ongoing training to help ensure that providers understand what behavioral health services are available in various settings and encourage appropriate utilization. We use the ECHO™ model to facilitate case-based learning for front-line

Initiatives	
	practitioners via teleconferencing clinics. The sessions are ongoing and offered on a weekly basis to all network providers. The clinic is open to provider questions about any problems or concerns they may have in delivering services.

Supporting Providers With High Prior Authorization Denial Rates

AmeriHealth Caritas Louisiana recognizes that high denial rates can have tangible effects on our enrollees and providers. Our efforts begin with a proactive approach of outreach and ongoing education with providers and their staff. For example, when a prior authorization request lacks information necessary for determinations, our UM associates reach out to requesting providers to educate and obtain the specific information needed. We provide the opportunity for peer-to-peer clinical consultation prior to denial and education by clearly communicating the reasons for denial and how to prevent future denials. Our Provider Advisory Committee meetings include education about areas with high denials and updates on tools and strategies to prevent unnecessary denials, including how to use the CPT® codes Lookup Tool on our website to determine which codes require authorizations. We also offer providers Top Denial Webinars that address reoccurring denials. We participate in the Louisiana Hospital Association annual provider meeting where we discuss common denial reasons and how to prevent these from occurring. We also proactively outreach to our providers any time we make a change to prior authorization requirements. We alert our provider network of changes through fax blasts, electronic communication notices, and policies and procedures posted to our provider website and Provider Portal. Our provider-facing field staff review planned changes during routine provider site visits. We facilitate regular Joint Operating Committee meetings with participating health systems to address and resolve topics identified as needing re-education, including issues related to denials.

Our UM team collaborates with Provider Services and Support teams to conduct root-cause analyses and identify drivers of denial trends. If we identify drivers related to provider billing errors, we offer practice-level support facilitated by our claims educator. **If multiple providers are affected, we re-examine claim and authorization data to understand the services being utilized and make policy changes if appropriate. For example, we waived prior authorization for psychological testing for children under age six with autism in order to eliminate unnecessary denials. This change was in response to listening to providers and evaluating whether our policies helped to ensure access to high-quality care.** Specific to behavioral health, we have worked to improve provider knowledge of the services available throughout the continuum of care and their appropriate use, which helps decrease the rate of denied authorizations. Our Behavioral Health Coordinator Chris McNeil was a leader in a joint effort among five Healthy Louisiana MCOs to update and revise the audit tool for quality monitoring of behavioral health providers, which received final approval from LDH. Mr. McNeil is a leader in the development of a review tool for Applied Behavioral Analysis providers. These reviews are expected to start in late 2021. He and Behavioral Health UM Review colleague Jennifer Deshotel also led an effort to update and unify the strategy for Quality Monitoring of behavioral health providers. Mr. McNeil has worked with the behavioral health trainers from the five Healthy Louisiana MCOs to schedule and deliver provider trainings on the quality monitoring tool.

2.6.11
Quality

AmeriHealth Caritas Louisiana Wellness & Opportunity Centers offer enrollees and community members a neighborhood resource for health and benefit education and activities, such as exercise classes.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.11 Quality

2.6.11.1

Our Commitment to Quality Improvement in Louisiana

For the past nine years, AmeriHealth Caritas Louisiana has executed a quality strategy that underpins our commitment to quality improvement and alignment with Louisiana Medicaid's Quality Strategy, including the Louisiana Department of Health (LDH) incentive-based quality measures. Our commitment to quality is more than our structured Quality Management and Quality Improvement (QM/QI) program. It is seen in health plan-wide activities that reinforce that quality is part of every associate's job. **It is evident in our culture of continuous quality improvement, our NCQA Distinction in Multicultural Health Care status, and our NCQA Medicaid Health Insurance Plan Ratings. For 2019–2020, we earned an overall plan rating of 3.5 and a 3.5 in Consumer Satisfaction, and received all available points in our NCQA accreditation process.** Our QM/QI program is the responsibility of the Quality Assurance and Performance Improvement (QAPI) Committee, which is overseen by AmeriHealth Caritas Louisiana's Board of Directors. The goal of our program is to improve health outcomes and reduce disparities while ensuring the quality and safety of the care and services provided to enrollees by operating a comprehensive program that supports Louisiana Medicaid's Quality Strategy. Our overarching approach to improve outcomes with a focus on the high priority incentive metrics identified in **Attachment H** of the Model Contract include:

According to the LDH Managed Care Quality Dashboard, AmeriHealth Caritas Louisiana leads in 9 out of 15 incentive-based measures, including well care visit measures.

- Provider incentives to reward higher performing providers who meet quality benchmarks for delivery of high quality health care for our enrollees.
- Provider training and practice transformation teams that provide details on measures along with provider profile reports on incentive-based quality measures.
- Proactive enrollee outreach (face-to-face, text, mail, emails, phone and social media campaigns).
- Collection of digital clinical data not available on claims from providers to improve accuracy and reduce administrative burden of medical record reviews.
- An Integrated, health equity-focused enrollee approach, including stratification of performance measure by geography, ethnicity, race, and disability status.
- Promotion of evidence-based Clinical Practice Guidelines (CPGs).

The Advancing Louisiana Medicaid's Quality Strategy and Incentive Metrics table highlights examples of specific strategies that support the LDH quality goals outlined in **Attachment H** of the Model Contract. This listing is a subset of the several current and planned strategies that we will build upon in alignment with Louisiana Medicaid's 2021 Quality Strategy.

Advancing Louisiana Medicaid's Quality Strategy and Incentive Metrics

Better Care	
LDH Quality Strategy Goal: Ensure access to care to meet enrollee needs.	
LDH Quality Strategy Objective: Ensure timely and appropriate access to primary and specialty care.	
AmeriHealth Caritas Louisiana Strategy: Nurture provider relationships	**PerformPlus® Provider Dashboard** — Includes provider self-service software tools to ease access to actionable data at the point of care to improve care gap closure rates and cost management and increase social determinants of health (SDOH) identification, outreach, and resolution. Enhancements to the tools already offered to providers will

through outreach, provider support, and data sharing.	bring data into a single source environment to improve providers' ability to identify high-risk enrollees and manage them in the most effective setting of care. The enhancements, along with our practice transformation coaches and data exchange, enable providers to reach value-based goals while improving administrative ease.
LDH Quality Strategy Goal: Improve Coordination and Transitions of Care.	
LDH Quality Strategy Objective: Ensure appropriate follow-up after ED visits and hospitalizations through effective care coordination and case management.	
AmeriHealth Caritas Louisiana Strategy: Expand programs that address barriers and improve coordination of care following ED visits and hospitalization.	**Admission, Discharge, and Transfer Reporting** — Admission, discharge, and transfer (ADT) data is used by Integrated Care Management teams to outreach enrollees discharged from the ED or hospital. Our analyses show that individuals who received a successful outreach were [redacted] less likely to have a subsequent hospital encounter. Network behavioral health providers and primary care providers (PCPs) are given access to ADT data. Providers are able to access timely utilization data to facilitate rapid follow-up. This strategy advances the **Follow-Up After Hospitalization for Mental Illness, Follow-Up After ED Visit for Mental Illness, and Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence** metrics.
LDH Quality Strategy Goal: Facilitate Patient-Centered, Whole Person Care	
LDH Quality Strategy Objective: Engage and partner with enrollees to improve enrollee experience and outcomes.	
AmeriHealth Caritas Louisiana Strategy: Expand delivery of community-based services to deliver whole-person care.	**Community Care Management Team** — Includes high-touch, face-to-face engagement through an AmeriHealth Caritas care management team, consisting of a nurse, social worker, and Community Health Navigator to address SDOH and decrease ED utilization and inpatient admissions. The Community Care Management Team (CCMT) coordinates care with community providers and supports and develops enrollee self-management skills. In 2019, enrollees engaged with CCMT received 2,976 face-to-face visits and 3,143 successful telephonic contacts. From 2014–2020, impacted enrollees showed a mean reduction of [redacted] inpatient admissions per year.
LDH Quality Strategy Objective: Integration of behavioral and physical health.	
AmeriHealth Caritas Louisiana Strategy: Transform the system of care in Louisiana to achieve whole-person, fully integrated health outcomes.	**Integrated Health Assessments** — We offer clinical training for providers on the use of integrated health assessments, which allow physical health providers to identify and refer enrollees who have behavioral health needs. Incentives are offered to providers who complete and report applicable scores for the PHQ-9, Screening, Brief Intervention and Referral to Treatment (SBIRT), Patient Stress Questionnaire, and/or The Healthy Living Survey. We also participate in PIPs that specifically target the increased primary care use of developmental screenings (which include behavioral health indicators), and PCP support and education on appropriate assessment and treatment of ADHD. In addition to these efforts, we are launching a pilot digital consumer experience technology for select PCPs to screen for and identify existing and previously undetected behavioral health conditions.
Healthier People, Healthier Communities	
LDH Quality Strategy Goal: Promote wellness and prevention.	
LDH Quality Strategy Objective: Implement effective wellness and prevention programs as outlined in 2021 Louisiana Medicaid Managed Care Quality Strategy.	
AmeriHealth Caritas Louisiana Strategy: Engage and empower enrollees to seek preventive care, complete age appropriate screenings, and make healthy choices.	**C-section Provider Program** — We use data to identify providers with high C-section rates. Our Chief Medical Officer (CMO) provides peer-to-peer communication with those providers regarding best practices to avoid unnecessary C-sections. This strategy advances the C-section Rate for Low-Risk First Birth Women metric. **Franciscan Missionaries of Our Lady Health System (FMOLHS) School-Based Health Center (SBHC) Collaboration** — We work with FMOLHS at an SBHC to provide block scheduling for school-aged enrollees to receive sports physicals, wellness visits, and immunizations. This strategy advances the Immunizations for Adolescents metric. **Care Gap Pilot** — We developed a disparity care gap pilot targeting Black children under two who are noncompliant with vaccination requirements. Parent/guardians receive

	telephonic education and assistance with appointment scheduling. This strategy advances the **Childhood Immunization Status** metric. **Feist-Weiller Cancer Center Partnership** — We collaborate with Feist-Weiller Cancer Center (FWCC) to invite enrollees to complete mammograms and colorectal and cervical cancer screenings at FWCC's mobile unit at our Shreveport Wellness & Opportunity Center and throughout the north Louisiana region This strategy advances the **Cervical Cancer Screening** and **Colorectal Cancer Screening** metrics.
LDH Quality Strategy Goal: Improve chronic disease management and control.	
LDH Quality Strategy Objective: Improve disease management for hypertension, diabetes, cardiovascular disease, respiratory disease, and HIV management and control.	
AmeriHealth Caritas Louisiana Strategy: Equip enrollees to effectively self-manage chronic conditions through tools, education, and care coordination.	**HIV/SDOH Pilot** — Using race, ethnicity, and language and SDOH data, we identify HIV+ enrollees impacted by health disparity who have a housing challenge and/or unsafe living conditions and refer them to our Housing Department to help secure adequate housing. This strategy advances the **HIV Viral Load Suppression** metric. **Food as Medicine** — We partnered with Capital Area United Way (CAUW) and Care South to execute and support a pilot program to provide home-delivered fresh fruits and vegetables to targeted diabetic and/or hypertensive enrollees with a diagnosis of obesity. This strategy advances the **Diabetes: Hemoglobin A1C >9** and **Controlling Blood Pressure** metrics. **Heart Healthy Monitoring Program** — We implemented a program for high-risk enrollees in care management with a primary diagnosis of uncontrolled congestive heart failure and uncontrolled hypertension, with 2 or more inpatient admissions or ED visits within a 6-month period, and/or gestational hypertension. These enrollees received a blood pressure cuff, scale, and educational materials for monitoring their conditions. This strategy advances the **Controlling Blood Pressure** metric.
LDH Quality Strategy Objective: Improve quality of mental health and SUD care.	
AmeriHealth Caritas Louisiana Strategy: Commitment to training providers to identify, stabilize, engage, treat, and maintain enrollees with SUD.	**PCP Behavioral Health Toolkit for Opioid Use Disorder** — We developed a provider training module that provides background on opioid use disorder (OUD) (including overview of epidemic; DSM-5® criteria; CDC guidelines for prescribing opioids; evidence-based practices (EBPs), including medication assisted therapy (MAT), cognitive behavioral therapy, mental illness, and peers; screening tools [SBIRT], and resources). The training is geared for PCPs to better identify, treat, and manage OUD in their practice, as well as know when to refer and collaborate with behavioral health and SUD providers. **MAT Provider Training** — AmeriHealth Caritas Louisiana offers reimbursement for MAT training, either in-person or virtual, to any network provider willing to treat patients with SUD to increase provider capacity to treat enrollees with SUD.
LDH Quality Strategy Goal: Improve population health and address health disparities.	
LDH Quality Strategy Objective: Stratify key quality measures by race/ethnicity and rural/urban status and narrow health disparities.	
AmeriHealth Caritas Louisiana Strategy: Understand and continually analyze data to reduce disparities.	**Race, Ethnicity, and Language Data Collection** — We collect self-reported data on enrollees' race, ethnicity, and spoken and written language through our enrollee-facing associates. Data is integrated into management information systems and updated on a periodic basis. Race, ethnicity, and language data is used to stratify and direct health equity efforts and approaches. Our Health Equity, Louisiana Style workgroup implements interventions based on cultural, linguistic, and geographic characteristics of the enrollee populations in need of additional health plan support. In analyzing HEDIS® data grouped by race and ZIP Code™, we identified health disparities among Black enrollees with diabetes in specific Shreveport and New Orleans ZIP Codes. In response, we created the Control Your Diabetes, Control Your Destiny program. Providers and community organizations were engaged for participation and planning. Impacted enrollees were invited to attend with transportation provided, if needed. The programs,

	held at the Wellness & Opportunity Centers, were designed to close gaps in diabetes care and improve health outcomes.
LDH Quality Strategy Objective: Advance specific interventions to address SDOH.	
AmeriHealth Caritas Louisiana Strategy: Identify and develop initiatives to address disparities to increase health equity and improve population health. Advance specific interventions to address SDOH.	**Caritas Impact Coalitions** — AmeriHealth Caritas Louisiana will use its Wellness & Opportunity Centers to facilitate community-designed health improvement solutions through Caritas Impact Coalitions using the *collective impact* approach. Caritas Impact Coalitions will help build and augment individual and family programming, which health care providers, public health, and community-based organizations currently offer. We will use the Health Equity **P**rioritize health equity; **E**ngage the community; **T**arget health disparities; **A**ct on the data; and **L**earn and improve (PETAL) framework. Plan data is supplemented with public health data to identify the most important health disparities in the neighborhoods around our Wellness & Opportunity Centers. This work is modeled after and guided by the approach of other successful collective impact models including work in Flint, Michigan to address teen suicide and violence and work in Cincinnati, Ohio to address infant mortality. All activities will begin in the first quarter of 2022 and continue as needed based on our ongoing review and analysis of identified measures.
Smarter Spending	
LDH Quality Strategy Goal: Minimize wasteful spending	
LDH Quality Strategy Objective: Reduce low value care.	
AmeriHealth Caritas Louisiana Strategy: Partner with providers to expand focus on quality care.	**Clinical Policy Development** — We engage in an ongoing process of developing policies designed to discourage low value care. The plan recently implemented an updated policy for Endovascular Treatment for Intermittent Claudication. The policy updates our standards to encourage providers to pursue more intermediate, appropriate treatment options to avoid unnecessary, low value, high-cost interventions.

2.6.11.2

Assessing Utilization Rates

In general, under-utilization of high-value health and wellness services, recommended screenings, and chronic condition management leads to overutilization of high-cost services like ED visits, inpatient admissions, and re-admissions. We monitor and assess utilization of services in alignment with LDH's Quality Strategy using the sources listed below:

Data Sources for Assessing Utilization Rates

- Claims.
- Authorization data.
- Supplemental data from medical record reviews.
- Laboratory clinical results.
- SDOH source data.
- Enrollee and provider demographics.
- Provider profiles.
- HEDIS trending data.
- ADT feeds from Health Information Exchanges (HIEs).
- Special Investigations Unit data.

To identify under-utilization of services, we track and trend HEDIS and LDH metrics and other standard industry metrics. For assessment of over-utilization, we track and trend potentially preventable events (PPEs) and other measures such as ED visits/1,000 enrollee months and all-cause readmissions. We monitor procedures and services relevant to our enrollee population that are prone to either over- or under-utilization. Our Quality of Clinical Care (QCC)/Utilization Management (UM) Committees review the results of our analysis and recommend activities for improvement.

Medical Trend Council — AmeriHealth Caritas Louisiana also receives the support of a cross-functional leadership team with representation from functional areas, including Population Health, Quality, Finance, Payment Integrity, Data Analytics and Governance, and Provider Network Management, to oversee the management of medical/health care costs. The team meets monthly, with a focus on

AmeriHealth Caritas Louisiana-specific results at least quarterly, and provides both strategic and tactical guidance on policy and operational changes and interventions necessary to effectively manage medical costs while supporting access to high-quality care for enrollees.

Assessing Potential Utilization Improvement

We compare assessment results to benchmarks and conduct segmentation analyses by diagnosis, age, race, ethnicity, and SDOH status; parish where enrollees reside; and provider access and availability. These analyses offer insight into utilization patterns and barriers to receiving the right care, in the right place, at the right time, including lack of available services, access to appropriate care, and/or SDOH issues. We identify opportunities for improvement based on these assessment results.

Examples of Opportunities for Improvement Identified Through Assessment

Example	Description
Prevention and Screening	Under-utilization of childhood immunizations, cancer, and diabetes screenings.
Medication Adherence	Inconsistent refills of medications for chronic conditions such as cardiovascular disease, diabetes, and HIV.
ED Utilization	Inappropriate low-level and high-frequency ED utilization.
Provider Service	Over-utilization of drug screening and opioid prescribing, and under-utilization of syphilis screening during pregnancy.

We will use our assessment process to identify opportunities to reduce low-value care and propose initiatives to promote high-value care, consistent with Louisiana Medicaid's Quality Strategy and Contract requirements.

Improving Quality of Care Through Provider and Enrollee Incentives

AmeriHealth Caritas Louisiana uses financial and other incentives to engage providers and enrollees in health care improvement. These incentives promote high value and timely care, such as preventive services, while helping to decrease the occurrence of potentially preventable events.

Examples of Provider and Member Incentives

Example	Description
Provider Incentives	PerformPlus provides financial incentives to providers for quality health care to providers across the care continuum. These programs advance payment reform, improve health outcomes, and align with LDH's Medicaid Quality Strategy. Value-based participating providers can identify frequent ED utilizers and recent readmissions, and review HEDIS results, care gaps, clinical risks, and other enrollee data through dashboards and provider profiles. We initiated the collaboration between MCOs to standardize Provider Report Cards to reduce provider administrative burden and improve ease of use. From 2017–2019, we saw the following improvements linked to provider incentives: • Adolescent Well Care Visits — 9.95% • Comprehensive Diabetes Care — Dilated Eye Exam — 8.54% • Comprehensive Diabetes Care — HbA1c Test — 7.18% • Follow-up for Children Prescribed ADHD Medication, Continuation, and Maintenance — 8.41% • Well-Child Visits in the First 15 Months of Life — 7.73%
Enrollee Incentives	The Healthy Behaviors program incents enrollees to obtain preventive health care services such as immunizations, prenatal and post-partum visits, and cervical cancer and diabetic screenings. We identify needed healthy behaviors through a personalized care gap/care reminder report on the Member Portal and our mobile app. If an enrollee does not have access to technology, reminders are provided telephonically and via mail. Based on principles of behavioral economics, these

Example	Description
	programs reinforce positive behaviors through financial rewards, immediate gratification, and loss aversion to improve enrollee engagement with appropriate healthy behaviors.

Evidence-Based Interventions and Strategies For Super-Utilizers

The Centers for Medicare & Medicaid Services (CMS) identified super-utilizer programs as one of three effective strategies to reduce inappropriate ED utilization[1]. AmeriHealth Caritas Louisiana defines super-utilizers as those enrollees with 10 or more ED visits and/or four or more admissions in a period of 12 months. We use the following EBPs to engage and manage super-utilizers:

Evidence Based Strategies Targeting Super-Utilizers

Approach	Description
Integrated Population Health	Super-utilizers receive tailored care coordination, barrier identification, education and interventions that use EBPs like motivational interviewing, and person-centered-thinking to engage the enrollee in their health. The strategy emphasizes identifying and addressing SDOH.
CCMT	The CCMT, described in **2.6.11.1**, is based on evidence from the Care Coordination Pathways model and the Camden Coalition of Healthcare Providers.
Integrated Physician Practice	In 2020, we added a risk-based Integrated Physician Practice (IPP) for our super-utilizer cohort of enrollees. Using principles from the University of Pennsylvania's IMPaCT model and other EBPs, IPP provides an integrated multidisciplinary team of clinicians, CHNs, and health care professionals who plan a whole person/whole system intervention to address enrollees' physical, behavioral health, and SDOH needs. CHNs meet the enrollee in their home, facilitating a high-touch approach, guiding the enrollee through the care plan, and creating connections to community resources and supports.

Evidence-Based Approaches to Reduce PPEs

AmeriHealth Caritas Louisiana uses 3M for identifying PPEs to measure and monitor overtreatment, complications, and unnecessary care. Our EBPs to reduce PPEs, including Potentially Preventable Visits (PPVs), Potentially Preventable Admissions (PPAs) and Potentially Preventable Readmissions include those described above with regard to super-utilizers and in the EBPs to Reduce PPEs table:

EBPs to Reduce PPEs

Approach (Evidence Base)	Description
Provider Incentives (Principles for a Framework for Alternative Payment Models; Sam Nussbaum, MD et al. 1; JAMA. 2018.)	As described in our response to **2.6.11.2.2**, we utilize financial incentives for providers to reduce the occurrence of PPEs for their assigned enrollees. In 2019, our Community Partners Program for PCP groups and federally qualified health center (FQHC) providers yielded reductions of [redacted] for PPAs.
ADT Triggers for Care Management Outreach (Non-ED Interventions to Reduce ED Utilization: A Systemic Review. Morgan et al. Academy of Emergency Medicine. 2013 Oct.)	We identify enrollees with high ED utilization through claims history, and more specifically ADT data, for care management initiatives targeting high utilizers. An analysis of this approach found that enrollees who were admitted to the hospital and received a successful follow-up call from our case management team were [redacted] less likely to have a follow-up hospital encounter.
Enrollee-Focused Educational Initiatives (Non-ED	The greatest reduction in PPVs is achieved through our current enrollee education strategies, including:

[1] CMCS Informational Bulletin: Reducing Non-Urgent Use of Emergency Departments and Improving Appropriate Care in Appropriate Settings (01/16/2014)

Approach (Evidence Base)	Description
Interventions to Reduce ED Utilization: A Systemic Review. Morgan et al. Academy of Emergency Medicine. 2013 Oct.)	• Enrollee access information on our expanded urgent care network within the Member Portal and materials distributed in the community. • Community Health Education Team connects with enrollees to help schedule PCP appointments after an ED visit, and provide education on appropriate ED use.
Virtual On-Going Biometric Monitoring (Celler et al, Studies in Health Technology Information. 2018)	Home telemonitoring programs for chronically ill individuals improve enrollee outcomes on key quality metrics. This program is described in greater detail in response to **2.6.11.3.3**.
Embedded Discharge/Transition Case Manager (Terra, S., Professional Case Management 2007 May)	Systematic review of evidence-based literature demonstrates that hospital-based case management can result in better enrollee outcomes. Our Embedded Discharge/Transition Case Manager addresses enrollee discharge needs and barriers; coordinates with UM and hospital staff; refers enrollees to the next level of care; assists with post hospital follow-up appointments; and links enrollees to community resources.
Care Extender Program (Unützer et al., Am J Managed Care 2008)	The Care Extender program is a 24/7 care coordination model for enrollees facing behavioral health and emotional challenges and chronic conditions with high ED utilization, inpatient readmissions, and challenges engaging in case management. Care extenders engage eligible enrollees to connect them to resources and education on importance of adherence to treatment and following plans of care. **Enrollees engaged in this program had a decrease in inpatient admissions of [redacted]; and a decrease in ED visits by [redacted].**

2.6.11.3

Our QAPI program applies principles of continuous quality improvement in an organization-wide approach that uses reliable and valid methods of monitoring, evaluation, and improvement. This includes assessing quality and safety of care, utilization patterns, continuity and coordination of care, and network services per the Model Contract.

Analyzing Gaps

Through our QAPI program we gather data and analyze performance related to quality of care and services, measure outcomes, and monitor trends, including utilization patterns over time. Our data-driven decision making process evaluates physical and behavioral health services, management of acute and chronic conditions, and disparities in outcomes. We review enrollee outcomes as part of our evaluation to ensure quality performance measures, as described in **Attachment H** of the Model Contract. Results are compared to benchmarks and/or internal goals to identify opportunities for improvement. We use the data to produce drill-down reports at various levels (regional, provider and facility, and individual enrollee) and by population groups (defined by diagnosis, race/ethnicity, language, age, gender, or geography) and compare the quality indicators to benchmarks, objectives, or internal goals, and between defined subpopulations.

Identifying Underlying Reasons for Variations

Understanding variations in the care provided to our enrollees is an essential step in identifying improvement opportunities. The underlying reasons for variation that we investigate include: SDOH, geographic location of residence, race, ethnicity, and language, provider variation, and issues with access. Some variation in health care is desirable, even essential, since each enrollee is different and should be cared for uniquely. For example, CPGs provide a baseline for delivering appropriate care but

we rely on providers' judgement in applying CPGs to an enrollee's specific treatment needs. New treatments and improvements in care can result in beneficial variation. We investigate variation and conduct a root cause analysis by employing Ishikawa Cause and Effect Diagrams, Key Driver Diagrams, and Process Mapping. We then develop strategies to address the root causes of adverse variations.

Implementing Improvement Strategies

After reviewing our analysis and identifying root cause for variation, improvement strategies are identified by considering the highest potential for impacting health disparities and health outcomes for targeted enrollees. We prioritize the initiatives based on their alignment with our QAPI program goals and LDH's Medicaid Quality Strategy. We consider the potential impact on enrollee experience of care or service, potential provider abrasion, and the per capita cost of care. After identifying high priority areas, a cross-functional workgroup reviews data supporting the selections and considers best practices and the effectiveness of past initiatives and then recommends strategies and related initiatives for implementation. A detailed implementation and evaluation plan is developed, appropriate resources are secured, and partners are engaged to support the selected improvement strategy.

Measuring Effectiveness and Developing Improvement Strategies

We identify external benchmarks and internal improvement goals for measuring the effectiveness of our interventions. Ongoing initiatives are monitored and evaluated throughout the year for re-measurement of outcomes, identification of barriers, and adjustment of the process. We also follow the evidence-based Institute of Healthcare Improvement Model in designing and evaluating the effectiveness of interventions by answering three questions: What are we trying to accomplish? How will we know that a change is an improvement? What change can we make that will result in improvement?

Example: Virtual Ongoing Biometric Monitoring

Step/Function	Action
Step 1: Analyze Data	We performed data analysis of 2019–2020 HEDIS rates stratified by race, ethnicity, and language and geography. Comprehensive diabetes care presents opportunities to reduce disparities among targeted populations. We were seeking to specifically target improvement in **Diabetes: Hemoglobin A1C > 9 and Controlling Blood Pressure** incentive metrics. We selected interventions in Black communities to address identified disparities.
Step 2: Identify Reasons for Variation	In spite of overall outcome improvements, Black communities have historic outcome disparities in the comprehensive diabetes care sub-measure HbA1c testing when compared to the white enrollee group. We attribute this to limited access to monitoring services and/or distance to PCPs. 2019 data shows a disparity increase in HbA1c testing for Black enrollees that began in 2018, with the gap growing from [redacted] to [redacted]. In 2019, there was a [redacted] gap within our Black enrollees for the controlling blood pressure measure.
Step 3: Implement Interventions	We implemented Virtual On-Going Biometric Monitoring to close gaps, reduce disparity, and improve health outcomes while enhancing the enrollee experience. Targeted enrollees were provided digital mobile disease management and data analytic services via a telemedicine platform. Enrollees identified as eligible received an iPhone with internet biometric devices, including weight scale, blood pressure cuff, pulse oximeter, and AVIVA connect glucometer.
Step 4: Measure Effectiveness	• [redacted] of the Black population were compliant for an eye exam compared to [redacted] of the Black population not enrolled in the program. • [redacted] of the Black population were compliant for controlling blood pressure compared to [redacted] of the Black population not enrolled in the program. • [redacted] of the Black population engaged in the program received an HbA1c test compared to [redacted] for the Black population not enrolled in the program.

Step/Function	Action
	• For the consistently enrolled population, the program resulted in a decrease in medical costs of [redacted] on average. This includes an [redacted] decrease in inpatient cost, [redacted] decrease in PPAs, and [redacted] decrease in PPVs. • The program resulted in a [redacted] reduction in inpatient admissions, [redacted] reduction in inpatient days, [redacted] reduction in ED visits, and a [redacted] reduction in PPVs.

2.6.11.4

QM/QI Program

We use continuous quality improvement to design, implement, operate, evaluate, and improve services for enrollees. The QM/QI program is a company-wide endeavor, with teams who collaborate through interdepartmental monitoring and activities to improve the quality and safety of care and services that enrollees receive that meet or exceed expectations for satisfaction and improved health status. We pursue this goal through measuring outcomes; analysis of barriers to care and service; development and implementation of interventions; and evaluation of effectiveness of these interventions. Specific annual goals, aligned with LDH's quality strategy, are developed and made explicit in our annual QM/QI Work Plan. AmeriHealth Caritas Louisiana provides information to enrollees and practitioners about the QM/QI program, as well as a report on the health plan's progress toward achievement of annual goals.

Current QM/QI Organizational Plan Description and Goals

The scope of the QM/QI program encompasses enrollees, providers, and delivery systems across all dimensions of quality, both clinical and non-clinical. The program includes care management processes; performance-monitoring activities; medical and behavioral health care improvement activities; clinical and non-clinical outcome measures; and satisfaction assessments. The goals of our program are aligned with the goal of Louisiana Medicaid's Quality Strategy. Current goals include but are not limited to: Maintaining NCQA accreditation status with improvement in Health Plan Rating — our renewal survey is in early 2024; increasing provider compliance rate to meet or exceed standards for appointment availability; and strengthening outreach initiatives and initiating new opportunities for identified incentive-based HEDIS measures and measures that scored below the Quality Compass® 25th percentile.

Quality Committees

Our Board of Directors provides strategic direction for the QM/QI program and retains ultimate responsibility for ensuring the program is incorporated into plan operations. Operational responsibility for development, implementation, monitoring, and evaluation of the QM/QI program is delegated by the Board of Directors to the AmeriHealth Caritas Louisiana Chief Executive Officer (CEO) and the QAPI Committee. The QAPI Committee, AmeriHealth Caritas Louisiana CMO, and Director of Quality Management are responsible for planning, designing, and implementing QM/QI activities.

The QM Director is the Board's principal agent to help ensure maintenance of an effective quality programs. QM/QI program activity is reported throughout the year to the QAPI Committee. The QAPI Committee is intended to satisfy the contractual, NCQA, LDH, and CMS requirements to have a QM/QI Committee. We will provide LDH with at least 10 days' notice of QAPI Committee meeting dates to facilitate attendance and will provide meeting materials, including minutes and other materials as required. Our QAPI and related committees are described on the Quality Committees table.

Quality Committees

QAPI Committee — The QAPI Committee oversees efforts to measure, manage, and improve quality of care and service delivered to enrollees. It is chaired by our CMO and includes the Behavioral Health Medical Director, Director of Quality Management, directors for integrated medical and Behavioral Health services, participating medical and Behavioral Health network providers, and Member Advocate representatives. The QAPI Committee chair or their designee attends LDH's Quality meetings.	**Provider Advisory Committee** — Reports to Quality of Service Committee. The committee provides a regional forum for providers to give input on AmeriHealth Caritas Louisiana's clinical policy development and provider operations. The Committee promotes collaborative efforts to enhance the service delivery system, improve provider satisfaction and enrollee experience, and promote data sharing and value-based payment strategies.
QCC/Utilization Management Committee — Reports to the QAPI Committee providing direction and oversight of the clinical quality and appeals, utilization management, behavioral health management, population health management, integrated case management, chronic case management, and pharmacy programs.	**Culturally and Linguistically Appropriate Services (CLAS) Committee** — Reports to Quality of Service Committee. The cross-departmental CLAS Committee ensures our responsiveness to enrollees' cultural and linguistic needs by providing direction for activities related to the 15 national CLAS standards and NCQA's Multicultural Health Care Standards.
Quality of Service Committee — Reports to the QAPI Committee. The committee ensures performance and quality improvement activities are reviewed, coordinated, and effective. The committee approves and monitors action plans created in response to variance and reviews the plan's performance dashboard.	**Enrollee Advisory Council** — Reports to the Quality of Service Committee. Provides a regional forum for input from enrollees, advocacy groups, and providers on our programs and policies. The council promotes collaborative efforts to enhance the service delivery system in local communities while maintaining an enrollee focus.
Credentialing Committee — Reports to the QCC Committee and meets monthly to review and revise credentialing policies, ensure plan credentialing policies are followed; review provider credentials that do not meet criteria to render determinations; and ensure processes comply with federal, state, and NCQA standards.	

Scheduled QM Activities

Our QM work plan identifies a schedule for monitoring QM/QI activities, including planning, decision making, intervention, and assessment of results. Our QAPI Committee meets quarterly to discuss the plan, which goes through a continuous process of updating and monitoring. We identify responsible parties and time frames for completing and evaluating activities, including the impact and effectiveness of the QAPI program through:

- **Program Documents** — QAPI, UM, and Population Health program descriptions and evaluations.
- **Quality and Safety of Physical and Behavioral Health Care** — Analysis of adverse events, focused reviews, approval of CPGs, chart reviews, HEDIS measures, and utilization.
- **Enrollee and Provider Experience** — CAHPS®, behavioral health, complex case, and disease management satisfaction surveys, and provider satisfaction surveys.
- **Compliance with Accreditation and Regulatory Standards** — NCQA, External Quality Review Organization (EQRO), LDH, CMS measures, Early and Periodic Screening, Diagnosis and Treatment.
- **Quality of Service from the Health Plan, Practitioners, and Providers** — Call center data, enrollee grievance and appeal, and claims accuracy.

The QM team is responsible for the work plan, including the schedule of activities, based on strategic direction from the Board of Directors. Activity and outcomes are reported using internal tools in addition to reporting tools and specifications required by LDH, including adverse incident and quality of care concerns assessment, investigation, reporting, and follow-up on all adverse incidents involving the Behavioral Health population. We report allegations of abuse, neglect, exploitation, or extortion to

appropriate protective service or licensing agency. The QAPI Committee reports an evaluation of the impact and effectiveness of the QAPI program to LDH annually, in compliance with the Model Contract.

QM/QI Organizational Chart and Staffing

Our daily QM/QI activities are performed by an experienced and motivated team, led by Mary Scorsone, Director of Quality Management. Ms. Scorsone has over 18 years of experience overseeing quality activities for Louisiana's Medicaid program. She was instrumental in designing, implementing, and coordinating the initial Louisiana Medicaid quality strategy and the initial Louisiana Managed Care Organization Quality Program. Her Lean Six Sigma Green Belt demonstrates her expertise in current improvement projects. Our leadership team also includes the Chief Medical Officer, Rodney Wise, MD, and the Quality Manager, Rhonda Baird. Our QM department consists of experienced professionals assigned to the staffing model as noted in the chart and table:

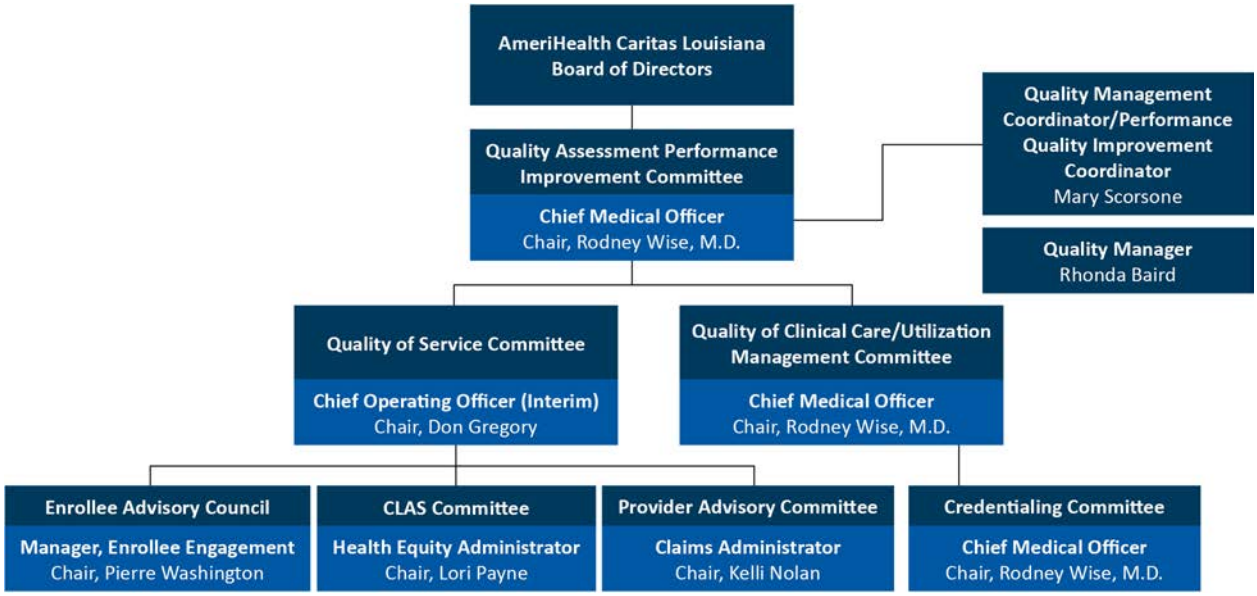


Figure 2.6.11-1: QM/QI Organizational Chart

List of AmeriHealth Caritas QM/QI Staff

Team Member(s)	Role
Quality Department	
Mary Scorsone, RN, BSN	Quality Management Coordinator/Performance Quality Improvement Coordinator (Department Lead)
Rhonda Baird, RN, BSN	Quality Manager
LaKaley Tillery	Quality Supervisor/HEDIS Lead
Carrie Blades, Jana Blaylock, Eddie Pitre, Agnes Robinson, Roberta Sam	Quality Performance Specialists, Clinical
Kenya Dixon, Stephanie Hoch, Cindy Leatherwood, Melody Sherrod	Quality Performance Specialists, Non-Clinical
Additional Key Staff Supporting Quality	
Rodney Wise, MD	Chief Medical Officer
Betty Ann Muller, MD	Behavioral Health Medical Director
Don Gregory	Chief Operating Officer (COO) (Interim)
Lori Payne	Health Equity Administrator
Jennifer Deshotel, LMHP	Behavioral Health Utilization Management Reviewer

Team Member(s)	Role
Pierre Washington	Enrollee Engagement Manager
Kelli Nolan	Claims Administrator
Lakesha Dickerson, DNP	Medical Management Coordinator

Participating in Annual HEDIS Performance Management and Reporting

Each year of operation, AmeriHealth Caritas Louisiana has successfully completed timely, annual HEDIS submissions through a robust data infrastructure, expert team, and proactive approach to continuous improvement.

Capacity for Support — We comply with all HEDIS reporting requirements through an integrated approach to managing ingestion, reporting, and analytics leveraging a certified HEDIS measure suite of solutions, which are connected to the AmeriHealth Caritas data environment. Analytics include tracking and trending prospective rates, predictive modeling, and benchmarking rates against historical performance and targets. We intake supplemental data from HIEs and providers to improve data captured through these channels to mitigate the burden on the provider network. In 2020, 23,037 clinical results made an impact on our HEDIS rates without the need for medical record review.

Availability of Resources —Our HEDIS Strategy and Analytics team produces reports that offer insights into care gaps and progress toward goals on performance improvement measures. The team targets acquisition of digital clinical data through data aggregators and engagement of providers.

Resources to Support HEDIS Performance Management and Reporting

Medical Record Review — Our in-house associates conduct medical record reviews for HEDIS. This capacity demonstrates a proactive approach to quick resolution of data issues. Having in-house functionality allows us to maintain close supervision to ensure data integrity and data collection efforts are prioritized. Our team is trained and monitored to ensure accurate data extraction. We work with providers to gain access to their electronic health records to reduce the administrative burden of medical record collection.
NCQA-certified HEDIS Auditor — We contract yearly with an NCQA-certified HEDIS auditor to validate our data collection and reporting processes in accordance with NCQA requirements. We submit yearly audited HEDIS results to LDH, NCQA, and LDH's EQRO according to NCQA's data submission timeline.

Sample Quality Improvement Activity: Childhood Immunization Initiative

We identify opportunities for improvement through rate analysis and data trending of childhood immunizations. During Measurement Year (MY) 2019 we performed below the Quality Compass 50th percentile. We expected this goal would be challenging due to the COVID-19 public health emergency, however following our data analysis a targeted eligible population of enrollees was selected for a multi-pronged outreach approach using the Plan-Do-Study-Act continuous quality improvement method:

Sample Quality Improvement Activity: Childhood Immunization Initiative

Plan — Childhood vaccines defend children from life-threatening disease. They are imperative for disease deterrence and are an important preventive service for children. Providers and caregivers must ensure each child stays on the proper vaccination schedule to avoid vaccine-preventable diseases. We identified the stratified population for outreach to improve childhood immunization rates. The effectiveness of this project is evaluated through outreach success and health outcome status.
Do — AmeriHealth Caritas Louisiana quality specialists developed a multi-pronged approach for outreach to enrollees via phone, text, and mail. Providers were also identified via Care Gap Query Report to receive training on HEDIS measures and supporting reports available. Enrollee and provider feedback was received during the initiative which supported enhancements to future outreach.
Study — We saw an increase in HEDIS rates for CIS Combo 3 from 68.3% in MY 2019 to 71.53% MY 2020. Notable improvements were [redacted] of the eligible population became CIS Combo 3 compliant by their second birthday. 700 parents/guardians of CIS enrollees received a successful outreach.

Act — Analysis of the data as well as positive provider and enrollee feedback supports project continuation and expansion to areas within Louisiana with the highest disparities. As a result of this initiatives' success, we are in the process of implementing a broader Patient Outreach Management strategy based on tiered reminder outreach attempts, including text messaging, voice calls, and mailers.

Identifying Quality Improvement Plans and Projects

Annually we conduct a data-driven QM/QI evaluation, including an analysis of trends and outcomes for all clinical and service performance measures, Performance Improvement Projects (PIPs), and other activities. Evaluation includes whether statistically significant improvement was achieved and whether the results met objectives. The evaluation assesses the impact of the QM/QI program on enrollees' health outcomes, experience, and per capita cost. It supports identifying barriers and missed opportunities for improvement. We analyze the intended population and subpopulations to aid the plan in refining program structures and necessary resources. In this assessment, we use sources such as the Managed Medical Assistance portion of the Statewide Medicaid Managed Care for aid category and the National Healthcare Quality & Disparities Report.

Potential Topics

When selecting topics, the QM team examines our strategic goals, LDH goals and priorities, the needs of our enrollees, the potential to achieve high impact on enrollees' health status, and the potential to reduce disparities. The potential topics identified through this process include: Food as Medicine, behavioral economics solutions to improve medication adherence within our HIV and hypertension population, and ED partnership pilots to improve follow up and treatment for enrollees with SUD. We then develop the initiative using the Plan-Do-Study-Act Model as described for this one potential topic:

Potential Topic Example: Food as Medicine

Plan — Enrollees with obesity and related chronic conditions, including diabetes and hypertension, need support to encourage healthy diet while incenting wellness and preventive activities. We will partner with United Way and food vendor, Top Box, to promote a basic needs and healthy living. This initiative will target enrollees with a BMI greater than 30 and a diagnosis of obesity,diabetes, and/or hypertension. Enrollees must complete a scheduled visit and selected screenings, and schedule a follow-up appointment to receive a prescription for weekly delivery of fresh fruits and vegetables with some protein. Enrollees are selected based on claims and PCP assignment with Baton Rouge based FQHC Care South. Eligible enrollees must have had a well visit with a Care South provider or have selected a Care South provider as their PCP. We will evaluate effectiveness by monitoring enrollee's health outcomes.
Do — The initial outreach list will include 90 enrollees who are assigned to a Care South PCP or completed their most recent preventive care visit with a Care South provider. After the 2 month pilot concludes, the enrollee can continue receiving food box deliveries from the vendor at a discounted rate by using Supplemental Nutrition Assistance Program℠ benefits (if applicable).
Study — The health plan's Quality team will monitor and track outcomes (i.e. BMI, BP, HbA1c) for enrollees who received weekly food deliveries to determine return on investment and feasibility of program expansion.
Act — Results will inform whether the program is expanded and/or made permanent as an effective tool in supporting targeted enrollees through (1) improved management of their weight and comorbidities and (2) improved engagement and completion of preventive care activities.

Monitoring Implementation and Outcomes — Our Health Outcomes Workgroup monitors performance improvement initiatives for effectiveness and provides oversight of implementation. The workgroup includes our CEO, CMO, COO, Behavioral Health Medical Director, Health Equity Administrator, Pharmacy Director, Population Health Director, Enrollee Services Director, and Provider Supports Director, among other participants. The workgroup ensures performance and regulatory objectives are addressed and health initiatives remain on task through evaluation. Teams identify benchmarks and

internal goals for measurement. Ongoing initiatives, such as our PIP Intervention Tracking Measures, are monitored and evaluated throughout the year and/or at least annually.

2.6.11.5

Clinical Practice Guidelines

We review, adopt, distribute, monitor, and revise uniform and objective evidence-based CPGs. CPGs facilitate the delivery of consistent, evidence-based, and cost-effective quality care leading to improved enrollee health outcomes and reduction of low value care. The CPGs listed in the AmeriHealth Caritas Louisiana CPGs table are intended to inform, not replace, a physician's clinical judgment.

AmeriHealth Caritas Louisiana CPGs

Clinical Practice Guideline	Source
Bright Futures Periodicity Schedule	American Academy of Pediatrics
Bipolar Disorder, Post-Traumatic Stress Disorder, Schizophrenia, Suicidal Behavior	American Psychiatric Association
Opioid Addiction	American Society of Addiction Medicine
Chronic Obstructive Pulmonary Disease	Global Initiative for Chronic Obstructive Lung Disease
Oppositional Defiant Disorder	Journal of American Academy of Child & Adolescent Psychiatry
Asthma, ADHD, Depression, Diabetes, Heart Failure, Hyperlipidemia, Hypertension, Postpartum Care, Prenatal Care, Obesity — Children and Adults, Opioid Prescribing, Preventive Care — Children, Adolescents, and Adults, Substance Use Disorder	Michigan Quality Improvement Consortium
Sickle Cell Disease	National Heart, Lung, and Blood Institute
General Anxiety Disorder	National Institute for Health and Care Excellence
Caring for Adult Patients with Suicide Risk	Suicide Prevention Resource Center
Preventive Services	A and B Recommendations — U.S. Preventive Services Task Force
HIV/AIDS/HCV	U.S. Preventive Services Task Force
Hepatitis C	The American Association for the Study of Liver Diseases, the Infectious Diseases Society of America, and the U.S. Preventive Services Task Force.

Sample CPG: Please see the Sample CPG - Hepatitis C under **Attachment 2.6.11.5-1.**

Adopting CPGs

Our CMO participates in the AmeriHealth Caritas Clinical Policy Committee (CPC) with other AmeriHealth Caritas Medicaid affiliate plans to review research, including clinical and technical literature, and consult with board-certified providers from various specialties or professional organizations to select and adopt CPGs. Where possible, we adopt CPGs from recognized professional organizations. Our QAPI Committee, which includes network providers, is responsible for identifying topics for CPG adoption. The CPC also ensures CPGs reflect our enrollees' needs and characteristics and align with local standards of care. The QAPI Committee gives final approval of CPGs.

Disseminating CPGs to Providers — CPGs are available on our website where providers can review, download, print, and use them. We inform providers on how to access CPGs in our Provider Manual, newsletter, and other communications. When we adopt CPGs, providers are notified through a fax or e-mail and additional provider training.

Disseminating CPGs to Enrollees — CPG updates are included in our enrollee newsletters and handbook. Enrollees can call to request a copy or to access the guidelines through our website. Enrollee-facing CPG materials are written in clear language appropriate for those without clinical background.

Collaborating with MCOs — We collaborate with other Healthy Louisiana MCOs through State-led PIP meetings, LDH all-plan CMO meetings, and our participation in the Louisiana Managed Medicaid Association. We recently led a discussion regarding hepatitis C guidelines published by The American Association for the Study of Liver Diseases, the Infectious Diseases Society of America, and the U.S. Preventive Services Task Force. As a result, all Healthy Louisiana MCOs agreed to adopt consistent CPGs.

Use of Scientific Evidence and Opinions in Development of CPGs

Our QAPI Committee includes network providers in multiple specialties who provide input on local standards of practice when reviewing proposed CPGs. As appropriate, we call upon medical experts (including non-network medical experts) possessing appropriate board certification and expertise relevant to a CPG topic and target population to assist in decision making. Our CPC reviews research sources, including clinical and technical literature, and consults with network and non-network board-certified providers and/or professional organizations.

Provider Adherence to CPGs and Evidence-Based Practices

We use a multifaceted approach to monitor provider adherence to CPGs. At the individual provider level, we monitor HEDIS and LDH metrics to identify gaps in expected care based on CPGs. We include provider level results in bi-annual Provider Report Cards and as metrics on value-based contracts and Monthly HEDIS Performance Provider Report Cards. We share actionable data with providers so they can close gaps in care according to evidence-based guidelines. We also have a process for monitoring compliance with CPGs as a part of our specialized behavioral health treatment record reviews. Non-compliant providers are educated on CPGs, re-surveyed after six months, and/or required to develop corrective action plans.

Updating and Revising CPGs

AmeriHealth Caritas Louisiana conducts ongoing surveillance of new clinical evidence and updated protocols based on national trends and outcomes from national medical entities and professional organizations. At least annually, our QAPI Committee reviews and updates adopted CPGs, as appropriate, considering local standards of practice and changes in population characteristics.

2.6.11.6

See **Attachment 2.6.11.6-1: Quality Response Template**.

2.6.11.7

See **Attachment 2.6.11.7-1: NCQA Accreditation for Medicaid Managed Care Contracts.**

2.6.11.8

AmeriHealth Caritas Louisiana does not use a material subcontractor for behavioral health services.

Attachment 2.6.11.5-1
Sample Clinical Practice Guideline

HEPATOLOGY

PRACTICE GUIDANCE | HEPATOLOGY, VOL. 71, NO. 2, 2020

Hepatitis C Guidance 2019 Update: American Association for the Study of Liver Diseases–Infectious Diseases Society of America Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection

AASLD-IDSA Hepatitis C Guidance Panel*

The American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) initiated the hepatitis C virus (HCV) guidance project (hereafter HCV guidance) in 2013. The AASLD-IDSA HCV guidance website (www.HCVGuidelines.org) disseminates up-to-date, peer-reviewed, unbiased, evidence-based recommendations to aid clinicians making decisions regarding the testing, management, and treatment of HCV infection. Using a web-based system enables timely and nimble distribution of the HCV guidance, which is periodically updated in near real time as necessitated by emerging research data, recommendations from public health agencies, the availability of therapeutic agents, or other significant developments affecting the rapidly evolving hepatitis C arena. The value and utility of the online HCV guidance to the community of hepatitis C care providers throughout the world is evidence by the nearly 10 million pageviews by 1.5 million users originating from 228 countries and territories since the January 2014 launch of the website. A major update of the

Abbreviations: AASLD, American Association for the Study of Liver Diseases; ALT, alanine aminotransferase; AST, aspartate aminotransferase; CBC, complete blood count; CDC, US Centers for Disease Control and Prevention; CTP, Child-Turcotte-Pugh; DAA, direct-acting antiviral; eGFR, estimated glomerular filtration rate; FDA, US Food and Drug Administration; HAV, hepatitis A virus; HBsAg, hepatitis B virus surface antigen; HBV, hepatitis B virus; HCC, hepatocellular carcinoma; HCV, hepatitis C virus; HIV, human immunodeficiency virus; IDSA, Infectious Diseases Society of America; INR, international normalized ratio; MSM, men who have sex with men; NASEM, National Academies of Science, Engineering, and Medicine; PWID, people who inject drugs; STI, sexually transmitted infection; SVR, sustained virologic response; USPSTF, US Preventive Services Task Force; WHO, World Health Organization.

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**Hepatitis C guidance panel members and authors and their affiliations are listed at the end of the article.*

Funding for the hepatitis C guidance project is provided exclusively by AASLD and IDSA. The hepatitis C guidance panel members serve as uncompensated volunteers.

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Potential conflict of interest: Dr. Marks received grants from Gilead and Merck. Dr. Morgan received grants from AbbVie, GENFIT, Gilead, and Merck. Dr. Wyles received grants from Gilead. Dr. Feld consults for and received grants from AbbVie and Gilead. He consults for Arbutus, Enanta, F. Hoffmann-La Roche, and Merck. He received grants from FUJIFILM Wako Chemicals U.S.A. and Janssen. Dr. Gordon received grants from AbbVie, Gilead, and Merck. Dr. Jhaveri consults for AstraZeneca. He received grants from AbbVie and Gilead. Dr. Jonas consults for the Gilead Pediatric HCV Advisory Board. She received grants from AbbVie, F. Hoffmann-La Roche, Gilead, and Merck. Dr. Kiser received grants from Gilead and ViiV. Dr. Reddy advises and received grants from AbbVie, Gilead, and Merck. He advises Vertex and received grants from Bristol-Myers Squibb and Janssen. Mr. Reynolds received grants from AbbVie and Gilead. Ms. Searson received grants from AbbVie, Gilead, and Merck. Dr. Terrault serves on the medical affairs board and received grants from Gilead. She advises Intercept. Dr. Trooskin consults for and received grants from Gilead. Dr. Verna advises Gilead and received grants from Salix. Dr. Workowski received grants from Gilead.

HCV guidance was released electronically in November 2019. This HCV guidance update summarizes and highlights key new or amended recommendations since the previous October 2018 print publication.[1]

The advent of safe, well-tolerated, and highly efficacious (>95% cure rate)[2] direct-acting antiviral (DAA) therapy for HCV infection has ushered in an era in which elimination of hepatitis C is conceivable. In 2016, the World Health Organization (WHO) proposed a global health sector strategy to eliminate hepatitis C as a public health threat by 2030 and developed an action plan to facilitate this goal.[3] In response to the WHO action plan, the National Academies of Science, Engineering, and Medicine (NASEM) developed a US strategy for the elimination of hepatitis C.[4] Key elements of the elimination plan include improved detection of undiagnosed cases, increased linkage and access to care for newly diagnosed persons, and expanded treatment access. Many of the recommendations included in the latest update to the HCV guidance and highlighted herein align with and support the goals of the NASEM and WHO strategies to move from control to eventual elimination of hepatitis C. Topics addressed include universal and risk-based hepatitis C screening, simplified treatment algorithms for treatment-naive adults without cirrhosis or with compensated cirrhosis, hepatitis C management in the pediatric population, acute hepatitis C testing and management, and transplantation of organs from HCV-viremic donors into HCV-negative recipients. For detailed evidence reviews related to these topics and information addressing other aspects of HCV testing and management, see the online HCV guidance (www.HCVGuidelines.org).

Process

The HCV guidance was developed and is updated by a volunteer panel (representing the AASLD and the IDSA) of hepatology and infectious diseases clinicians with hepatitis C expertise using an evidence-based review of available data, including information presented at scientific conferences and published in peer-reviewed journals. Based on scientific evidence and expert opinion, recommendations are rated by the level of evidence (I, II, or III) and the strength of the recommendation (A, B, or C) using a system adapted from the American College of Cardiology and the American Heart Association.[5,6] See the original AASLD–IDSA hepatitis C guidance publication[7] or the HCV guidance website for additional details about the processes and methods employed. All recommendations are reviewed and approved by the governing boards of the AASLD and the IDSA.

The HCV guidance panel classifies therapeutic regimens as recommended, alternative, or not recommended based on patient factors (i.e., treatment-naive versus experienced, cirrhosis status, and comorbidities) and viral characteristics (i.e., genotype, subtype, resistance-associated substitutions). Recommended regimens are considered equivalent; alternative regimens are effective but, compared to recommended regimens, have potential disadvantages, limitations for use in certain patient populations, or less supporting data.

Universal and Risk-Based Hepatitis C Screening and Follow-Up

The identification of risk factors associated with contracting HCV infection served as the basis for the risk-based hepatitis C screening recommendations issued by the US Centers for Disease Control and Prevention (CDC) in 1998.[8] Although sensitive for the identification of persons with chronic

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HCV infection, risk-based screening failed to identify the majority of individuals with HCV infection due to both clinician and patient barriers.[9-12] Analysis of the 2003-2010 National Health and Nutrition Examination Survey prevalence data demonstrated that approximately three fourths of individuals with chronic hepatitis C in the United States belonged to the 1945-1965 birth cohort.[13] Based on these data, both the CDC and the US Preventive Services Task Force (USPSTF) recommended one-time hepatitis C screening of all individuals in this birth cohort (1945-1965) regardless of risk factors.[14,15] Since these recommendations were established in 2012, HCV epidemiology in the United States has changed. Hepatitis C infection incidence nearly quadrupled from 2010 to 2017, primarily driven by increased injection drug use related to the opioid epidemic.[16-19] CDC viral hepatitis surveillance data indicate progressively increasing acute HCV infection incidence each year from 2009 through 2017. Most of these new HCV infections occurred in persons born after 1965, with those aged 20-39 years accounting for the majority of cases. This ongoing trend has spurred interest in expanding HCV screening among the general US population. Several modeling studies suggest the cost-effectiveness of such an approach.[20-23] Accordingly, the AASLD–IDSA guidance HCV screening and follow-up recommendations have been updated and include recommended universal HCV screening for all adults aged 18 years or older followed by periodic testing for persons with ongoing risk behaviors and/or exposures.

ONE-TIME, UNIVERSAL HEPATITIS C SCREENING FOR ADULTS

Recommendations

1. ***One-time, routine, opt-out HCV screening is recommended for all individuals aged 18 years or older.* (*I, B*)**

In light of the inadequacy of targeted HCV case finding using risk-based and birth cohort HCV screening,[24,25] investigators have modeled the cost-effectiveness of one-time universal HCV screening for adults aged ≥ 18 years. Independent studies using different modeling techniques demonstrate that one-time universal screening for adults aged ≥ 18 years is cost-effective (<$30,000/quality-adjusted life-years) compared with birth-cohort screening.[20,26] Additionally, the cost-effectiveness of nontargeted HCV screening has proven robust in a variety of venues including correctional,[27] prenatal,[28,29] and primary care[30] settings as well as substance use treatment centers.[31,32] Given the current epidemiology of HCV disease in the United States, the cost-effectiveness of universal HCV screening, the high efficacy of DAA therapy, and the myriad liver-related and other health benefits of virologic cure,[33-38] the HCV guidance panel recommends universal, one-time, opt-out HCV screening of adults aged ≥ 18 years. Although neither the CDC nor the USPSTF currently recommend universal HCV screening in adults, the CDC initiated a peer review process to consider such a recommendation in July 2019. Similarly, in August 2019, the USPSTF published a draft recommendation for universal HCV screening among adults aged 18-79 years. The USPSTF draft universal hepatitis C screening recommendation differs from that of the AASLD–IDSA HCV guidance by setting an upper age limit of 79 years. The HCV guidance panel does not recommend an age limit for universal adult HCV screening due to the excellent quality of life of many octogenarians and the association between advanced age and more rapid HCV disease progression.

The HCV guidance panel's new universal screening recommendation is intended to enhance HCV case finding among adults not included in the 1945-1965 birth cohort and aligns with the WHO and NASEM goals of eliminating HCV as a public health threat by 2030. This is particularly important for men and women aged 20-39 years due to the disproportionate overlapping impact of the opioid epidemic and associated injection drug use and the rising rate of incident HCV infections in this age group. Universal HCV screening also bypasses the inherent barriers in ascertaining an accurate risk factor assessment.

RISK-BASED HCV TESTING

Recommendations

2. ***One-time HCV testing should be performed for all persons younger than 18 years old with behaviors, exposures, or conditions or circumstances associated with an increased risk of HCV infection.* (*I, B*)**
3. ***Periodic repeat HCV testing should be offered to all persons with behaviors, exposures, or conditions or circumstances associated with an increased risk of HCV exposure.* (*IIa, C*)**

4. ***Annual HCV testing is recommended for all persons who inject drugs and for men with human immunodeficiency virus (HIV) infection who have unprotected sex with men. (IIa, C)***

One-time, risk-based HCV screening is recommended for persons younger than 18 years old with current or past behaviors, exposures, or conditions or circumstances associated with an increased risk of HCV infection (see Table 1). There is currently insufficient evidence to support universal HCV screening in the pediatric population.

People with an ongoing risk factor(s) for HCV infection remain vulnerable for as long as the behavior, exposure, condition, or circumstance persists, thereby warranting periodic repeat HCV testing. There is a paucity of data addressing the optimal frequency of repeat testing, thereby leaving the periodicity to the clinician's discretion on a case-by-case basis with consideration of an individual's risk for HCV infection or reinfection. People who inject drugs (PWID) and men with HIV infection who have unprotected sex with men are exceptions to this guidance. Because of the high incidence and prevalence of HCV infection in these populations,[39-47] at least annual HCV testing is recommended. Given that many PWID lack access to or eschew traditional health care–delivery systems, integration of HCV testing services into substance use treatment programs, needle/syringe service programs, and acute detoxification programs expands the opportunities to accomplish periodic HCV testing in this key population.[48-50]

INITIAL HCV TESTING AND FOLLOW-UP

Recommendations

5. ***HCV-antibody testing with reflex HCV RNA polymerase chain reaction testing is recommended for initial HCV screening. (I, A)***
6. ***Among persons with a negative HCV-antibody test who were exposed to HCV within the prior 6 months, HCV-RNA or follow-up HCV-antibody testing 6 months or longer after exposure is recommended. HCV-RNA testing can also be considered for immunocompromised persons. (I, C)***
7. ***Among persons at risk for reinfection after previous spontaneous or treatment-related viral clearance, HCV-RNA testing is recommended because a positive HCV-antibody test is expected. (I, C)***
8. ***Persons found to have a positive HCV-antibody test and negative results for HCV RNA by polymerase chain reaction should be informed that they do not have evidence of current (active) HCV infection but are not protected from reinfection. (I, A)***
9. ***Quantitative HCV-RNA testing is recommended prior to initiation of antiviral therapy to document the baseline level of viremia (i.e., baseline viral load). (I, A)***
10. ***HCV genotype testing may be considered for those in whom it may alter treatment recommendations. (I, A)***

HCV-antibody testing using a US Food and Drug Administration (FDA)–approved assay (laboratory-based or point-of-care) is recommended

TABLE 1. Behaviors, Exposures, or Conditions or Circumstances Associated With an Increased Risk of HCV Infection

Risk Behaviors	• Injection drug use (current or ever, including those who injected only once) • Intranasal illicit drug use • Men who have sex with men (MSM)

Risk Exposures	• Persons on long-term hemodialysis (ever)
	• Persons with percutaneous/parenteral exposures in an unregulated setting
	• Health care, emergency medical, and public safety workers after needle stick, sharps, or mucosal exposures to HCV-infected blood
	• Children born to HCV-infected women
	• Persons who were ever incarcerated
	• Prior recipients of blood transfusion(s) or organ transplant, including persons who:
	  ○ Were notified that they received blood from a donor who later tested positive for HCV
	  ○ Received a transfusion of blood or blood components or underwent an organ transplant prior to July 1992
	  ○ Received clotting factor concentrates produced prior to 1987

Risk Conditions and Circumstances	• HIV infection • Sexually active persons about to start preexposure prophylaxis for HIV • Unexplained chronic liver disease and/or chronic hepatitis, including elevated ALT levels • Solid organ donors (deceased and living) and solid organ transplant recipients

for initial HCV screening.[51,52] The sensitivity and specificity of the lone FDA-approved point-of-care test (OraQuick HCV Rapid Antibody Test; OraSure Technologies Inc., Bethlehem, PA) are similar to laboratory-based assays.[53,54] A positive HCV-antibody test indicates current (active) HCV infection (acute or chronic), a past resolved infection, or rarely a false-positive result.[55] A test to detect HCV viremia is necessary to confirm active HCV infection (see Fig. 1). Ideally, a positive HCV-antibody test automatically reflexes to HCV-RNA testing. This approach requires a single blood collection and avoids a return visit for confirmatory testing, a major barrier in the continuum of care.[56] Collection of dried blood spots is an option for sequential HCV-antibody and reflex HCV-RNA testing. Dried blood spot collection can be accomplished with a fingerstick rather than venepuncture, and transport does not require an intact cold chain, making this an advantageous testing option in rural areas and among people for whom phlebotomy is a testing barrier.[57] An FDA-approved quantitative or qualitative HCV-RNA assay with a detection level of ≤25 IU/mL should be used.

HCV-RNA testing is required to detect reinfection after previous spontaneous or treatment-related viral clearance because HCV-antibody positivity is expected (see Fig. 1). Immunocompromised persons and those with possible HCV exposure in the prior 6 months may be HCV antibody–negative due to delayed or failed seroconversion[58] or being in the seroconversion window period,[52] respectively. HCV-RNA testing is a consideration for these individuals, particularly for those with a known risk factor(s).

Persons who have a reactive HCV-antibody test and a negative (not detected) HCV-RNA test should be informed that they do not have evidence of current HCV infection. Although additional testing is typically unnecessary, HCV-RNA testing can be repeated for persons with ongoing HCV infection risk or if there is a high index of suspicion for recent infection. If either the clinician or the patient wishes to determine whether a positive HCV-antibody test in the absence of HCV viremia represents a resolved HCV infection or a biologic false positive, repeat testing with a different HCV-antibody assay can be undertaken. A false positive typically does not occur with two different assays.[51,59]

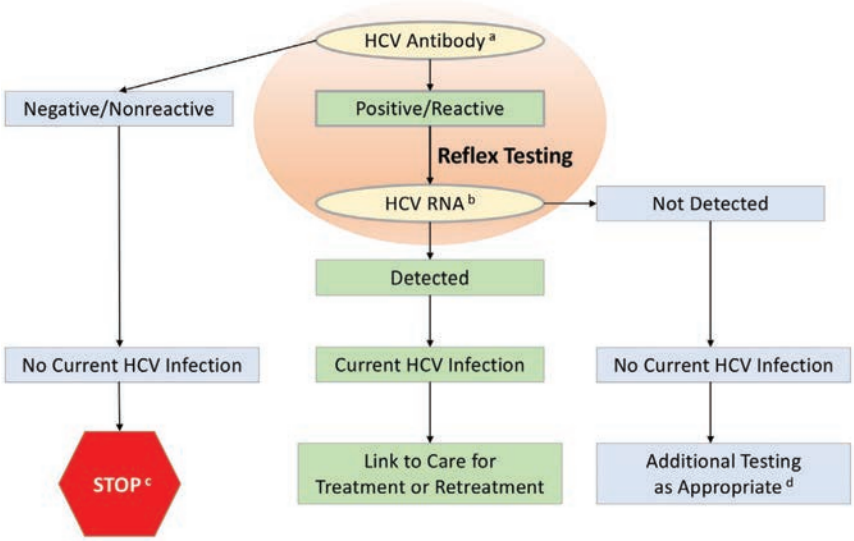

FIG. 1. Recommended testing for diagnosis of current HCV infection or reinfection. [a]For diagnosis of current initial HCV infection, begin with HCV-antibody testing. [b]For recurrent HCV infection, begin with HCV-RNA testing. [c]For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody should be performed. For persons who are immunocompromised, testing for HCV RNA should be performed. [d]To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV-antibody assay can be considered. Repeat HCV-RNA testing if the person tested is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease or if there is concern regarding the handling or storage of the test specimen. Adapted from Centers for Disease Control and Prevention.[51]

Quantitative HCV-RNA testing is recommended prior to initiating antiviral therapy to determine baseline viremia (viral load), which may affect treatment duration with ledipasvir/sofosbuvir therapy. With the advent of pangenotypic DAA regimens, HCV genotyping is no longer universally required prior to treatment initiation. Pretreatment genotyping is recommended for persons with a prior HCV treatment failure because DAA regimen selection and duration may differ by genotype. Pretreatment genotyping is not required for treatment-naive patients without cirrhosis if a pangenotypic regimen is used.

COUNSELING AND CLINICAL CARE FOR PERSONS WITH ACTIVE HCV INFECTION

Recommendations

11. ***Persons with current HCV infection should receive education and interventions aimed at reducing liver disease progression and preventing HCV transmission.* (*IIa, B*)**
12. ***Abstinence from alcohol and, when appropriate, interventions to facilitate cessation of alcohol consumption should be advised for all persons with HCV infection.* (*IIa, B*)**
13. ***All persons with HCV infection should be provided education about how to prevent HCV transmission to others.* (*I, C*)**
14. ***Evaluation for advanced fibrosis using noninvasive markers* (*or liver biopsy, if required*) *is recommended for all persons with HCV infection to facilitate an appropriate decision regarding HCV treatment strategy and to determine the need for initiating additional measures for cirrhosis management* (*e.g., hepatocellular carcinoma* [*HCC*] *screening*). (*I, A*)**
15. ***Evaluation for other conditions that may accelerate liver fibrosis, including hepatitis B virus* [*HBV*] *and HIV infections, is recommended for all persons with active HCV infection.* (*IIb, B*)**
16. ***Vaccination against hepatitis A and hepatitis B is recommended for all susceptible persons with HCV infection.* (*IIa, C*)**
17. ***Vaccination against pneumococcal infection is recommended for all persons with cirrhosis.* (*IIa, C*)**

Upon diagnosis of active HCV infection, patients require counseling and certain clinical interventions prior to initiation of antiviral therapy. Prevention of further liver damage is crucial. To that end, counseling patients to abstain from alcohol takes priority because of associations between excess alcohol use and incident or progressive fibrosis and the development of HCC.[60-69] There is no known safe level of alcohol use for patients with chronic hepatitis C. All patients with chronic hepatitis C, especially those with advanced fibrosis or cirrhosis, should be advised to abstain from alcohol use.[70-72] Persons suffering from alcohol use disorder require treatment for this condition; consider referring these individuals to an addiction specialist. Ongoing alcohol use, however, is not a contraindication to antiviral therapy. Data indicate that ongoing alcohol use does not affect therapeutic outcomes with DAA regimens among treatment-adherent patients.[73]

From a public health perspective, educating persons with HCV infection about how to avoid transmitting the virus to others (Table 2) serves as an essential primary prevention measure to curb and eventually eliminate the hepatitis C epidemic. Exposure to infected blood is the primary mode of HCV transmission. Epidemics of acute HCV due to sexual transmission in men with HIV infection who have sex with men have also been described.[74-77]

TABLE 2. Measures to Prevent HCV Transmission

HCV-infected persons should be counseled to avoid sharing toothbrushes and dental or shaving equipment and cautioned to cover any bleeding wound to prevent the possibility of others coming into contact with their blood.
Persons should be counseled to stop using illicit drugs and enter substance abuse treatment. Those who continue to inject drugs should be counseled to: • Avoid reusing or sharing syringes, needles, water, cotton, and other drug preparation equipment. • Use new sterile syringes and filters and disinfected cookers. • Clean the injection site with a new alcohol swab. • Dispose of syringes and needles after one use in a safe, puncture-proof container.
Persons with HCV infection should be advised not to donate blood and to discuss HCV serostatus prior to donation of body organs, other tissue, or semen.
Persons with HIV/HCV coinfection and those with multiple sexual partners or STIs should be encouraged to use barrier precautions to prevent sexual transmission. Other persons with HCV infection should be counseled that the risk of sexual transmission is low and may not warrant barrier protection.
Household surfaces and implements contaminated with visible blood from an HCV-infected person should be cleaned using a dilution of one part household bleach to nine parts water. Gloves should be worn when cleaning up blood spills.

Assessing liver disease severity is an essential component of the workup for all persons with newly diagnosed chronic hepatitis C as this factor influences initial and follow-up evaluation. This assessment (i.e., presence or absence of cirrhosis) can usually be accomplished with noninvasive tests (Table 3). Liver biopsy is rarely required but is a consideration if other causes of liver disease are suspected.

Persons with known or suspected cirrhosis are at increased risk for complications of advanced liver disease and require frequent follow-up. They should also avoid hepatotoxic drugs, such as excessive acetaminophen (>2 g/day) and certain herbal supplements. Nephrotoxic drugs (e.g., nonsteroidal anti-inflammatory drugs) should also be avoided. Ongoing imaging surveillance for HCC and gastroesophageal varices is recommended for patients with cirrhosis.[78-80] Cirrhosis with portal hypertension portends a greater likelihood of developing future hepatic complications in untreated patients.[81,82] Transient elastography provides point-of-care information regarding liver stiffness and can reliably distinguish patients with a high versus low likelihood of cirrhosis.[83-85]

Screening for HBV with an FDA-approved hepatitis B surface antigen (HBsAg) assay and HIV with an FDA-approved HIV-antigen/antibody test is recommended because these coinfections are associated with a poorer HCV prognosis.[86-90] Persons who test positive for HBsAg require additional monitoring during HCV treatment due to HBV reactivation risk.[91] Anti-HBV therapy is another consideration for these patients. For persons who test negative for HBsAg but positive for hepatitis B core antibodies (with or without hepatitis B surface antibodies) have resolved HBV infection, and no further workup or additional monitoring is needed.[92]

Primary prevention measures for persons without coinfection include counseling about how to avoid contracting HIV and HBV and immunization against HBV and hepatitis A virus (HAV) as needed. The CDC also recommends pneumococcal vaccination for all persons with chronic liver disease.[93]

TABLE 3. Noninvasive Tests to Assess Liver Disease Severity

Liver-directed physical exam (normal in most patients)
Routine blood tests (e.g., ALT, AST, albumin, bilirubin, INR, and CBC with platelet count)
Serum fibrosis marker panels
Transient elastography
Liver imaging (e.g., ultrasound or computed tomography scan)
AST-to-platelet ratio index
FIB-4 score

Universal Treatment of Adults With Chronic Hepatitis C and Simplified Treatment Algorithms

Chronic HCV infection is an important infectious cause of death in the United States and a major contributor to morbidity and mortality from viral hepatitis globally. The availability of safe, effective, well-tolerated therapy substantially facilitates the goal of expanding HCV treatment as recommended in the HCV elimination strategies of the WHO[3] and the NASEM.[4] Overall, DAA regimens successfully cure HCV infection in > 95% of treated persons.[2] Moreover, the development of coformulated, pangenotypic regimens that require relatively short treatment durations has greatly simplified HCV antiviral therapy administration. Despite these remarkable therapeutic improvements, in 2015, only 7.4% of persons with diagnosed HCV had begun antiviral treatment.[94] Although more recent limited data indicate increased DAA access and uptake, this has been uneven geographically and across different patient populations.[95-97] Thus, only a minority of persons with HCV infection obtain the many health benefits of successful treatment. From a public health perspective, successful HCV treatment also supports primary prevention by decreasing the population of persons capable of transmitting the virus, thereby reducing the incidence of HCV infection.

UNIVERSAL TREATMENT OF ADULTS WITH HCV INFECTION

Recommendation

18. ***Antiviral treatment is recommended for all adults with acute or chronic HCV infection, except those with a short life expectancy that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy.* (*I, A*)**

Eradicating hepatitis C infection results in numerous health benefits, including reduced rates of all-cause mortality, cirrhosis, hepatic decompensation, and HCC.[33,37,98-110] Successful treatment also confers improvement in extrahepatic manifestations of HCV disease, including cryoglobulinemic vasculitis[111-116] and HCV-related non-Hodgkin lymphoma and other lymphoproliferative disorders,[117-125] as well as improved productivity and quality of life.[34,35,126-131] Given these and other benefits associated with virologic cure, the HCV guidance panel strongly recommends antiviral treatment for all adults with acute or chronic HCV infection (except those with a short life expectancy that cannot be remediated). Importantly, this recommendation includes persons with ongoing substance use (alcohol or drugs). Several studies demonstrate that treatment-committed individuals in this disproportionately affected population achieve sustained virologic response (SVR) rates with DAA therapy comparable to those without known, current substance use.[73,132-139] The universal treatment recommendation represents a principal tenet of the HCV guidance along with newly recommended universal hepatitis C screening of adults. The HCV guidance panel urges health care providers caring for adults to encourage hepatitis C screening and treatment (if positive) because DAA therapy is safe and cures HCV infection in most people.[2]

SIMPLIFIED HCV TREATMENT ALGORITHMS FOR TREATMENT-NAIVE ADULTS WITHOUT CIRRHOSIS OR WITH COMPENSATED CIRRHOSIS

One approach to improving access to curative HCV treatment is expanding the number of health care providers administering antiviral therapy. Data demonstrate that HCV treatment can be effectively provided by a broad range of health care professionals with differing expertise—including specialists, primary care physicians, nurse practitioners, clinical pharmacy specialists, physician assistants, and registered nurses—without compromising treatment efficacy or safety.[95,140] Consequently, the HCV guidance panel developed simplified HCV treatment algorithms for treatment-naive adults (without cirrhosis or with compensated cirrhosis), which align with the NASEM plan to eliminate HCV as a US public health burden by 2030. These simplified treatment algorithms are designed to be used by any health care provider knowledgeable about HCV disease and treatment, including those without extensive experience who have timely access to a specialist. The simplified treatment algorithms provide concise, clear guidance on pretreatment assessment, on-treatment monitoring, assessment of response, and posttreatment management (see Figs. 2 and 3).

SIMPLIFIED HCV TREATMENT ALGORITHM FOR TREATMENT-NAIVE ADULTS WITHOUT CIRRHOSIS

The simplified HCV treatment algorithm for adults without cirrhosis (see Fig. 2) applies to persons aged ≥ 18 years who have not been previously treated for their infection and do not have evidence of cirrhosis as defined by the noninvasive parameters specified in the HCV guidance. Evidence of cirrhosis includes a FIB-4 score > 3.25 or any of the following findings from a previously performed test: transient elastography indicating cirrhosis (e.g., FibroScan [Echosens, Paris, France] stiffness > 12.5 kPa), noninvasive serologic tests that exceed proprietary cutoffs (e.g., FibroSure [BioPredictive, Paris, France], Enhanced Liver Fibrosis Test [Siemens Healthcare, Erlangen, Germany], etc.), clinical evidence of cirrhosis (e.g., liver nodularity and/or splenomegaly on imaging, platelet count < 150,000/mm^3, etc.), and/or prior liver biopsy showing cirrhosis. This simplified treatment algorithm is not recommended for persons with HIV and/or HBV infection, prior liver transplantation, HCC, end-stage renal disease (i.e., estimated glomerular filtration rate [eGFR] < 30 mL/min/m^2), and/or current pregnancy because they require more nuanced care. See the online HCV guidance for management and treatment recommendations for these patients.

The pretreatment evaluation should include an assessment for cirrhosis, medication reconciliation, drug–drug interactions, and patient education regarding treatment administration and the importance of adherence and transmission prevention. Recommended pretreatment laboratory testing is conducted to confirm chronic HCV infection and exclude decompensated liver disease, HBV and/or

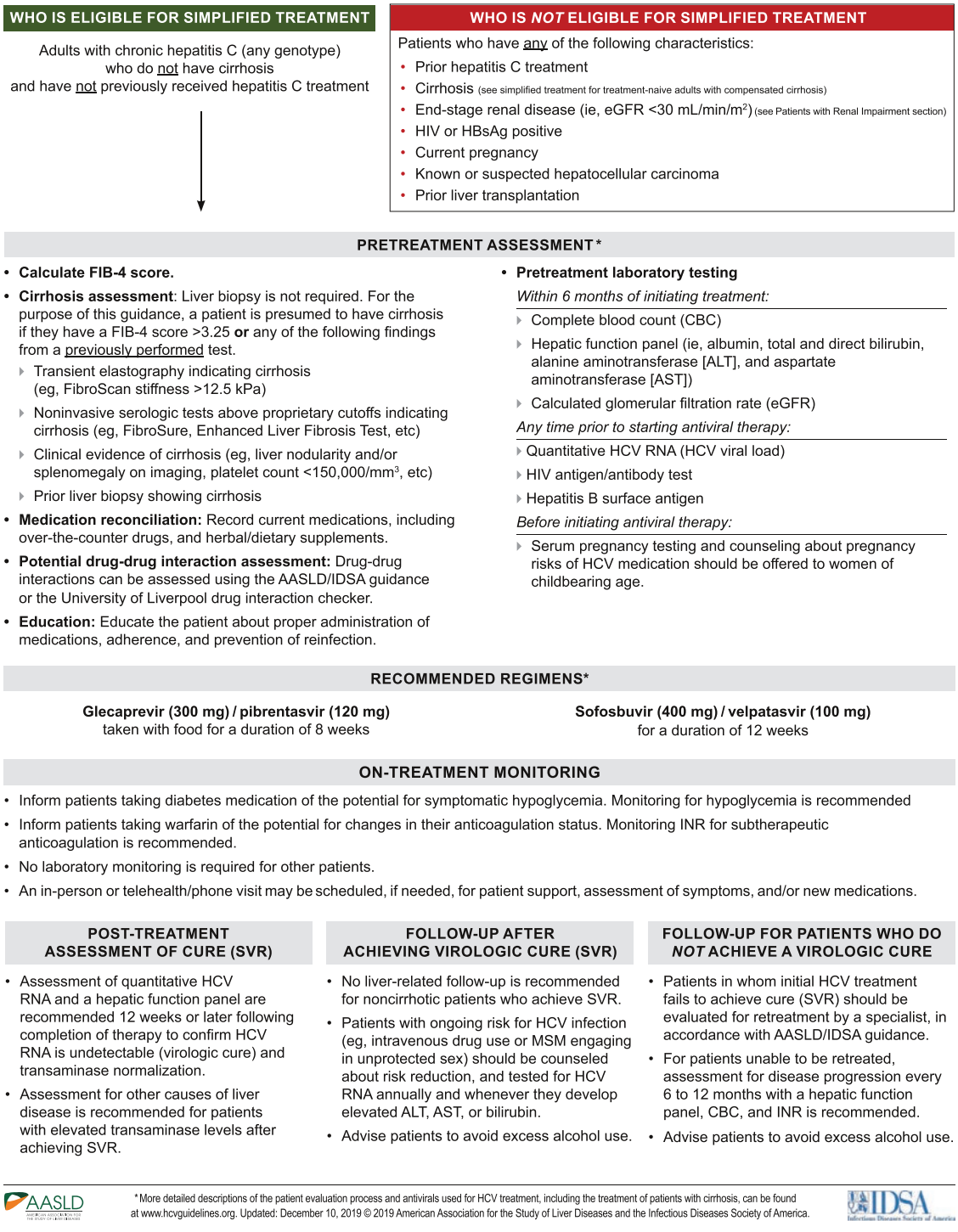

FIG. 2. Recommended simplified HCV treatment algorithm for treatment-naive adults without cirrhosis.

HIV coinfection, end-stage renal disease, and pregnancy prior to treatment initiation.

Clearance of HCV infection with DAA therapy can improve hepatic function and thereby affect the safety and efficacy of some concomitantly administered medications. Real-world data indicate an association between DAA therapy and reduced glycemia, particularly among people with diabetes.[141-144]

Patients taking diabetes medication(s) should be informed of the potential for symptomatic hypoglycemia during and after DAA therapy. Glucose monitoring during and after DAA treatment is recommended; dosage adjustments of diabetes medication(s) may be needed. Real-world data also indicate an association between DAA therapy and a clinically significant reduction in warfarin dose response.[145,146] Patients taking warfarin should be informed of the potential for a change in their anticoagulation status. International normalized ratio (INR) monitoring for subtherapeutic anticoagulation is recommended during and after DAA treatment; warfarin dosage adjustments may be needed. For others, on-treatment laboratory monitoring is not required unless a patient experiences treatment-related side effects or there are adherence concerns.

Several well-designed, robust clinical trials have demonstrated the safety[147] and high curative efficacy of glecaprevir/pibrentasvir[148-158] and sofosbuvir/velpatasvir[159-164] among treatment-naive persons without cirrhosis regardless of HCV genotype. These findings have been confirmed in real-world cohort studies for both glecaprevir/pibrentasvir[165-167] and sofosbuvir/velpatasvir.[167-171] Based on these data, 8 weeks of glecaprevir/pibrentasvir or 12 weeks of sofosbuvir/velpatasvir is recommended for adults eligible for the simplified treatment algorithm.

To assess treatment response, HCV-RNA and hepatic aminotransferase testing is recommended 12 or more weeks after completing DAA treatment. Undetectable HCV RNA represents SVR and virologic cure. In the absence of cirrhosis, persons who attain SVR require no liver-specific follow-up. For those with ongoing HCV risk factors, risk-reduction counseling is recommended as well as HCV-RNA testing annually or anytime an increase in hepatic aminotransferase levels occurs. Recurrent HCV viremia after attainment of SVR represents either reinfection or a relapse (i.e., reemergence of the originally infecting HCV strain).[172,173] With reinfection, treatment approaches are identical to those for initial treatment. If relapse is suspected or cannot be ruled out, such patients should be managed by clinicians with expertise in managing HCV treatment failure.

Persons who attain SVR but have persistently elevated hepatic aminotransferase levels require evaluation for other causes of liver disease. Individuals for whom treatment fails can often be successfully retreated; see the online HCV guidance for management and antiviral regimen recommendations for treatment-experienced persons. If retreatment is delayed or not feasible, assessment for liver disease progression every 6-12 months is recommended, as specified in Fig. 2. Advise all patients, regardless of SVR, to avoid excess alcohol intake to prevent liver damage.

Simplified HCV Treatment Algorithm for Treatment-Naive Adults With Compensated Cirrhosis

The simplified HCV treatment algorithm for adults with compensated cirrhosis (see Fig. 3) applies to persons aged ≥ 18 years who have not been previously treated for their infection and have evidence of compensated cirrhosis (i.e., Child-Turcotte-Pugh [CTP] class A) but not decompensated cirrhosis (i.e., CTP class B or C). Noninvasive evidence of cirrhosis mirrors the parameters specified in the previous section and are shown in Fig. 3. Calculation of the CTP score is recommended to differentiate compensated versus decompensated cirrhosis. A CTP score ≥ 7 or any history of decompensation disqualifies these patients for the simplified treatment algorithm. Recommended pretreatment assessment also includes clinical evaluation for ascites and hepatic encephalopathy and ultrasound imaging of the liver within the prior 6 months to evaluate for HCC and subclinical ascites; any of these clinical or imaging findings are contraindications to use of the simplified treatment algorithm. See the online HCV guidance for treatment and management of persons with decompensated cirrhosis. Other circumstances and comorbid conditions that disqualify a patient for use of the simplified treatment algorithm mirror those described in the previous section and are shown in Fig. 3. Similarly, medication reconciliation, assessment for potential drug–drug interactions, and pretreatment education and counseling are the same as for treatment-naive patients without cirrhosis (see Fig. 3).

Pretreatment laboratory assessment of patients with compensated cirrhosis eligible for use of the simplified treatment algorithm includes complete blood count (CBC), INR, a hepatic function panel, and eGFR within 3 months of initiating antiviral therapy. Quantitative HCV-RNA, HIV-antigen/antibody,

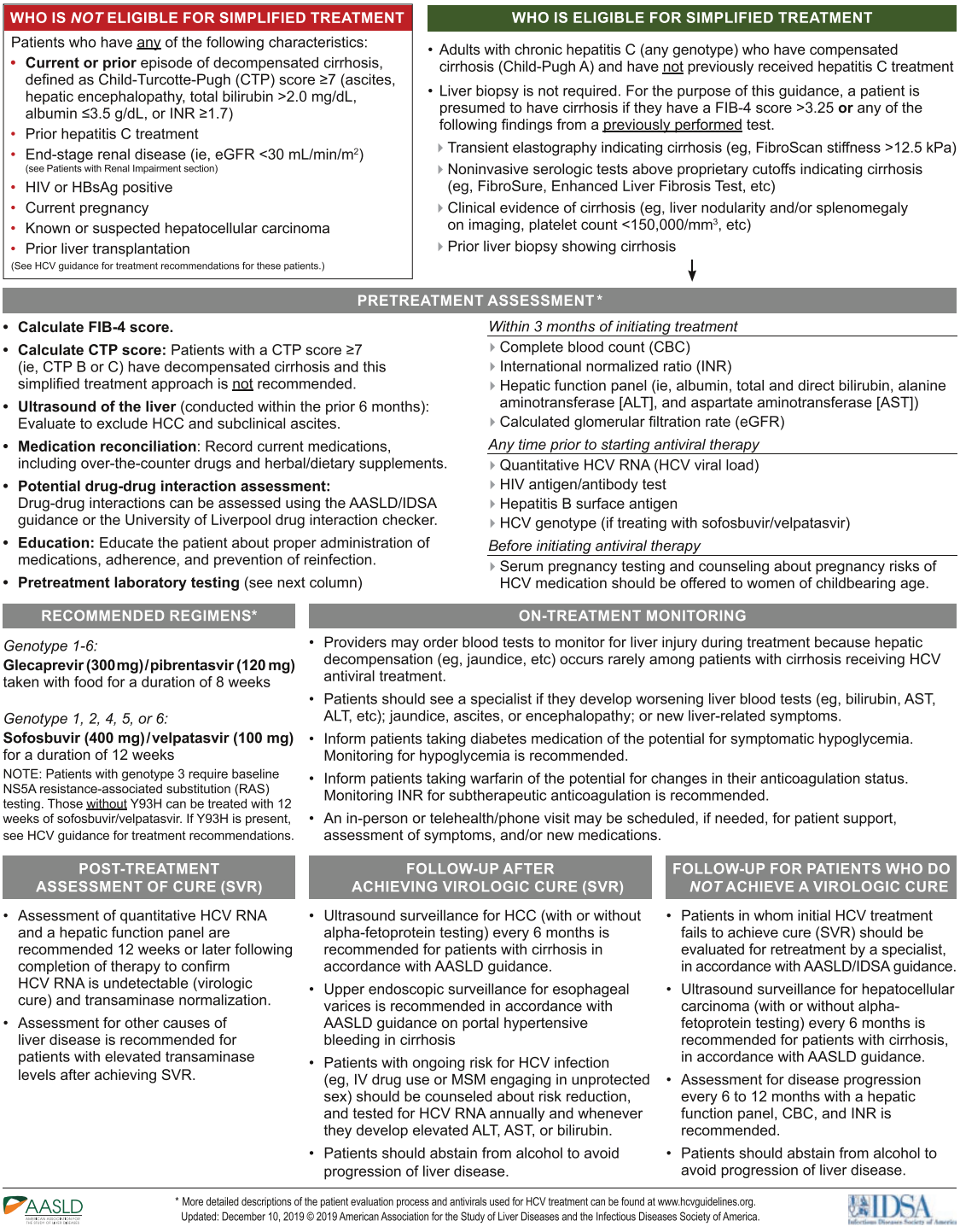

FIG. 3. Recommended simplified HCV treatment algorithm for treatment-naive adults with compensated cirrhosis.

and HBsAg tests are recommended any time prior to initiating DAA therapy. Notably, pretreatment genotype testing is recommended if sofosbuvir/velpatasvir therapy is planned because of the necessity for baseline RAS testing in persons with cirrhosis and genotype 3 infection.

Because new-onset hepatic decompensation develops rarely during HCV DAA treatment, clinicians may opt for on-treatment blood tests to detect liver injury. Patients who experience deteriorating hepatic laboratory parameters and/or new-onset jaundice, ascites, encephalopathy, or other new liver-related signs or symptoms should promptly see a liver specialist. On-treatment monitoring of blood glucose levels and INR are recommended for persons on diabetes medications or warfarin, respectively, with dosage adjustments as warranted (see previous section for a more detailed discussion).

Multiple rigorous clinical trials have demonstrated the safety[139] and high curative efficacy of glecaprevir/pibrentasvir[148,174-177] and sofosbuvir/velpatasvir[160,162-164,171,178-180] among treatment-naive adults with compensated cirrhosis, regardless of HCV genotype. These findings have been confirmed in real-world cohort studies for both glecaprevir/pibrentasvir[153,165-167,181-183] and sofosbuvir/velpatasvir.[169,170,184-189] Based on these data, recommended regimens for adults eligible for the simplified treatment algorithm are 8 weeks of glecaprevir/pibrentasvir for patients with genotype 1-6 or 12 weeks of sofosbuvir/velpatasvir for those with genotype 1, 2, 4, 5, or 6. Pretreatment RAS testing is recommended for persons with genotype 3 because only those without a baseline NS5A Y93H RAS are eligible for a 12-week course of sofosbuvir/velpatasvir. Patients with genotype 3 and a baseline Y93H RAS should be treated with glecaprevir/pibrentasvir or an alternative regimen (see the online HCV guidance).

HCV-RNA and aminotransferase testing are recommended 12 or more weeks after completion of DAA therapy to assess treatment response. Undetectable HCV RNA represents SVR and virologic cure. Ultrasound surveillance for HCC (with or without alpha-fetoprotein testing) every 6 months after treatment completion is recommended for patients with cirrhosis, regardless of achieving SVR.[78] Upper endoscopic surveillance for esophageal varices is recommended, consistent with AASLD guidance on portal hypertensive bleeding in cirrhosis.[190] Advise all patients to abstain from alcohol use to reduce the risk of liver disease progression. Risk-reduction counseling is recommended for persons with ongoing HCV risk factors. HCV-RNA testing annually or anytime an increase in hepatic aminotransferase levels occurs is also recommended for these persons. Recurrent HCV viremia after attainment of SVR represents either reinfection or a relapse.[172,173] With reinfection, the treatment approaches are identical to those for initial treatment. If relapse is suspected or cannot be ruled out, such patients should be managed by clinicians with expertise in managing HCV treatment failure. Persons who attain SVR but experience persistently elevated hepatic aminotransferase levels require evaluation for other causes of liver disease.

Individuals in whom initial treatment fails should be evaluated by a specialist for retreatment, which often proves successful. See the online HCV guidance for management and antiviral regimen recommendations for treatment-experienced persons. If retreatment is delayed or not feasible, assessment for liver disease progression every 6-12 months is recommended, as specified in Fig. 3.

HCV in the Pediatric Population

An estimated 3.5 million-5.0 million children and adolescents worldwide have chronic HCV infection,[191,192] including an estimated 23,000-46,000 pediatric patients in the United States.[193] Vertical transmission accounts for most HCV infections in the pediatric population.[194] The rate of mother-to-child transmission of HCV infection is approximately 5%, although rates are higher among women with inadequately controlled HIV coinfection and in women with HCV RNA > 6 $\log_{10}$ IU/mL.[195-201] Universal prenatal hepatitis C screening, as recommended by the HCV guidance panel, is expected to facilitate improved identification of at-risk infants who require HCV testing.[202-204] This will likely result in better HCV disease case finding in the pediatric population.

Antiviral treatment of children and adolescents with HCV infection has been previously limited to adolescents aged ≥ 12 years due to the absence of FDA-approved regimens for younger children. Recent and anticipated FDA approval of additional regimens for children aged 3-11 years present an opportunity to expand HCV treatment in the pediatric population. Modeling data indicate that HCV DAA therapy is cost-effective in children as young as 12 years[205] and

is anticipated to be so for the 3- through 11-year-old age group.

TESTING OF PERINATALLY EXPOSED CHILDREN AND SIBLINGS OF CHILDREN WITH HCV INFECTION

Recommendations

19. ***All children born to women with acute or chronic hepatitis C should be tested for HCV infection. Antibody-based testing is recommended at or after 18 months of age.* (*I, A*)**
20. ***Testing with an HCV-RNA assay can be considered in the first year of life, but the optimal timing of such testing is unknown.* (*IIa, C*)**
21. ***Testing with an HCV-RNA assay can be considered as early as 2 months of age.* (*IIa, B*)**
22. ***Repetitive HCV-RNA testing prior to 18 months of age is not recommended.* (*III, A*)**
23. ***Children who are anti-HCV-positive after 18 months of age should be tested with an HCV-RNA assay after age 3 to confirm chronic hepatitis C infection.* (*I, A*)**
24. ***The siblings of children with vertically acquired chronic hepatitis C should be tested for HCV infection, if born from the same mother.* (*I, C*)**

The HCV guidance panel recommends HCV-antibody testing at age ≥ 18 months for children born to women with HCV infection. Earlier antibody testing is not recommended due to maternal anti-HCV, which can persist in the infant's serum for up to 18 months.[206,207] For infants with a positive HCV-antibody test at or after 18 months of age, the HCV guidance panel recommends HCV-RNA testing at age ≥ 3 years to determine chronic infection versus spontaneous viral clearance. Approximately 25%-50% of vertically infected infants spontaneously resolve HCV infection by 4 years of age,[191,200,208-211] although spontaneous viral clearance can occur later in childhood.[212-214]

HCV-RNA testing can be considered in the first year beginning at 2 months of age, particularly in the setting of concern about loss to follow-up. Detectable HCV RNA during the first year of life reliably correlates to anti-HCV positivity at 18 months.[215] Repetitive HCV-RNA testing prior to 18 months of age is not recommended. Hepatitis C screening is indicated for siblings of children with vertically acquired, chronic HCV infection if born to the same mother and not previously tested for HCV infection.

COUNSELING PARENTS AND CHILDREN REGARDING HCV TRANSMISSION AND PREVENTION

Recommendations

25. ***Parents should be informed that hepatitis C is not transmitted by casual contact and that, as such, children with HCV infection do not pose a risk to other children and can participate in school, sports, and athletic activities and engage in all other regular childhood activities without restrictions.* (*I, B*)**
26. ***Parents should be informed that universal precautions should be followed at school and in the home of children with HCV infection. Educate families and children about the risk and routes of HCV transmission and the techniques for avoiding blood exposure, such as avoiding the sharing of toothbrushes, razors, and nail clippers and the use of gloves and dilute bleach to clean up blood.* (*I, B*)**

Children with HCV infection often face discrimination and stigmatization in school and childcare settings, usually driven by public misconceptions about contracting hepatitis C. Further, well-intentioned parents and caregivers may limit the activities of a child with HCV infection due to concerns about their health.[216,217] Clinicians caring for these children should counsel and assure parents that their child poses no threat to others because HCV is not transmitted by casual contact in the absence of blood exposure. Children with HCV infection can and should fully participate in school and extracurricular activities of their choosing without restrictions. Educate parents and appropriately aged children and adolescents about how to prevent HCV transmission in the home and at school. This includes implementing universal precautions for preventing transmission of bloodborne pathogens, covering open wounds, cleaning blood-contaminated surfaces with dilute bleach, and avoiding sharing personal hygiene items that might be contaminated with blood, such as toothbrushes, razors, nail clippers, and so on (see Table 2).

Sexual transmission of HCV occurs but inefficiently except among men with HIV infection who

have unprotected sex with men.[218-220] Encourage adolescents with HIV/HCV coinfection and those with multiple sexual partners and/or sexually transmitted infections (STIs) to use barrier precautions to prevent transmission of HCV and other STIs. Counsel other adolescents with HCV infection that the risk of sexual transmission is low, but barrier precautions are recommended to prevent HIV and other STIs.

MONITORING AND MEDICAL MANAGEMENT

Recommendations

27. ***Routine liver biochemistries at initial diagnosis and at least annually thereafter are recommended to assess for HCV disease progression.* (*I, C*)**
28. ***Appropriate vaccinations are recommended for children with HCV infection who are not immune to HBV and/or HAV to prevent these infections.* (*I, C*)**
29. ***Disease severity assessment by routine laboratory testing and physical examination, as well as use of evolving noninvasive modalities* (*i.e., transient elastography, imaging, or serum fibrosis markers*) *is recommended for all children with chronic hepatitis C.* (*I, B*)**
30. ***Children with cirrhosis should undergo HCC surveillance and endoscopic surveillance for varices per standard recommendations.* (*I, B*)**
31. ***Hepatotoxic drugs should be used with caution in children with chronic hepatitis C after assessment of potential risks versus benefits of treatment. Use of corticosteroids, cytotoxic chemotherapy, or therapeutic doses of acetaminophen is not contraindicated in children with chronic hepatitis C.* (*II, C*)**
32. ***Solid organ transplantation and bone marrow transplantation are not contraindicated in children with chronic hepatitis C.* (*II, C*)**
33. ***Anticipatory guidance about the potential risks of alcohol for progression of liver disease is recommended for adolescents with chronic HCV infection and their families. Abstinence from alcohol and interventions to facilitate cessation of alcohol consumption, when appropriate, are advised for all persons with chronic HCV infection.* (*I, C*)**

The initial assessment of children with chronic HCV infection includes exclusion of other causes of liver disease, assessment of HCV disease severity, and detection of extrahepatic manifestations of HCV (uncommon in children). Children with chronic HCV infection usually appear clinically well on physical examination; hepatomegaly occurs in ≤10% of patients.[221,222] Assessment of hepatic laboratory parameters, including albumin, aminotransferase levels, total bilirubin, INR, and platelet count, is recommended every 6-12 months. Persistently or intermittently elevated hepatic aminotransferase levels occur in approximately 50% of children with chronic HCV infection.[221] Serum aminotransferase levels, however, do not consistently correlate with HCV liver disease severity.[223] Laboratory testing for concomitant infections with HBV (i.e., HBsAg, antibody to hepatitis B core antigen [anti-HBc], and antibody to HBsAg [anti-HBs] testing) and HIV (i.e., anti-HIV), and immunity to HAV (i.e., anti-HAV immunoglobulin G) are also recommended due to shared risk factors and the need to vaccinate nonimmune children against HAV and HBV. Serum fibrosis markers hold promise to assess hepatic disease severity but require further validation in the pediatric population.[224-226]

For pediatric patients with suspected advanced liver disease, initial assessment using liver ultrasound imaging to evaluate for splenomegaly and/or venous collaterals is recommended to avoid ionizing radiation exposure. Although liver biopsy remains the gold standard to assess inflammation grade and fibrosis stage, sampling variability and potential adverse events (e.g., bleeding) are problematic.[227-231] Additionally, most clinicians and patients (or their parents) prefer noninvasive alternatives to determine the presence or absence of cirrhosis, particularly in the pediatric population. Ultrasound-based, liver elastography appears increasingly promising for monitoring children and adolescents with chronic HCV infection.[232-236]

HCV-related liver disease generally progresses more slowly in children and adolescents compared to adults, although disease progression is unpredictable.[191,221,237-239] Despite a paucity of data evaluating risk factors for HCV disease progression in the pediatric population, children with comorbid conditions (e.g., obesity with nonalcoholic fatty liver disease, congenital heart disease with elevated right heart pressures, and HIV and/or HBV coinfection) and those receiving hepatotoxic drugs require careful monitoring.[87-90,191,226,240]

Advanced HCV-related liver disease develops infrequently in children and teens, usually occurring

more than 30 years after initial infection.[241-243] Cirrhosis is uncommon and HCC even more rare, occurring almost exclusively in those with cirrhosis.[213,214,242,244-253] Limited evidence suggests that children with chronic hepatitis C and a history of childhood leukemia may be at increased risk of developing HCC.[254,255] The HCV guidance panel recommends HCC surveillance using liver ultrasound imaging (with or without alpha-fetoprotein testing) every 6 months for pediatric patients with HCV and cirrhosis, consistent with AASLD guidance for HCC surveillance in adults.[78] A baseline endoscopy to detect esophageal varices and every 3 years thereafter (in the absence ofviral clearance) is advisable for these patients. Successful HCV DAA therapy substantially reduces the risk for cirrhosis complications.[256,257]

In children with HCV-related advanced fibrosis or cirrhosis, medications known to accelerate hepatic fibrosis (e.g., methotrexate) should be avoided, if possible. Although corticosteroids and other immunosuppressants may enhance HCV replication, they are not contraindicated in children with HCV infection and should be prescribed for appropriate indications based on the overall risks versus benefits. Notably, icteric flares of HCV—as reported in children and adults with chronic HBV infection—have not been reported in children receiving an organ transplant or cytotoxic chemotherapy. Although underlying liver disease is a risk factor for the development of hepatic veno-occlusive disease following bone marrow transplantation,[258,259] chronic HCV infection should not delay this therapy.

No dosage adjustments are necessary for commonly prescribed medications such as antimicrobial, antiepileptic, and cardiovascular agents. Nonsteroidal anti-inflammatory drugs and aspirin should be avoided, if possible, for patients with cirrhosis and esophageal varices due to gastrointestinal bleeding and nephrotoxicity risks. Acetaminophen is a safe and effective analgesic for children and adolescents with chronic HCV infection when dosed per packaging recommendations.

Alcohol abstinence is strongly advised to reduce the risk for liver disease progression.[61,63,64,66-72] Similarly, counsel appropriately aged, untreated pediatric patients and their parents about the importance of maintaining a healthy body weight due to the deleterious effects of insulin resistance on HCV-related fibrosis progression.[260-271]

WHOM AND WHEN TO TREAT AMONG CHILDREN AND ADOLESCENTS WITH HCV INFECTION

Recommendations

34. ***DAA treatment with an approved regimen is recommended for all children and adolescents with HCV infection aged ≥ 3 years as they will benefit from antiviral therapy, regardless of disease severity.* (*I, B*)**
35. ***The presence of extrahepatic manifestations—such as cryoglobulinemia, rashes, and glomerulonephritis—as well as advanced fibrosis should lead to early antiviral therapy to minimize future morbidity and mortality.* (*I, C*)**

Although advanced HCV-related liver disease occurs uncommonly in children and adolescents, hepatic fibrosis progresses over time, and complications may develop during early adulthood. The rationale for treating persons with HCV infection in the pediatric population mirrors that for adults, i.e., to reduce disease-related morbidity and mortality. Additionally, curative DAA therapy during childhood or adolescence supports the HCV treatment as transmission prevention paradigm, a pillar of the 2017 NASEM hepatitis C elimination strategy.[4] The extension of pediatric HCV antiviral treatment to 3- through 11-year-olds comes at a critical inflexion point in the hepatitis C epidemic, given the recent increase in HCV infection among women of childbearing age[272-275] and the fact that an estimated 29,000 women with HCV infection gave birth each year from 2011 to 2014.[18]

HCV ANTIVIRAL THERAPY FOR CHILDREN AND ADOLESCENTS AGED ≥ 3 YEARS, WITHOUT CIRRHOSIS OR WITH COMPENSATED CIRRHOSIS (CHILD-PUGH A)

Recommendations for Treatment-Naive and Interferon-Experienced Patients

36. ***An 8-week course of the daily fixed-dose combination of glecaprevir* (*300 mg*)*/pibrentasvir* (*120 mg*) *is recommended for treatment-naive adolescents aged ≥ 12 years or weighing ≥ 45 kg with any HCV***

***genotype, without cirrhosis or with compensated cirrhosis.* (*I, B*)**

37. ***A 12-week course of the combination of ledipasvir/sofosbuvir* (*weight-based dosing, see Table 4*) *is recommended for treatment-naive or interferon-experienced children aged ≥ 3 years with HCV genotype 1, 4, 5, or 6 infection, without cirrhosis or with compensated cirrhosis.* (*I, B*)**

The high rate of HCV clearance with DAA regimens previously demonstrated in adults is increasingly being replicated in the pediatric population. Eight weeks of the daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) gained FDA approval for use in treatment-naive or interferon-experienced adolescents aged ≥ 12 years or weighing ≥ 45 kg with any HCV genotype infection, without cirrhosis or with compensated cirrhosis (Child-Pugh A). Although the registration trial included only adolescents with genotype 1-4,[276] glecaprevir/pibrentasvir garnered FDA approval for all genotypes based on the safety and efficacy of the regimen demonstrated in adults.[148-150,152-157,165-167,277] The recommendations for use of glecaprevir/pibrentasvir in treatment-experienced adolescents are also based on clinical trial data from adults.[154,156,176,278-280] Given its pangenotypic activity and safety and efficacy records in adults, the HCV guidance panel recommends glecaprevir/pibrentasvir as the first choice for adolescent HCV treatment. Coadministration of carbamazepine, efavirenz-containing regimens, and St. John's wort should be avoided because these compounds may decrease circulating concentrations of glecaprevir and pibrentasvir.

In August 2019, the FDA approved an expansion of pediatric indications for ledipasvir/sofosbuvir to include the 3- through 11-year-old age group in addition to the ≥ 12 years adolescent group for specific clinical scenarios. Dosing is weight-based (see Table 4). Twelve weeks of ledipasvir/sofosbuvir is recommended for treatment-naive children and adolescents aged ≥ 3 years with genotype 1, 4, 5, or 6, without cirrhosis or with compensated cirrhosis (Child-Pugh A). This regimen is also recommended for interferon-experienced (± ribavirin, with or without an HCV protease inhibitor) children and adolescents aged ≥ 3 years with genotype 1 or 4. A 12-week course is recommended for patients without cirrhosis; 24 weeks is recommended for those with compensated cirrhosis. Three clinical trials supporting the approval of ledipasvir/sofosbuvir in the pediatric population aged ≥ 3 years demonstrated high SVR12 rates comparable to those observed in adults.[281-283] Limited real-world data further corroborate these findings.[284,285]

TABLE 4. Weight-Based Dosing of Ledipasvir/Sofosbuvir for Children Aged ≥ 3 Years

Body Weight	Once Daily Dose of Ledipasvir/Sofosbuvir
<17 kg	33.75 mg/150 mg
17 to <35 kg	45 mg/200 mg
≥35 kg	90 mg/400 mg

In September 2019, the FDA approved weight-based sofosbuvir plus ribavirin for treatment-naive and interferon-experienced (± ribavirin) children aged ≥ 3 years with genotype 2 or 3, without cirrhosis or with compensated cirrhosis (Child-Pugh A). A 12-week course is recommended for pediatric patients without cirrhosis, and 24 weeks is recommended for those with compensated cirrhosis (see the online HCV guidance for dosing recommendations). The registration trial conducted in children aged 3 to < 12 years demonstrated an SVR12 of 98%.[286] The use of sofosbuvir plus ribavirin is further supported by clinical trial data involving adolescents[287] and adults with genotype 2 or 3 infection.[288-291] At the time of manuscript preparation, sofosbuvir (plus ribavirin) remained the only FDA-approved DAA for children 3-11 years with genotype 2 or 3 infection. However, recent clinical trials evaluating weight-based dosing of sofosbuvir/velpatasvir[292] and glecaprevir/pibrentasvir[293] are expected to lead to FDA approval for children aged 3-11 years. The HCV guidance panel recommends awaiting approval of a pangenotypic regimen unless there is a compelling need for immediate antiviral treatment of children aged 3-11 years with genotype 2 or 3 infection.

DAA-experienced pediatric HCV patients are rarely encountered in clinical practice. Due to a paucity of data in the pediatric population, DAA-experienced children and adolescents with HCV infection should be treated using the adult HCV guidance while under the supervision of a pediatric HCV specialist. Similarly, decompensated cirrhosis and recurrent HCV after liver transplantation are rare clinical scenarios; children and adolescents with these conditions require specialty care. See the online HCV guidance for additional information about treatment of these children and adolescents.

As with adults, testing for active HBV infection (i.e., HBsAg, anti-HBc, and anti-HBs) is recommended prior to initiating HCV DAA therapy in pediatric patients due to the risk for HBV reactivation during or after treatment.[92,294,295] Additionally, on-treatment and posttreatment glucose monitoring for hypoglycemia in children and adolescents with diabetes and INR monitoring in those taking warfarin is recommended due to potential alterations in dose–response relationships associated with DAA-related HCV viral clearance.[141-146]

Acute HCV Infection

Acute HCV infection is arbitrarily defined as the first 6 months of infection. Patients are often minimally symptomatic or experience nonspecific symptoms (e.g., fatigue, anorexia, mild or moderate abdominal pain, low-grade fever, nausea, and/or vomiting) with mild to moderate elevations in hepatic aminotransferases.[296] Jaundice occurs in a minority of patients (< 25%), and acute liver failure is extremely rare.[297,298] Despite difficulties in diagnosis and reporting, the CDC estimates that 44,300 acute HCV infections occurred in the United States in 2017 with the upper limit of the confidence interval being 151,000 cases.[299] As previously noted, increased injection drug use associated with the opioid epidemic accounts for much of the recent increase in acute HCV infection incidence. An estimated 75% of persons acutely infected with HCV progress to chronic infection, although this number varies depending on host factors (e.g., age at exposure, sex, HIV coinfection, and interleukin 28B [IL28B] genotype).

Substantial fluctuations in viremia during acute HCV infection may lead to higher HCV-RNA levels in this phase of the infection compared with those seen during chronic infection.[300,301] Drawing on the analogy from HIV infection and limited evidence with HCV, acute HCV infection may be associated with an increased risk for transmission.[302] Conversely, antiviral treatment during acute infection has the potential to reduce transmission to other susceptible individuals (i.e., treatment as prevention). Modeling studies support treatment of acute HCV infection, demonstrating cost-effectiveness assuming high treatment efficacy with a relatively short treatment duration—requisite conditions that currently exist.[303,304] Successful HCV treatment as prevention of transmission has been demonstrated in several cohorts of HIV-positive men who have sex with men (MSM), where unrestricted access to DAA therapy resulted in an approximately 50% decrease in acute HCV infections.[305]

Data addressing optimal treatment approaches for acute HCV infection continue to evolve. In the interim, current guidance is to treat with regimens and durations as recommended for chronic HCV infection until additional data on abbreviated treatment regimens become available.

DIAGNOSIS OF ACUTE HCV INFECTION

Recommendation

38. ***HCV-antibody and HCV-RNA testing are recommended when acute HCV infection is suspected due to known exposure, clinical presentation, or elevated aminotransferase levels* (*see Fig. 4*). (*I, C*)**

HCV RNA typically becomes reliably detectable within 2-3 weeks after viral exposure[306-309]; HCV antibody seroconversion among immunocompetent persons typically occurs 2-3 months after exposure, on average.[308-311] Therefore, the best laboratory evidence to support a diagnosis of acute HCV infection is a positive HCV-RNA test in the setting of a negative HCV-antibody test (identification during the seronegative window period) or a positive HCV-antibody test after a prior negative anti-HCV test (seroconversion).[51,52,312] Rarely, these approaches may be misleading such as in immunosuppressed individuals with impaired antibody production.[58,313,314]

Laboratory-based diagnosis of acute HCV infection is most straightforward when there has been a discrete, known, or suspected exposure (e.g., after new onset or a change in drug injection practice, a percutaneous needlestick exposure to HCV-infected blood, a potentially nonsterile tattoo, or sexual contact). Baseline HCV-antibody and HCV-RNA testing should be performed within 48 hours of the exposure to document baseline HCV infection status (see Fig. 4).

If baseline testing is negative, repeat testing for HCV antibody and HCV RNA is recommended. The frequency can be tailored based on management objectives (e.g., monthly testing to identify and treat acute infection). If the baseline HCV-antibody test is

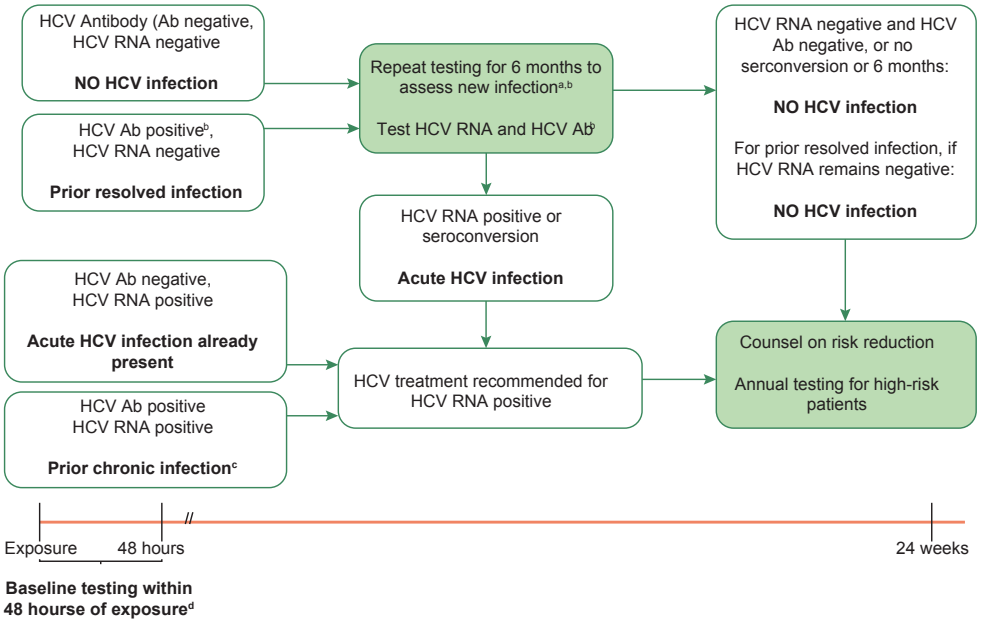

FIG. 4. Testing algorithm for discrete, recognized HCV exposure. [a]Often there is no discrete exposure and/or the entry to health care occurs with jaundice or elevated liver enzymes. In those instances, baseline testing cannot be performed and the diagnosis of acute HCV infection is based on clinical criteria (see text). [b]Repeat HCV antibody is not needed if the test is positive at baseline. Frequency of testing can be tailored based on risk of exposure. [c]If there were additional exposures in the preceding 6 months, a newly diagnosed patient who is HCV RNA–positive and HCV antibody–positive may still be in the acute phase. Symptoms, elevated ALT, and/or fluctuations in virus levels may distinguish acute from chronic HCV infection. [d]Baseline testing should be performed within 48 hours of exposure to determine existing infection status, including HCV RNA, HCV antibody, and ALT. Abbreviation: Ab, antibody.

TABLE 5. Interpretation of Blood Tests for Diagnosis of Acute HCV Infection

Test	Interpretation for Diagnosis of Acute HCV
HCV antibody	• Test may be negative during the first 6 weeks after exposure • Seroconversion may be delayed or absent in immunosuppressed individuals • Presence of HCV antibody alone does not distinguish between acute and chronic infection
HCV RNA	• Viral fluctuations > 1 $\log_{10}$ IU/mL may indicate acute HCV infection • HCV RNA may be transiently negative during acute HCV infection • Presence of HCV RNA alone does not distinguish between acute and chronic infection
ALT	• Fluctuating ALT peaks suggest acute infection • ALT may be normal during acute HCV infection • ALT may be elevated due to other liver insults, such as alcohol consumption

positive but HCV RNA is undetectable, repeat HCV-RNA and alanine aminotransferase (ALT) testing is recommended to identify acute reinfection. When baseline HCV-antibody and HCV-RNA testing are both positive, the person most likely already has chronic infection from a prior exposure.

Individuals suspected of having acute HCV infection often do not have a discrete exposure and/or have no prior baseline testing, making a definitive diagnosis of acute infection more challenging (see Table 5). Acute infection should be suspected if there is a rise in the ALT level without an alternative cause.[315,316] Acute infection should also be suspected when there are low (especially < 10^4 IU/mL) or fluctuating (>1 $\log_{10}$ IU/mL) HCV-RNA levels or spontaneous clearance during follow-up. These patterns do not commonly occur outside of the acute phase of HCV infection.[300,301,317] Patients suspected of having acute HCV infection also require laboratory evaluation to exclude other or coexisting causes of acute hepatitis

(e.g., HAV, HBV, hepatitis delta virus superinfection if chronically infected with HBV, hepatitis E virus [in the correct clinical scenario], and autoimmune hepatitis).[318] HIV testing is also recommended.

MEDICAL MANAGEMENT AND TRANSMISSION PREVENTION

Recommendations

39. ***After the initial diagnosis of acute HCV with viremia (defined as quantifiable RNA), HCV treatment should be initiated without awaiting spontaneous resolution.* (*I, B*)**
40. ***Counseling is recommended for patients with acute HCV infection to avoid hepatotoxic insults, including hepatotoxic drugs (e.g., acetaminophen) and alcohol consumption, and to reduce the risk of HCV transmission to others.* (*I, C*)**
41. ***Referral to an addiction medicine specialist is recommended for patients with acute HCV infection related to substance use.* (*I, B*)**

The HCV guidance panel newly recommends initiating DAA therapy upon initial diagnosis of acute HCV infection without awaiting possible spontaneous clearance (i.e., a test and treat strategy). Real-world data demonstrate a reduction in HCV viremia incidence and prevalence with unrestricted access to HCV therapy.[305,319] Mathematical modeling studies also suggest that scaling up DAA treatment can reduce HCV incidence and prevalence, especially among populations at highest risk of onward transmission (e.g., MSM and PWID).[303,320-322] Additionally, delay introduced by waiting for spontaneous clearance may increase the number of patients lost to follow-up.

Counseling persons with acute HCV infection to reduce behaviors that could result in virus transmission (e.g., sharing injection equipment and engaging in high-risk sexual practices) is recommended. Because the risk of transmission of other bloodborne STIs (e.g., HIV and HBV) is higher in the acute phase of infection, some experts counsel persons with acute HCV to consider using barrier precautions, even in a stable monogamous relationship. For persons with acute HCV infection who have a history of recent injection drug use, referral to harm-reduction services and an addiction medicine specialist is recommended as needed.[323-326]

Monitoring with hepatic panels (ALT, aspartate aminotransferase [AST], bilirubin, and INR in the setting of an increasing bilirubin level) is recommended at 2-week to 4-week intervals until resolution of acute hepatitis C.[316] Hepatic laboratory parameters typically improve rapidly with antiviral treatment. Alteration of dosages of concomitant medications that are metabolized by hepatic enzymes is unnecessary unless there is concern for developing acute liver failure (e.g., increasing bilirubin level and prolongation of INR). Acetaminophen and alcohol consumption should be avoided during acute HCV infection.[327-329]

Patients with acute HCV infection rarely require hospitalization unless nausea and vomiting are severe. Although acute liver failure is very rare (< 1%), it represents a serious and life-threatening complication of acute HCV infection. Patients with an INR > 1.5 and those who exhibit any signs of acute liver failure (e.g., hepatic encephalopathy) should be immediately referred to a liver transplant center. Use of HCV antiviral regimens in acute liver failure should be managed by a clinician experienced in HCV treatment, ideally in consultation with a liver transplant specialist.

HCV infection spontaneously clears in 20%-50% of untreated patients.[330] Clearance of acute HCV infection usually occurs within 6 months of the estimated time of infection. Only 11%-14% of those who remain viremic at 6 months spontaneously clear the infection at a later time.[331,332] Predictors of spontaneous clearance include presentation with jaundice, elevated ALT, HBsAg positivity, female sex, younger age, genotype 1 infection, and host genetic polymorphisms, most notably those near the IL28B gene.[330,333]

Patients who experience spontaneous clearance do not require antiviral therapy. They do, however, require counseling about the risk of reinfection and testing at least annually for this development in the setting of ongoing risk behaviors. Notably, transient suppression of viremia sometimes occurs in persons with acute HCV infection, even among those who progress to chronic infection. Thus, a single undetectable HCV-RNA test result is insufficient to declare spontaneous clearance.[300,333,334]

ACUTE HCV INFECTION TREATMENT

Recommendation

42. ***Due to high efficacy and safety, the same regimens that are recommended for chronic HCV infection are recommended for acute infection.* (*IIa, C*)**

Data are emerging regarding treatment of acute HCV infection with abbreviated courses of DAA regimens in both HCV monoinfection and HIV/HCV coinfection.[335-338] There are presently insufficient data, however, to recommend abbreviated courses of any approved DAA regimens. Until more definitive data are available, recommended treatment is as described for chronic hepatitis C infection in the online HCV guidance. Pangenotypic regimens, as recommended in the simplified HCV treatment section, represent the preferred choice for eligible patients. For patients who are ineligible for simplified HCV treatment, genotyping may be considered to guide DAA regimen selection.

Organ Transplantation From HCV-Viremic Donors to HCV-Negative Recipients

In 2018, 8,250 liver transplantations were performed in the United States, the largest number ever performed in a single year.[339] Despite annual increases in the number of liver transplantations performed in the United States in the 10-year period from 2009 through 2018, more than 14,000 liver transplantation candidates died awaiting the procedure.[339] Given the sizable chasm between the number of waitlisted liver transplantation candidates and the pool of available organs, some transplant programs are turning to a previously untapped pool of organs from deceased HCV-viremic donors; historically, these organs were discarded with rare exception.[340] Coincident with the marked increase in drug overdose deaths among PWID in the United States,[341] this pool of donor organs has sadly increased substantially.[342] In stark contrast to this tragic loss of life, the development of safe and highly effective[2] DAA therapy provides an opportunity to consider use of allografts from HCV-viremic donors in HCV-negative recipients because iatrogenic HCV infection can be cured with retention of allograft function in the majority of cases. Recent data indicate increasing acceptance of these organs among HCV-negative recipients.[340,343,344] Although early outcome data are encouraging, the overall experience is limited, and many ethical issues and scientific questions remain, such as avoidance of selection bias, the optimal timing of DAA therapy, detailed evaluation of drug–drug interactions between DAAs and immunosuppressants, and long-term graft and patient outcomes. Additional research is needed to clarify short-term and long-term risks and benefits and to determine and refine optimal clinical management practices.

CONSIDERATIONS FOR USE OF HCV-VIREMIC DONOR ORGANS IN HCV-NEGATIVE RECIPIENTS

Recommendations

43. ***Informed consent should include the following elements (I, C):***

- Risk of transmission from an HCV-viremic donor (and with a US Public Health Service–defined increased risk donor, the potential risks for other viral infections)
- Risk of liver disease if HCV treatment is not available or treatment is unsuccessful
- Benefits, specifically reduced waiting time and possibly lower waiting list mortality
- Unknown long-term consequences (hepatic and extrahepatic) of HCV exposure (even if cure is attained)
- Risk of allograft failure
- Risk of HCV transmission to partner

44. ***Transplant centers should have a programmatic strategy to (I, C):***

- Document informed consent
- Assure access to HCV treatment and retreatment(s), as necessary
- Ensure long-term follow-up of recipients (beyond SVR12)

The informed consent process for HCV-negative patients contemplating accepting an organ from an HCV-viremic donor must address not only the potential benefits and risks of the procedure itself but also the known HCV-specific risks as well as long-term uncertainties. Given the mismatch between the number of organ transplantation candidates and the pool of available organs, willingness to accept an allograft from an HCV-viremic donor can reduce waitlist time[345,346] and improve access to transplantation,[347]

thereby reducing the risk of dying while awaiting an available organ.[348-350]

To make an informed decision to consent to accepting an organ from an HCV-viremic donor, the recipient needs to understand the high risk of HCV infection. All donors undergo HCV-antibody testing and nucleic acid testing for HCV RNA. Donors who are HCV antibody–positive and HCV RNA–negative pose a very low risk of HCV transmission to the recipient.[351-353] Rarely, high-risk donors with very recent HCV exposure who are anti-HCV-positive and HCV RNA–negative may pose a transmission risk.[354] These increased risk donors are identified according to guidelines issued by the US Public Health Service.[355] Increased-risk donors may also pose a risk for HIV and HBV transmission depending on their specific risk factors. Patients who receive an allograft from an increased-risk donor require monitoring after transplantation to detect HCV transmission[353,355] as well as possible HBV and/or HIV infection if the donor was at increased risk for these infections. HCV-viremic donors pose the highest risk for HCV transmission to allograft recipients.

Transplant recipients need to understand the risks conferred on them in the event of iatrogenic HCV infection from the allograft. This includes the necessity of HCV antiviral therapy and the risk of liver disease if such treatment is unavailable or unsuccessful. Additionally, there is a risk of DAA-associated allograft rejection and possible loss,[356-362] and/or reduced allograft function.[361,363-366] Because use of allografts from HCV-viremic donors in HCV-negative recipients is a recent development in transplant medicine, there are no data on possible long-term hepatic and extrahepatic adverse effects associated with HCV exposure, even among those cured of the infection. Allograft recipients who are HCV viremic can potentially sexually transmit the virus to their partner(s), particularly among MSM.[74,367-372]

The HCV guidance panel recommends that all programs performing HCV viremia discordant solid organ transplantations have a strategy to execute and document a rigorous informed consent process; assure access to HCV treatment and retreatment, as needed; and ensure long-term follow-up of organ recipients to monitor for potential late consequences of HCV exposure and allograft function.

TREATMENT OF HCV-NEGATIVE RECIPIENTS OF ALLOGRAFTS FROM HCV-VIREMIC DONORS

Recommendation Regarding Timing of DAA Therapy

45. ***Prophylactic/preemptive DAA therapy with a pangenotypic regimen is recommended.* (*II, B*)**

- Treatment with a pangenotypic DAA regimen within the first week after transplantation, even if results of the HCV RNA test are not available, is a reasonable alternative. A genotype-specific regimen may be used if genotype information from the donor or recipient is available to guide therapy.

Recommendations for DAA Therapy

46. ***An 8-week course of the pangenotypic daily fixed-dose combination of glecaprevir* (*300 mg*)*/pibrentasvir* (*120 mg*) *is recommended.* (*I, C*)**
47. ***A 12-week course of the pangenotypic daily fixed-dose combination of sofosbuvir* (*400 mg*)*/velpatasvir* (*100 mg*) *is recommended.* (*I, C*)**
48. ***A 12-week course of the daily fixed-dose combination of ledipasvir* (*90 mg*)*/sofosbuvir* (*400 mg*) *is recommended for patients with genotype 1, 4, 5, or 6 only.* (*I, C*)**

Initiation of DAA therapy for HCV-negative recipients of an allograft from an HCV-viremic donor can occur prophylactically/preemptively (i.e., perioperatively without confirmation of HCV viremia in the recipient) or reactively after documentation of HCV viremia. The goal is to undertake DAA therapy as early as clinically possible to avoid the development of acute hepatitis and other complications of HCV infection. Emerging data suggest that initiating prophylactic/preemptive DAA therapy before viremia occurs reduces the likelihood of complications, such as fibrosing cholestatic hepatitis.[359,373-376] The prophylactic/preemptive approach may also allow for a shorter duration of DAA treatment,[359,377] although this is not currently recommended outside of a clinical trial setting.

Because genotyping of HCV-viremic donors is not routinely performed, only a pangenotypic DAA regimen (i.e., glecaprevir/pibrentasvir or sofosbuvir/velpatasvir) should be used if opting for a prophylactic/preemptive treatment approach. With the reactive treatment approach, genotyping can be used to guide

DAA regimen selection if a pangenotypic regimen is not used. Although clinical trial data demonstrate the safety and efficacy of elbasvir/grazoprevir among HCV-negative kidney transplant recipients of allografts from HCV-viremic donors,[378-381] it is recommended as an alternative regimen due to the necessity for baseline RAS testing and the need for addition of ribavirin to the regimen if RASs are present.

Several other important considerations should be taken account when selecting a DAA regimen for these patients. Protease inhibitors should be avoided in the presence of moderate to severe liver dysfunction (i.e., Child-Pugh B or C).[382] Assessment of drug–drug interactions is crucial as some medications are contraindicated or not recommended during DAA therapy (e.g., high-dose proton pump inhibitors [twice daily dosing], amiodarone [contraindicated with sofosbuvir-inclusive regimens], and certain statins [e.g., atorvastatin], among others). Importantly, complex interactions occur between DAAs and calcineurin inhibitors.[383-388] Coadministration of elbasvir/grazoprevir and cyclosporine leads to a 15-fold increase in grazoprevir and a 2-fold increase in elbasvir area under the concentration–time curve[389]; this DAA regimen and immunosuppressant combination should be avoided. A 40%-50% increase in tacrolimus level is predicted with coadministration of elbasvir/grazoprevir[389]; no dosing adjustments are anticipated, but tacrolimus levels should be monitored. Please see the online HCV guidance for additional information about drug–drug interactions between DAAs and immunosuppressants as well as other medications.

Limited short-term data from liver,[340,357,390,391] kidney,[358,378-380,390-394] heart,[359,373,390,395] and lung[359,374] transplant programs performing solid organ transplantations involving HCV-viremic donors and HCV-negative recipients are encouraging. However, the overall number of published cases is limited, and treatment approaches varied. Known risks include DAA treatment failure with emergence of complex RASs and possible severe or rapidly progressive liver disease.[358,374,396,397] Due to the limited, heterogeneous experience to date and lack of long-term safety data, strong consideration should be given to performing these transplantations under institutional review board–approved protocols as recommended by the American Society of Transplantation consensus panel.[353]

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Author names in bold designate shared co-first authorship.

Attachment 2.6.11.6-1
Quality Response Template

AmeriHealth Caritas Louisiana

							Most Recent NCQA Star Rating Summary (Medicaid) Indicate Year: 2019-2020			
Number	State	Medicaid "HMO" Plan Name	Medicaid Enrollment in July 2021	NCQA Accreditation	Populations included (e.g., ABD, TANF, Expansion, LTSS)	Benefits provided (e.g., full benefits, behavioral health only, Medicare/Medicaid integrated)	Overall	Consumer Satisfaction	Prevention	Treatment
1	LA	AmeriHealth Caritas Louisiana	225,413	Health Plan Accredited; Multicultural Health Care Distinction	Families and children; pregnant women; Medicaid expansion adults; SSI beneficiaries; aged blind, and disabled (ABD); enrollees diagnosed with breast or cervical cancer; foster care children; Home and Community-Based Services (HCBS); waiver population for non-HCBS services only; residential facility and dual eligible enrollees.	Providing, arranging, and coordinating preventive, primary, acute care, behavioral health, and pharmacy services. The health plan manages a limited benefit package of specialized behavioral health and non-emergency ambulance transportation services.	3.5	3.5	3.0	2.5
2	DC	AmeriHealth Caritas District of Columbia	117,412	Health Plan Accredited; Multicultural Health Care Distinction	Families and children, CHIP, and District of Columbia Health Care Alliance (Medicaid expansion).	Providing, arranging, and coordinating preventive, primary, acute care, behavioral health, and pharmacy services.	3.5	3.0	4.0	3.0
3	FL	Florida True Health (AmeriHealth Caritas Florida)	105,492	Health Plan Accredited	Families and children, SSI beneficiaries, and Mediciad servidces for dually eligble members.	Providing, arranging, and coordinating preventive, primary, acute care, behavioral health, and pharmacy services.	3.0	NA	3.0	2.5
4	PA	AmeriHealth Caritas Pennsylvania	345,630	Health Plan Accredited; Multicultural Health Care Distinction	Families and children, SSI beneficiaries, enrollees diagnosed with breast or cervical cancer; newly eligible enrollees who are new to Medicaid due to expansion; enrollees receiving maternity care.	Providing, arranging, and coordinating preventive, primary, acute care, behavioral health, and pharmacy services.	4.5	4.5	3.5	4.0
5	MI	Blue Cross Complete of Michigan	316,223	Health Plan Accredited; Multicultural Health Care Distinction	Families and children, ABD, Children's Special Health Care Services, Healthy Michigan Plan (Medicaid Expansion), Medicaid coverage for dual eligible enrollees in counties not participating with the Medicare-Medicaid Plan demonstration project, and uninsured children of Michigan's working families.	Providing, arranging, and coordinating preventive, primary, acute care, behavioral health, and pharmacy services.	3.5	3.5	3.0	3.0
6	PA	Keystone First	498,170	Health Plan Accredited; Multicultural Health Care Distinction	Families and children, SSI beneficiaries, enrollees diagnosed with breast or cervical cancer; newly eligible enrollees who are new to Medicaid due to expansion; enrollees receiving maternity care.	Providing, arranging, and coordinating preventive, primary, acute care, behavioral health, and pharmacy services.	4.0	2.5	4.0	3.5
7	SC	Select Health of South Carolina	395,764	Health Plan Accredited	Families and children, SSI and CHIP beneficiaries, foster children, and Sixth Omnibus Budget Reconciliation Act coverage for low-income, pregnant women and infants.	Providing, arranging, and coordinating preventive, primary, acute care, behavioral health, and pharmacy services.	3.5	4.5	3.0	2.5

Attachment 2.6.11.7-1
NCQA Accreditation for Medicaid Managed Care Contracts

NCQA
Measuring quality.
Improving health care.

National Committee for Quality Assurance

has awarded

AmeriHealth Caritas Louisiana

Medicaid HMO

an accreditation status of

Accredited

for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.

CHAIR, BOARD OF DIRECTORS

PRESIDENT

CHAIR, REVIEW OVERSIGHT COMMITTEE

04/21/2021	04/21/2024
DATE GRANTED	EXPIRATION DATE

NCQA
Measuring quality.
Improving health care.

National Committee for Quality Assurance

has awarded

AmeriHealth Caritas Louisiana

DISTINCTION NCQA MULTICULTURAL HEALTH CARE

the status of

Distinction in Multicultural Health Care

for the delivery of culturally appropriate and quality improvement

interventions serving diverse populations

David Chin, MD
CHAIR, BOARD OF DIRECTORS

PRESIDENT

CHAIR, REVIEW OVERSIGHT COMMITTEE

05/05/2021	05/05/2023
DATE GRANTED	EXPIRATION DATE

2.6.12
Value-Based Payment

An enrollee participates in a health screening at our New Orleans Wellness & Opportunity Center.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.12 Value-Based Payment

2.6.12.1

AmeriHealth Caritas Louisiana has been actively leading the transition for value-based care in Louisiana since 2014. We began by implementing alternative payment methods (APMs) with the launch of PerformPlus® — our comprehensive suite of value-based payment (VBP) programs, which include Health Care Payment Learning & Action Network (HCP-LAN) Categories 2C, 3, and 4 — and have since leveraged the AmeriHealth Caritas Family of Companies' (AmeriHealth Caritas') national experience (which includes 110 unique value-based programs) to strengthen our own portfolio. **In 2016, we were the first Healthy Louisiana MCO in the state to implement a VBP program for behavioral health providers.** We spearheaded multi-payer collaboratives, participating in the Centers for Medicare & Medicaid Services (CMS) primary care multi-payer collaborative models for Comprehensive Primary Care Plus (CPC+) and Primary Care First (PCF). As of December 2020, [redacted] **of our enrollees were receiving care from a provider participating in a VBP model**.

In State Fiscal Year (SFY) 2021, AmeriHealth Caritas Louisiana continued to move providers along the APM continuum, with payments linked to VBP models representing [redacted] of total provider payments. This represents an increase of [redacted] over SFY20 and already exceeds one of LDH's 2023 VBP targets.

Beyond our local leadership, **AmeriHealth Caritas is a thought leader in the VBP arena.** Paul Tufano, CEO of AmeriHealth Caritas, sits on the HCP-LAN CEO Forum, and our Senior Vice President of Medical Affairs, Dr. Andrea Gelzer, sits on the HCP-LAN Care Transformation Forum. In 2021, Karen Dale, our Chief Diversity Equity & Inclusion Officer, was named co-chair of the HCP-LAN Health Equity Advisory Team.

We will build on our VBP experience to meet the needs of enrollees, providers, and the community by meeting requirements of the **Model Contract. We have already implemented programs that represent all of the preferred VBP models of the Louisiana Department of Health (LDH)**, such as maternity-focused arrangements, physical and behavioral health integration, and hospital arrangements.

Our Value-Based Strategic Plan

AmeriHealth Caritas Louisiana's PerformPlus suite of VBP programs promotes better care and better health by rewarding providers for the value they create. Our programs are tailored to meet the needs of multiple provider types with varying levels of VBP experience. Providers can participate in a variety of programs, such as Quality Enhancement Programs (QEPs) for primary and perinatal care, shared savings programs (SSPs), partial- or full-risk, episode-based, and specialty programs.

Our VBP programs focus on transitioning providers toward enhanced accountability for outcomes and population health management. We led a multi-payer collaboration to support provider profiling, data sharing, and provider report cards to help move providers along the continuum and enable them to utilize consistent tools in their effort to successfully hit the goals included in their agreement. Programs are designed to recognize performance at the individual metric level versus an aggregate all-or-nothing approach. We base incentive payments on peer- and trend-based performance metrics, settled quarterly, semi-annually, or annually. We use prospective payments to support providers' infrastructure to help ensure program success. Our VBP strategies over the next three years will include these priorities:

[redacted]

Our process of continuous improvement emphasizes moving providers along the value-based continuum. We will continually test, implement, and expand participation in more advanced VBP models and methodologies to increase the VBC received by our enrollees. We do not wait until the end of a program year to evaluate its effectiveness; we continuously evaluate and discuss results, with a focus on opportunities for improvement.

We encourage providers not currently in a value-based contract to consider participating and prioritize efforts to help participating providers advance to a higher-level model along the HCP-LAN continuum. Using a mock dashboard, providers can see what they would have earned in incentives had they participated in a higher-level APM (e.g., a full- or partial-risk program, or a shared savings episode-based model). Mock dashboards communicate the savings and risk parameters involved in a VBP model.

Our VBP glide path for primary care providers (PCPs) participating in the QEP, implemented in 2014 as an HCP-LAN Category 2C model, is an example of moving providers to more advanced APM models. We increased providers' incentive pool in 2016 and expanded the QEP program to include participation of providers with smaller panels. **With an additional 450 provider groups participating compared with the prior year, the program was able to directly impact more than twice as many members (63,008 in 2015 vs. 158,108 in 2016).** As providers achieved success in early QEP versions, **we added a total-cost-of-care component and shifted participating PCPs to an HCP-LAN Category 3A model in** [redacted] We will use this same strategy beginning in January 2022 with providers in our Perinatal QEP (PQEP) by including a [redacted]

Our support for helping providers in the transition to high-value care is not limited to our QEPs. For example, Franciscan Missionaries of Our Lady Health System (FMOLHS) **originally entered into a pay-for-reporting program (Category 2A on the HCP-LAN continuum), transitioned to our QEP (Category 2C), shifted to an SSP, and is now participating in an accountable care organization (ACO) agreement.**

VBP Models in Place by Contract Execution

A comprehensive list of the VBP models that AmeriHealth Caritas Louisiana will have in place by Contract execution appears in the PerformPlus Portfolio table. **More than** [redacted] **of providers participating in an HCP-LAN Category 3 or higher model started in one of our introductory VBP programs.** We look forward to supporting the evolution of more providers along the APM continuum.

PerformPlus Portfolio

Program Name	Program Description	Provider Type	HCP-LAN Category
Programs Currently Implemented			
PCP QEP*	Network-wide incentive program for high-performing providers based on ranked performance against peers. Includes incentives for quality and efficiency performance, enrollee feedback, NCQA patient-centered medical home (PCMH) recognition, and use of HIEs.	PCPs and PCMHs	3A
SSPs*	Programs customized to align with provider needs. Savings generated by high-quality and efficient care, with an emphasis on care management and care coordination, are shared with providers.	Integrated delivery systems (IDS), ACOs, OB/GYNs, specialists, and behavioral health providers	3A–3B (category dependent on customized payment arrangement)
Community Partners Programs*	Programs that include infrastructure for using data for population health management to improve patient health, reduce unnecessary costs, and promote accountable care.	Federally qualified health centers (FQHCs), large primary groups, and others	3A
PQEP*	Network-wide quality program designed to improve quality and efficiency performance for prenatal, delivery, and postpartum care.	OB/GYNs and certified nurse midwife practitioners	3A
Targeted Medical Loss Ratio (MLR) Program	Model that includes a quality component and cost-efficiency performance criteria for the management of the total cost of care (inpatient, outpatient, provider, and pharmacy costs).	IDS, hospitals, large provider practices, FQHCs, and ACOs	3A
Bundled Payments for Episodes of Care*	Arrangements designed to standardize care and reduce the total cost of care for frequently bundled services.	PCPs, specialists, OB/GYNs, and IDS	3A
Bundles for Babies*	Episode-based models for providers designed to promote high-value perinatal, postpartum, and newborn care.	OB/GYNs and certified nurse midwife practitioners	3A
PCF*	CMS multi-payer care delivery and payment model to improve primary care and care coordination.	PCPs	3C and 4A (category dependent on tier)
Better Together (Behavioral health SSP)*	Model for providers that promotes high-value, quality care promoting whole-person and behavioral health care.	Behavioral health providers	3A
Partial- or Full-Risk Programs	Programs for providers with infrastructure for population health management. Risk can be limited to incentive earnings or can be two-sided.	IDS, ACOs, FQHCs, large primary care groups, and others	4A

Program Name	Program Description	Provider Type	HCP-LAN Category
[redacted]			

**Indicates LDH-preferred VBP arrangement per Section 2.17.6 of the Model Contract.*

2.6.12.2

Enhancing Our VBP Efforts in the First Three Contract Years

We successfully implemented and enhanced a range of value-based programs in Louisiana, as described in PerformPlus Portfolio table. We approach VBC as an opportunity to continuously improve, with a focus on a range of outcomes (clinical, financial, and patient and provider experience). Examples of our efforts in the first three years of the Contract include:

- **Leveraging VBC to Address SDOH** — Providing financial incentives to assess SDOH gaps and reporting through ICD-10-CM Z codes helps to promote whole-person care by informing our predictive modeling and population health strategies. Additional financial incentives are available to providers that help address SDOH needs through our Caring Communities Virtual ACO program, which aligns

providers and community-based organizations (CBOs) so they can better connect enrollees with appropriate community services.

- **Expanding the Use of Face-to-Face Readiness Reviews to Support Practice Transformation** — Provider engagement is key to program success. Our 2021 VBC Tool upgrade helps to solicit direct provider feedback. In the first three years of the Contract, we will expand the use of annual face-to-face readiness surveys with all of our current and targeted VBP providers.
- **Increasing Provider Data-Sharing Capabilities and Transparency** — We are building on our existing VBP dashboards (available 24/7) and expanding our recently developed behavioral health dashboards to promote bidirectional data sharing health information exchanges (HIEs) and enhancing our HEDIS® data exchange process to securely submit necessary data to close gaps in care. We will implement self-service software enhancements for ease of access, providing actionable data at the point of care and increasing SDOH identification, outreach, and resolution.
- **Incorporating Enrollee Experience Into Our Value-Based Programs** — Patient experience is too often overlooked in value-based programs. [redacted]

2.6.12.3

VBP Goals and Models in the New Contract

AmeriHealth Caritas Louisiana has successfully met thresholds for provider payments since LDH established VBP baselines in 2017. We will build on that success to continue to meet the required VBP thresholds for provider payments by increasing the number of providers participating in our current value-based arrangements and by increasing the payments made to providers participating in VBP.

We are expanding the portfolio of programs available to providers with [redacted] (a comprehensive list of the programs in our value-based portfolio can be found in **2.6.12.1**). **Our new VBP program and arrangement implementations will include** [redacted] during the first three years of the Contract.

Provider Incentive Earnings Impact

Collectively, our goals will significantly increase the total payment made to VBP-participating providers. Specific goals and their expected impacts include:

- **Execute VBP arrangements with** [redacted]**.**
- **Increase available incentive pools an average of 5% for providers participating in SSPs, MLRs, and shared-risk arrangements to increase provider incentive payments** [redacted]**.** Larger incentive pools will help to ensure more meaningful financial incentives for our VBP-participating providers.
- **Identify additional bonus opportunities to help providers currently participating in VBP arrangements earn at least** [redacted]**.** Improved performance will be achieved by adjusting VBP program measures to help ensure they are attainable and engaging the Practice Transformation team to support specific activities focused on helping providers earn a greater percentage in incentive payments.

Based on our experience through 2021 and the described strategies, **we estimate our 2023 provider incentive payment to be approximately** [redacted], exceeding the requirements in **Section 2.17.2.1.1** of the Model Contract.

Performance Measures That We Seek to Improve

Our successful record in VBP arrangements is based on extensive provider support, long-term relationships, and a philosophy of continuous improvement. We evaluate the success of a VBP program using several indicators, including, but not limited to, more equitable health outcomes, the sustainability of the model, adoption among providers, expansion across the VBP landscape, and aggregate provider performance. We monitor whether or not we are seeing outcomes the State has prioritized. If outcomes fall short of projections, we make adjustments to a specific provider agreement, a value-based model, or our portfolio as a whole.

Program components and potential metrics represent a menu of options for providers, with the exact metrics varying by provider type and performance-based program. Our program performance metrics, described in the Value-Based Program Performance Metrics table, help us evaluate whether a given VBP arrangement is successful. Our Practice Transformation experts review these metrics in meetings with VBP providers.

Value-Based Program Performance Metrics

Performance Metric	Description
LDH Quality Measures	All VBP programs include at least two LDH-prioritized and -incentivized measures, as required. Examples include cervical cancer screening, controlling high blood pressure, and childhood immunization status.
Quality	HEDIS- and National Quality Forum–endorsed and CMS quality performance measures (e.g., Adult Core Set, Child Core Set, Prevention Quality Indicators, Maternal, ED).
Efficiency	Potentially preventable events, (i.e., preventable admissions, readmissions, and ED utilization), total cost of care, episode case rates, MLRs, and neonatal intensive care unit average length of stay.
Innovation	SDOH, health equity, use of electronic health records (EHRs) and/or HIEs, closed-loop referral, increasing collaboration with CBOs, promoting access to medication-assisted treatment.
Patient Experience	Pulse survey (satisfaction survey).
Program Success	Provider adoption rate, enrollee penetration rate, referrals to CBOs, EHR adoption rate, SDOH reporting rate, provider earnings rate.

AmeriHealth Caritas Louisiana's Impact on Quality Measures

Through our VBP programs, we reward providers whose efforts demonstrate effective ambulatory care coordination, support enrollee adherence to planned care, and efficiently manage care transitions through the financial incentive and SSPs that have been described. Our data shows that our VBP programs are improving health outcomes. The Trend Improvements in Quality Outcomes in QEP, 2017–2019 table summarizes the trends for PCPs in our QEP.

Trend Improvements in Quality Outcomes in QEP, 2017–2019

HEDIS Measure	Improvement
Adolescent Well-Care Visits	[redacted]
Comprehensive Diabetes Care — Dilated Eye Exam	
Comprehensive Diabetes Care — HbA1c Test	
Follow-up Care for Children Prescribed ADHD Medication, Continuation and Maintenance	
Well-Child Visits in the First 15 Months of Life	

Our VBP programs also reward providers who positively impact potentially preventable events: ED utilization, acute care admissions, and readmissions. While the COVID-19 public health emergency

(COVID-19 PHE) skewed potentially preventable event rates in 2020, **we have historically seen year-over-year improvements since 2017 and expect that trend to continue**.

Expanding VBP Arrangements in the Initial Years of the Contract

The programs we will implement or enhance for the new Contract term are outlined in the PerformPlus Portfolio table in **2.6.12.1**. We will continually adjust program components for quality/efficiency measures, customizing our programs based on providers' experience and risk tolerance. We leverage different approaches, such as aggregating performance across participating providers, providing per-occurrence incentives, and implementing episode-based models, to create meaningful incentives that promote the transition to VBC using the described goals, strategies, and tactics in the initial years of the Contract:

- **Goal 1: Increase Provider Participation in Existing VBP Programs** — We will review data and target new providers for our current programs. We have currently identified provider types not previously addressed (i.e., urgent care centers and SUD providers). For example, we identified 25 new providers to outreach and engage in our VBP programs, and we are developing several new value-based program models to encourage further interest and engagement in our programs. In addition, we will pay particular attention to preferred LDH models, such as Better Together/ACO supporting behavioral health and physical health integration and Shared Savings models with hospital systems, as described in our response to **2.6.12.1** of this section of the proposal**.**
- **Goal 2: Enhance Existing and Implement New VBP Programs** — We will expand our VBP programs to provide incentives to connect enrollees to appropriate community services (e.g., offering value-added benefits, such as remediating environmental issues or tobacco cessation programs) or connecting to supports for housing and food insecurity or job placement programs. We will partner with community centers to reach enrollees who may benefit from our services and leverage the success and experience of our affiliated Medicaid health plans in other markets with value-based agreements with CBOs. These initiatives will promote collaboration between traditional providers and the community to support whole-person care. We added a total-cost-of-care component to our QEP and will enhance our PQEP in 2022 by adding an episode case component. In addition, we will pay particular attention to preferred LDH models, such as Bundles for Babies for maternity population and New Beginnings supporting behavioral health and physical health integration, as described in our response to **2.6.12.1** of this section of the proposal**.**
- **Goal 3: Engage Providers in Program Design and Practice Transformation** — We work closely with providers, soliciting their input on program design to improve quality outcomes for our enrollees. For example, we worked with FMOLHS to align quality measures and approach for their ACO enrollees across multiple payers. We are using several approaches to add small, rural providers to our VBP network, including aggregating performance and designing models with lower-volume requirements. For example, **we are working with the Louisiana Rural Mental Health Alliance to finalize an agreement with more than [redacted] rural behavioral health providers who would not have an opportunity to participate individually**. This arrangement integrates behavioral health with some physical health measures.

Goal 1: Increase Provider Participation in Existing VBP Programs

To grow the number of providers participating in our models, we will use focused outreach to new providers for existing models, such as our shared savings and episode-based models. We will also expand partnerships with ACOs using strategies outlined in the Strategies for Increasing Provider Participation in Existing VBP Programs table.

Strategies for Increasing Provider Participation in Existing VBP Programs

Strategy	Tactics for First Three Years
Target new providers for existing models, i.e., SSPs, episode-based, MLR programs (Sections 2.17.6.1.2 and 2.17.6.1.4 of the Model Contract)	• Increase potential earnings to encourage high-volume providers to join. • Based on analytics, we have targeted [redacted] not currently participating in SSPs, episode-based, or MLR programs. • Invite new providers (e.g., specialists or ancillary providers, including dermatology; ear, nose, and throat; pain management; and orthopedics) or increase access for providers with a low percentage of Medicaid patients to improve access to these specialty services and incentive measures (e.g., access to care, specialty HEDIS measures, reduction in unnecessary ED visits, and SDOH data collection).
Transition providers to partial- or full-risk arrangements (Section 2.17.6.1.4 of the Model Contract)	• Assess current progress with transformation and performance to identify candidates for HCP-LAN Category 4 programs. • Continue to identify (assessing readiness to move along the continuum) and engage providers interested in advancing to a shared-risk arrangement. Evolve models as needed based on lessons learned.
Expand partnerships with ACO(s)	• Identify provider candidates for ACO contracts using market intelligence. • Develop ACO models that incorporate incentives for the integration of physical and behavioral health and the collection of SDOH data to improve outcomes and reduce health disparities.

Goal 2: Enhance and Implement New Innovative VBP Programs

Continuous program innovations will enhance existing programs and introduce new models. We perform regular analysis, adapting programs to include attainable goals and meaningful measures. For instance, **in 2022, we will include a component in our PQEP model to help providers assess and address health equity needs based on provider feedback from the Listen, Learn, Lead: Health Equity Learning Collaborative**. The steps to achieve this goal are outlined in the Strategies for Enhancing Existing and Implementing New VBP Programs table.

Strategies to Enhance Existing and Implement New VBP Programs

Strategy	Tactics for First Three Years
Enhance PCP QEP (Section 2.17.6.1.3 of the Model Contract)	• Implement financial incentive for enrollee experience (pulse survey). • Implement incentive for data exchange (HIE) with participants earning an [redacted] per enrollee per month incentive to support HEDIS and quality performance-reporting activities. • Analyze program annually to update metrics based on internal goals, provider feedback, lessons learned, and LDH priorities to improve outcomes.
Expand suite of maternity programs (Sections 2.17.6.1.1 and 2.17.6.1.5 of the Model Contract)	• Enhance current PQEP to include an episode case rate component and a health equity measure. • Include health equity measure [redacted] informed by the [redacted]. • Implement Bundles for Babies program with [redacted].
Implement Small Provider and Rural Community (SPARC) programs	• Implement [redacted] during the Contract term.
Implement virtual ACO programs for CBOs	• Implement [redacted] involving CBOs during the Contract term.
Include measures that promote physical and behavioral health integration (Section	• Implement New Beginnings model for SUD with [redacted] provider. • Implement [redacted] program for integrated behavioral health (ACO or ACO-like arrangement) with new providers. • Include new physical and behavioral health measures across programs.

Strategy	Tactics for First Three Years
2.17.6.1.2 of the Model Contract)	• Design a measure to promote care coordination between providers (e.g., incentive for direct follow-up with enrollee).
Implement new episode-based programs (Sections 2.17.6.1.2 and 2.17.6.1.4 of the Model Contract)	• Implement [redacted]. • Recruit hospitals/systems with a specialized focus (i.e., women's health, behavioral health, management of a specific chronic disease). • Implement [redacted].

Goal 3: Engage Providers in Program Design and Practice Transformation

It is crucial to build an understanding of value-based principles before promoting care and payment transformation. Education and evaluation promotes VBP growth across all of our models, including LDH-preferred models. Our strategy, goals, and tactical approaches to promote provider understanding of VBC are detailed in the Strategies for Engaging Providers table.

Strategies for Engaging Providers

Strategy	Tactics for First Three Years
Increase provider feedback around VBP	• Continue to solicit feedback from Provider Advisory Council (PAC) on VBP program design, implementation, and practice transformation support. • Ensure that PAC includes both physical and behavioral health providers and CBOs. • Face-to-face readiness reviews and in-person practice transformation support. • Leverage multi-stakeholder collaboratives to share successful practices with peers, identify areas for improvement, focus on advancing care delivery reform strategies, and provide scorecards to help providers assess their performance around health equity and SDOH measures to improve whole-person care.
Develop and train providers on new data-sharing capabilities	• Engage providers about the best use of actionable data, EHRs, plan dashboards, claims detail files, and HEDIS data exchange opportunities. • Enhance usability of training tools on data sharing. • Collaborate with other payers and data aggregators to reduce the providers' administrative burden related to data sharing.
Enhancement to improve provider performance	• Build on our existing VBP dashboards (available 24/7) and expand behavioral health dashboards to promote bidirectional data sharing (HIEs). • Enhance HEDIS data exchange to securely submit necessary data and close care gaps. • Implement self-service software enhancements to improve ease of access and offer actionable data at the point of care; improve care gap closure rates and cost management; and increase SDOH identification, outreach, and resolution. • Bring data into a single-source environment to identify high-risk enrollees and proactively outreach to close gaps and manage in the most effective setting of care.

Supporting Providers in Successful Delivery System Reform

Supporting providers is foundational to our approach to VBC and includes practice transformation, as well as data analytics and helping providers use these platforms.

Supporting Providers Through Practice Transformation

Our dedicated value-based resources and our provider experts will provide assistance, including:

- Working with providers to develop, implement, and track performance improvement plans.
- Providing education and coaching on quality measures, change management, and new VBP models.
- Disseminating best practices and lessons learned across the network.
- Supporting provider adoption and use of available tools and data to optimize practice workflows.
- Assisting providers and engage practice staff in overall population health management, including:

- The use of data mining to facilitate patient engagement.
- Regular reviews on all performance trends, such as total cost, quality, and utilization.
- Guiding actions to achieve targets and support for advanced care coordination.

To support provider transformation and improve care delivery to improve VBP performance, we modified our VBP Strategy so providers are not financially penalized due to challenges related to care delivery during the COVID-19 PHE through program adjustments, including:

- Changed VBP financial methodologies to guarantee a minimum per enrollee per month based on prior year(s) experience, with the potential to earn more if current targets are exceeded.
- Accelerated value-based purchasing payments through more frequent incentive payments, advanced payments, and interim settlements.
- Set a floor based on 2019 HEDIS outcomes, with the opportunity for the provider to earn more if their 2020 quality metric performance improves when compared to the prior years' experience.

Our advanced data strategy will also include a streamlined approach to data exchange between AmeriHealth Caritas Louisiana and providers to collaborate more effectively on shared goals to improve the health status of the population we mutually serve.

Supporting Providers Through Data Analytics

Success in VBP programs requires access to performance data to achieve shared objectives and track performance using the dashboards available through our Provider Portal. Information that we share with providers includes, but is not limited to, **enrollee attribution**, **quality benchmarks** (to determine quality performance and quality targets), and **cost benchmarks and performance** (to identify cost targets and risk-adjustment factors). We promote bidirectional data flow, ad hoc reporting, and alternate data formats. We send detailed claims extract files for internal provider use. For care gaps (prenatal care, preventive care, etc.), we convey enrollee-specific data on a monthly basis. The Monthly Dashboards Give Providers Actionable Intelligence table demonstrates available components.

Monthly Dashboards Give Providers Actionable Intelligence

Dashboard Component	Description
Aggregate and Claims-Level Detail	Historical and rolling 12-month risk-adjusted utilization and claims-level data.
Clinical Risk Groupings	Clinical model assigns each enrollee to mutually exclusive risk categories to predict health care costs and utilization by IDS, provider group, disease cohort, and enrollee.
Gaps-in-Care Measures	Disparity between health care needs and health care services.
HEDIS Measures	Industry-standard quality and performance measurements.
Other Quality Performance Measures	Quality metrics as components for VBPs, including neonatal intensive care unit days per 1,000, cesarean section rates, and cost-efficiency management.
Patient Profile Data	Detailed, enrollee-specific utilization data, including risk score, clinical category, demographics, preventable data, and cost values.
Potentially Preventable Events	Events deemed potentially preventable include admissions, readmissions, preventable services, ED visits, and complications.
Self-Service Reports	Customizable reports display historical detailed data or aggregated, rolling, 12-month enrollee- and provider-level information, such as care management patient lists, population health data, newly chronic enrollees, and enrollees with no office visit in the last 6 months.
Total Cost of Care	Total actual inpatient, outpatient, provider, and pharmacy costs, compared with total expected costs.
Utilization Data	Actual utilization data for admissions, ED, specialists, and pharmacy benefits, compared with total expected utilization.

2.6.13
Claims Management and Systems and Technical Requirements

Our associates engage with school systems throughout the State to share health education and promote the benefits of physical activity and preventive care.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.13 Claims Management and Systems and Technical Requirements

2.6.13.1

Customizing a Louisiana-Specific Claims Adjudication System

As a trusted partner since the inception of Louisiana's Medicaid managed care program in 2012, AmeriHealth Caritas Louisiana has proven our deep comprehension of the Louisiana Medicaid program requirements, applicable State administrative rules and statutes, and our ability to provide a Louisiana-specific system for adjudicating claims. We read, understand, and can meet or exceed the requirements outlined in **Sections 2.18** and **2.19** of the Model Contract, **Part 7**, **Part 9**, and **Part 18** of the MCO Manual, and the other accompanying manuals and guides. We are committed to exceptional performance and continuous quality improvement and look forward to building upon our current high degree of compliance with the claims management functions by taking appropriate steps to comply with existing, emerging, and anticipated Model Contract requirements. We recently demonstrated our ability to customize our claims adjudication and processing system with specialized behavioral health claims to identify non-licensed rendering providers (2019), electronic visit verification for Early and Periodic Screening, Diagnosis, and Treatment-Personal Care Services providers (2019), treatment in place for ambulance providers (2020), and multi-faceted policy adjustments in response to the COVID-19 public health emergency (2020).

Our Claims system configuration and customization team is led by our Claims Administrator, Kelli Nolan, who has more than 17 years of Louisiana Medicaid experience. The team evaluates anticipated policy and requirement changes against claims system logic to proactively anticipate downstream impact, and concurrently works alongside our Network and Communications teams to develop both an internal and external training plan. AmeriHealth Caritas Louisiana further evaluates system configuration needs in a test environment to help ensure accurate payment mapping and alignment with Louisiana Medicaid policy guidelines and national billing standards. System interface meetings are held between our Louisiana-based system Configuration Team and system programmers to review claim test scenarios before moving system changes into production. This allows our Louisiana-based team, which is familiar with the intended outcome, to identify unanticipated claim denials triggered as the result of the respective system change; such testing prevents provider abrasion and helps ensure programming accuracy. We enable auto-adjudication whenever possible to reduce manual review and intervention and reduce processing delays by monitoring claim inventory; encouraging providers to bill electronically; and analyzing manually processed claims to identify opportunities to enhance systematic claims processing. Through these efforts, we are prepared to **continue processing 100% of clean claims within 30 Calendar Days of receipt**, as outlined in **Section 2.18.2.1.3** of the Model Contract. System configuration and editing include monitoring Louisiana Department of Health (LDH) encounter edit requirements (e.g., taxonomy codes, National Drug Codes), helping to ensure claims adjudicated will result in quality encounter data, as outlined in **Section 2.18.15.16** of the Model Contract.

Our claims processing procedures were developed in alignment with Louisiana Medicaid program requirements, administrative rules, and statutes, including, but not limited to, those relative to the 365-day period for claim submission (La. R.S. 46:422), local pharmacy reimbursement (La. R.S. 46:460.36), continuity of care for newborns (La. R.S. 46:460.41 et seq.), timely filing and payment information (La. R.S. 46:460.70 et seq.), provider notice requirements (La. R.S. 46:460.72), payment accountability (La.

R.S. 46:460.73), behavioral health services claims (La. R.S. 46:460.77.1 et seq.), and the independent claims review process (La. R.S. RS 46:460.81 et seq.).

Submitting and Processing Claims

According to the Healthy Louisiana Claims Report published in June 2021, our average quarterly turnaround time for paid claims was **5.5 days***, the lowest average of any Louisiana Medicaid MCO. We were also the only MCO with a* **100%** *adjudicated paid claims rate over the latest four quarters of available data.*

We accept electronic claims through avenues including Change Healthcare and NaviNet®. Change Healthcare has a large footprint in provider offices and receives pass-through claims from virtually every other clearinghouse. Our provider portal, NaviNet, allows smaller providers who do not use a clearinghouse to securely enter and submit claims. We send paper claims to a clearinghouse that performs validations to identify any missing or invalid data fields, and converts them to electronic claims via optical character recognition (OCR). Our claims system, TriZetto® Facets® (Facets), implements clinical edits validated for alignment with Louisiana-specific clinical editing policies to help ensure clean claims submission; verifies NPI accuracy, enrollee identification numbers, enrollee eligibility, diagnosis codes, and procedure codes to help ensure claim legitimacy; and auto-adjudicates claims using appropriate claims editing criteria, prior authorization data verification, and coordination of benefit and third-party liability (TPL) validation to help ensure proper payment. Robotic Process Automation, coupled with our proprietary framework, enables automated batch claim processing and provides systematic payment updates when necessary to meet contractual requirements, including reprocessing claims for retroactive changes to fee schedules or code sets, as outlined in **Sections 2.18.6**, **2.18.9.3**, and **2.18.9.5** of the Model Contract.

AmeriHealth Caritas Louisiana will continue to collaborate with LDH on encounter issues to meet the requirement to submit encounter data within a 1% error threshold, as measured by a comparison to cash disbursements, as outlined in **Section 2.18.15.3.2** of the Model Contract. In alignment with the 21st Century Cures Act, we are also prepared to demonstrate compliance with the State in the implementation of the State-led Medicaid Provider Enrollment Portal. We will leverage our experience with a centralized provider enrollment process at our affiliated Medicaid health plan in North Carolina, along with our regular collaboration with LDH and Gainwell to help ensure a smooth transition.

Quality Auditing for Accuracy

Our dedicated Internal Quality Assurance team reviews pre- and post-adjudicated claims for Model Contract requirements and procedural and payment accuracy, as outlined in **Section 2.18.14** of the Model Contract. **In 2020, our payment accuracy was 99.85%, as shown on the Claims Payment Accuracy Report**, aligning with Louisiana Medicaid claims processing policies and guidelines. **In the first six months of 2021, we increased our payment accuracy to 99.98%.**

Our comprehensive audit program includes a monthly random sample of at least 385 electronic and paper claims processed in the previous month, a daily random sample of at least 2% of each claim examiner's processed work, claims with total billed charges of $50,000 or greater, and a random sample of 5%–30% of claims processed daily for each new associate. Our Encounters Quality Audit Program includes a reconciliation of submitted encounters with correlated claims processed and related cash disbursement. Our Claims Resolution Team contacts providers when necessary about provider-related claim issues and the steps for AmeriHealth Caritas Louisiana or the provider to resolve the issue.

2.6.13.2

Our Innovative Management Information System

AmeriHealth Caritas Louisiana operates an automated management information system (MIS) that meets or exceeds current program requirements. We are also prepared to support new program requirements outlined in the Model Contract, MCO Manual, Systems Companion Guide, accompanying manuals, and applicable State and federal laws and can continue to meet or exceed new program requirements, as documented in the Management Information System table. Our MIS has the ability to accept and process provider claims, verify eligibility, collect and report encounter data, enable customer service and care/case management activities, perform financial management, and validate prior authorizations and pre-certifications in accordance with LDH and federal reporting requirements.

Our MIS is reliable, available, scalable, secure, and configurable, enabling us to adjust to changes in Model Contract requirements, enrollment increases, and enrollee needs. We have used this stable MIS since the inception of Louisiana's Medicaid managed care program in 2012 and continually update the MIS to meet new LDH requirements. We demonstrated our MIS configurability and scalability with the introduction of Louisiana Medicaid managed care (2012); pharmacy services (2012); behavioral health services (2015); retroactive enrollment management (2015); limited benefit package plan (2015); and the addition of the Medicaid Expansion population (2016), resulting in a 25% increase in enrollment.

The MIS we will leverage to perform our Contract obligations, mapping MIS functions to Model Contract requirements, as illustrated in the Management Information System table. Data and process flows for key business processes are cited and described in this table, with more inclusive depictions of systems and subsystems reflected in **Attachment 2.6.13.2-1** through **Attachment 2.6.13.2-7**. All platforms leverage our hardware architecture (**Question 2.6.13.2.2**), described in the Hardware Architecture table.

Management Information System

MIS Platform Time Utilized (2.6.13.2.1)	Function (Contract Requirement)	System Architecture Specifications (2.6.13.2.2) Data Interfaces (2.6.13.2.3)
Core Administration Platform Years: 22 (See Attachment 2.6.13.2-2).	Enrollment (**2.3, 2.19.10**)	**Facets Specifications** — Automatically assigns enrollees to specific benefit plans, helping ensure they receive appropriate services. Eligibility and enrollment information (e.g., demographics, language preferences) is updated within the timelines specified in the **Model Contract**. **Facets Interfaces** — Integrates with our population health management platform, external trading partners for 24/7/365 real-time eligibility inquiry (270/271), the Provider Portal, our interactive voice response (IVR) platforms, and LDH for 834 batch enrollment processing and real-time exchange of enrollee information (changes of address and dates of death). Provides daily eligibility updates to all downstream platforms and subcontractors. **IBM Websphere® Transformation Extender (WTX) Specifications** — Performs electronic data interchange (EDI) processing, enforcing HIPAA 5010 ASC X12 transaction standards. **WTX Interfaces** — Translates inbound HIPAA 5010 ASC X12 834 eligibility and TPL files into a consumable format for Facets enrollment processing.
	Claims Processing (**2.18**)	**Facets Claims Processing** — Allows for the automation of nearly all payment scenarios, including LDH-specific requirements. Facets processes claims submitted electronically or on paper. Facets claims adjudication edits

MIS Platform Time Utilized (2.6.13.2.1)	Function (Contract Requirement)	System Architecture Specifications (2.6.13.2.2) Data Interfaces (2.6.13.2.3)
		enforce eligibility, provider, encounter data, and authorization requirements, with over 2.7 million claims processed in Louisiana in 2020. **Facets Interfaces** — Integrates with our population health management platform for enforcement of authorization requirements and the Encounter Data Manager (EDM) platform for encounter data submissions.
	TriZetto Encounter Data Manager (**2.18.15, 2.18.17.3, 2.18.17.4**)	**EDM System Specifications** — Produces and submits medical and pharmacy encounter data in HIPAA and National Council for Prescription Drug Programs (NCPDP®)-compliant formats; manages subcontractor encounters submissions; helps ensure encounter files are compliant with companion guides and payment rules; processes response files; and manages error corrections and resubmissions. Our Cash Disbursement Journal (CDJ) process reconciles internal and subcontractor encounter data to financial statements to help ensure encounter submission completeness. **EDM Interfaces** — Integrates with Facets, Data Warehouse, subcontractors, LDH, and their Fiscal Intermediary (FI).
Integrated Population Health Platform Years: 9 (See Attachment 2.6.13.2-3).	Utilization Management (UM)/Service Authorization Care Management/ Care Coordination (**2.5, 2.6, 2.7, 2.8, 2.12**)	**ZeOmega® Jiva™ (Jiva) Specifications** — Supports the UM, Service Authorization, Care Management, and Care Coordination functions to effectively manage care for enrollees and enable true integrated care. Jiva provides access to medical, pharmacy, laboratory results, and behavioral health information (where appropriate), as well as race, ethnicity, language and disability data. Case Managers also utilize Jiva to collect and view information about social determinants of health (SDOH). **Jiva Interfaces** — Integrates with core administration, customer service, and document management platforms, Provider Portal and Health Information Exchange (HIE) gateway.
		HIE Gateway Specifications — Alerts Case Managers and providers to key events, enabling effective transitions in care. **HIE Interfaces** — Exchanges admission, discharge, and transfer (ADT) and Continuity of Care Document transactions with State HIEs. We exchanged over 636,000 ADT messages with HIEs in Louisiana since 2018.
		HealthCrowd Texting Applications — Our texting campaigns are optimized to engage and motivate enrollees and include Keys to Your Care® for pregnant enrollees, texting to improve HEDIS® outcomes, messages to alert enrollees when they need to re-enroll with the State to keep their benefits active, and two-way texting for case management.
		Aunt Bertha — An online resource directory that provides important information regarding services related to SDOH, such as housing, food, and nutrition; child care; and transportation.
Customer Service Platform Years: 13 (See Attachment 2.6.13.2-4).	Customer Service Systems (**2.13.10, 2.14.10**)	**Jacada Integrated Agent Desktop (IAD) Specifications** — Provides staff in our multilingual contact center a centralized view of enrollee information stored in multiple systems, enabling them to manage and document enrollee and provider inquiries. IAD enables staff to view and capture data related to SDOH and race, ethnicity, language, and disability. **IAD Interfaces** — Integrates with our population health management, core administration, and document management platforms.
		Avaya Call Management and IVR Specifications — Avaya Call Management supports automatic call distribution based on availability and skill sets of contact center staff. IVR provides telephonic self-service capabilities to enrollees and providers (e.g., eligibility verification, ID card requests). **IVR Interfaces** — Integrates with our core administration platform.

MIS Platform Time Utilized (2.6.13.2.1)	Function (Contract Requirement)	System Architecture Specifications (2.6.13.2.2) Data Interfaces (2.6.13.2.3)
		Enrollee Engagement Platforms Specifications — The Member Portal provides self-service capabilities, such as preventive care reminders, a searchable online provider directory, medication management, and appointment and prescription reminders. It is built using W3C best practices for HTML and CSS, focusing on Section 508 compliance, so enrollees can use assistive technology and any browser or device. Our Member Mobile application offers similar capabilities on Apple® and Android™ devices. The Bright Start® Plus℠ mobile application enables enrollees to monitor, communicate, and receive key information about their pregnancies and overall wellness. **Enrollee Engagement Platform Interfaces** — Integrates with our core administration and integrated population health platforms. Our Fast Healthcare Interoperability Resources (FHIR) application programming interfaces (APIs) enable Patient Access and Provider Directory capabilities and will support Payer-to-Payer Exchange as well as other future requirements for the Centers for Medicare & Medicaid Services (CMS) Interoperability Rule.
Corporate Services Platform Years: 22 (See Attachment 2.6.13.2-5).	Financial Systems (**2.11**)	**Oracle® PeopleSoft Financials (PeopleSoft Financials) Specifications** — Supports accounting, general ledger, and financial statement production. **PeopleSoft Financials Interfaces** — Integrates with our core administration platform to post claims payment transactions to the general ledger.
		Facets Specifications — Adjudicates claims. **Facets Interfaces** — Integrates with Change Healthcare for claims payment and with PeopleSoft Financials for general ledger and financial reporting.
Provider Network Management Years: 8 (See Attachment 2.6.13.2-6).	Provider Systems (**2.9, 2.10, 2.19.11**)	**Appian Provider 360° Specifications** — Integrated business process management/enterprise workflow platform manages the provider lifecycle, including recruitment, enrollment, and maintenance. **Provider 360° Interfaces** — Integrates with our core administration, credentialing, and enterprise document management platforms.
		CACTUS Specifications — Manages provider credentialing/re-credentialing. **CACTUS Interfaces** — Integrates with Provider 360° and Credentials Verification Organization (CVO).
		NaviNet Provider Portal Specifications — Secure multi-payer Provider Portal enabling self-service for administrative (eligibility, benefits, authorizations, claims investigation, and submission) and clinical (care plan, care gaps, clinical summaries, ADT alerts, and medication reconciliation) transactions. Also provides access to **3M Treo** — supports pay-for-performance programs and other care management analytics. **NaviNet Provider Portal Interfaces** — Integrates with our core administration, population health, and Provider 360° platforms.
Reporting and Analytics Platform Years: 17	Data Sources (**2.19.1.21.2, 2.19.1.21.3**)	**Data Lake Specifications** — Maintains structured and unstructured information at the lowest level of detail to accelerate data preparation and quickly deliver advanced analytics and business insights. **Data Lake Interfaces** — Integrates with core administration and population health platforms, as well as pharmacy and Health Level 7 (HL7) lab, immunization, and allergy data.

MIS Platform Time Utilized (2.6.13.2.1)	Function (Contract Requirement)	System Architecture Specifications (2.6.13.2.2) Data Interfaces (2.6.13.2.3)
(See Attachment 2.6.13.2-7).		**Data Warehouse Specifications** — Central repository of integrated data (administrative, clinical, pharmacy, vision, lab, dental, and electronic health record [EHR]) used for data analysis and reporting, including HEDIS. **Data Warehouse Interfaces** — Integrates with core administration and population health platforms, subcontractors, lab, and EHRs.
		Clinical Data Repository (CDR) Specifications — Stores enrollee clinical profiles and information to facilitate clinical analyses. **CDR Interfaces** — Integrates with our population health management platform, Provider Portal, HIEs, subcontractors, and EHRs.
	Reporting Tools (**2.2.4.3.1, 2.16.7.3, 2.19.12.2, 4.15.2, 6.51**)	Our Business Intelligence Tool Set (BITS) analytics and reporting platform uses our next-generation Data Lake solution as a single source of truth to provide information and insights through interactive dashboards as well as standard and ad hoc reports leveraging the capabilities below. **Tableau® Specifications** — Used for self-service analysis for data exploration and visualization, as well as scheduled dashboards and ad hoc analysis. **SAP® Business Objects Specifications** — Used for standard reporting. **SAS® Specifications** — Produces analytics, visualization, and standard and ad hoc reporting. **Reporting Tools Interfaces** — Integrates with Data Lake, Data Warehouse, and CDR.

Meeting Model Contract Requirements

The Model Contract Requirements table outlines how we meet the requirements of **Section 2.19** of the Model Contract.

Model Contract Requirements

Contract Item: Description	Compliant
2.19.1 General System and Technical Requirements — Addressed in response to **Question 2.6.13.2**. We perform capacity planning using projected claim, phone call, prior authorization, and data exchange transaction volumes, as well as projected staffing and system capacity requirements.	Yes
2.19.2 HIPAA Standards and Code Sets — Addressed in response to **Question 2.6.13.4**.	Yes
2.19.3 Connectivity — Addressed in response to **Question 2.6.13.4.**	Yes
2.19.4 Hardware and Software — We maintain hardware and software compatible with current LDH requirements, including call center operations, claims EDI operations, authorized services operations, and enrollee services operations.	Yes
2.19.5 Network and Back-up Capabilities — Our networks use appropriate security measures to prevent breaches by an external entity. Near real-time data replication between our mirrored data centers helps ensure ready retrieval/recovery of data. Power protection through uninterruptible power supplies and generators can supply continuous power.	Yes
2.19.6 Resource Availability and Systems Changes — Our NOC is staffed 24/7/365 to provide Systems Help Desk services to LDH, its Fiscal Intermediary, and Enrollment Broker staff, exceeding LDH's requirements of 7:00 a.m.–7:00 p.m. weekdays. NOC staff can access on-call support staff for each MIS platform to support any area of the MIS. Systems Changes are addressed in response to **Question 2.6.13.3.**	Yes
2.19.7 Systems Refresh Plan — Addressed in response to **Questions 2.6.13.2.2 and 2.6.13.4.**	Yes
2.19.8 Other Electronic Data Exchange — We scan paper claims and other paper correspondence via OCR and convert paper claims into a HIPAA 5010 ASC X12 837 file format. A searchable	Yes

Contract Item: Description	Compliant
document management system indexed by enrollee ID maintains images of paper claims and other paper correspondence.	
2.19.9 Electronic Messaging — Email is continuously available, compatible with LDH, and complies with national standards for sending and receiving PHI.	Yes
2.19.10 Eligibility and Enrollment Data Exchange — Addressed in response to **Question 2.6.13.2**.	Yes
2.19.11 Provider Enrollment — We use LDH-supplied provider type, specialty, and sub-specialty codes in data communications, including weekly Provider Registry and PCP Linkage files. We perform provider exclusion background checks.	Yes
2.19.12 Information Systems Availability — We provide LDH with read-only, secure real-time access to our system. We use redundancy, resiliency, and scalability as central design principles in our physical infrastructure, network, databases, servers, and applications to help ensure the availability of our systems and data. Users have 24/7/365 access to the MIS, outlined in the Management Information System table. Our telephone systems use an active/active configuration to help ensure undisrupted access to the contact center by enrollees and providers.	Yes
2.19.13 Off Site Storage and Remote Back-up — We leverage Oracle Data Guard, as well as Sybase and Microsoft® SQL Server® log shipping for near real-time data replication between our mirrored data centers. We store backups securely off-site.	Yes
2.19.14 Records Retention — We maintain online retrieval and access to files for audit and reporting purposes for 10 years in live systems and an additional four years in archival systems, with audit trails maintained for more than 6 years. We comply with information requests.	Yes
2.19.15 Information Security and Access Management — The Identity Management team manages access to information, including enrollee PHI, using hierarchical business roles, and applies HIPAA-compliant minimum necessary rules. Our security controls and processes exceed industry requirements and are validated annually through external assessments, such as HIPAA Security and Privacy Rule Assessment, Department of Insurance, accreditation agencies, State-level cybersecurity audits, and third-party penetration testing. We create audit trails in accordance with federal, State, and Contract requirements to track modifications to system information. Automated tools identify suspicious activity. Limits on unauthorized access attempts to automatically lock accounts and alert security personnel. Our facility physical security controls include badged access, recording digital cameras, access control systems, closed-circuit television, security personnel, intercom, fire retardant, and intrusion detection systems. We will conduct a security risk assessment and communicate the results to LDH no later than 15 Calendar Days after the Contract award.	Yes

Supporting the Contract With System Architecture Specifications

All systems comprising our MIS leverage a common hardware architecture described within the Hardware Architecture table aligned with **Section 2.6.13.2.2** of the Model Contract.

Hardware Architecture

Hardware Component	Hardware Architecture Specification (2.6.13.2.2)
Data Center	We utilize two purpose-built, state-of-the-art secure data centers that are geographically dispersed to help ensure that a regional weather event or power grid issue does not impact both of them. Each data center is a complete mirror of the other and has the capability to automatically failover and failback to the other. Data and transactions are preserved through near real-time data replication between each data center. These capabilities enable us to quickly recover from a disaster and limit the business impact of needed system updates/maintenance.
Data and Voice Network	Our enterprise data network leverages technology from Cisco®, Palo Alto Networks® and F5® to provide a highly scalable and redundant network infrastructure. We utilize multiple telecommunication carriers in both data centers and business offices as part of our redundant

Hardware Component	Hardware Architecture Specification (2.6.13.2.2)
	Wide Area Network. Our enterprise voice network includes Avaya Private Branch Exchange/Enterprise Survivable Servers and remote Local Survivable Processors. Our voice infrastructure load balances calls between data centers to help ensure the call is always completed.
Compute	Our compute technology leverages Hewlett Packard Enterprise® (HPE®) servers. Clustered servers are grouped together, so if any active server fails, a secondary server assumes operations, minimizing impact to critical applications. VMware® enabled virtualized servers are automatically migrated from one physical server to another as needed to protect or scale operations.
Storage	We leverage Pure Storage®, Dell EMC™, and NetApp™ technologies to provide best-in-class scalable and fault-tolerant enterprise storage systems. In the event of a storage component failure, our storage technology seamlessly transitions to a redundant device.

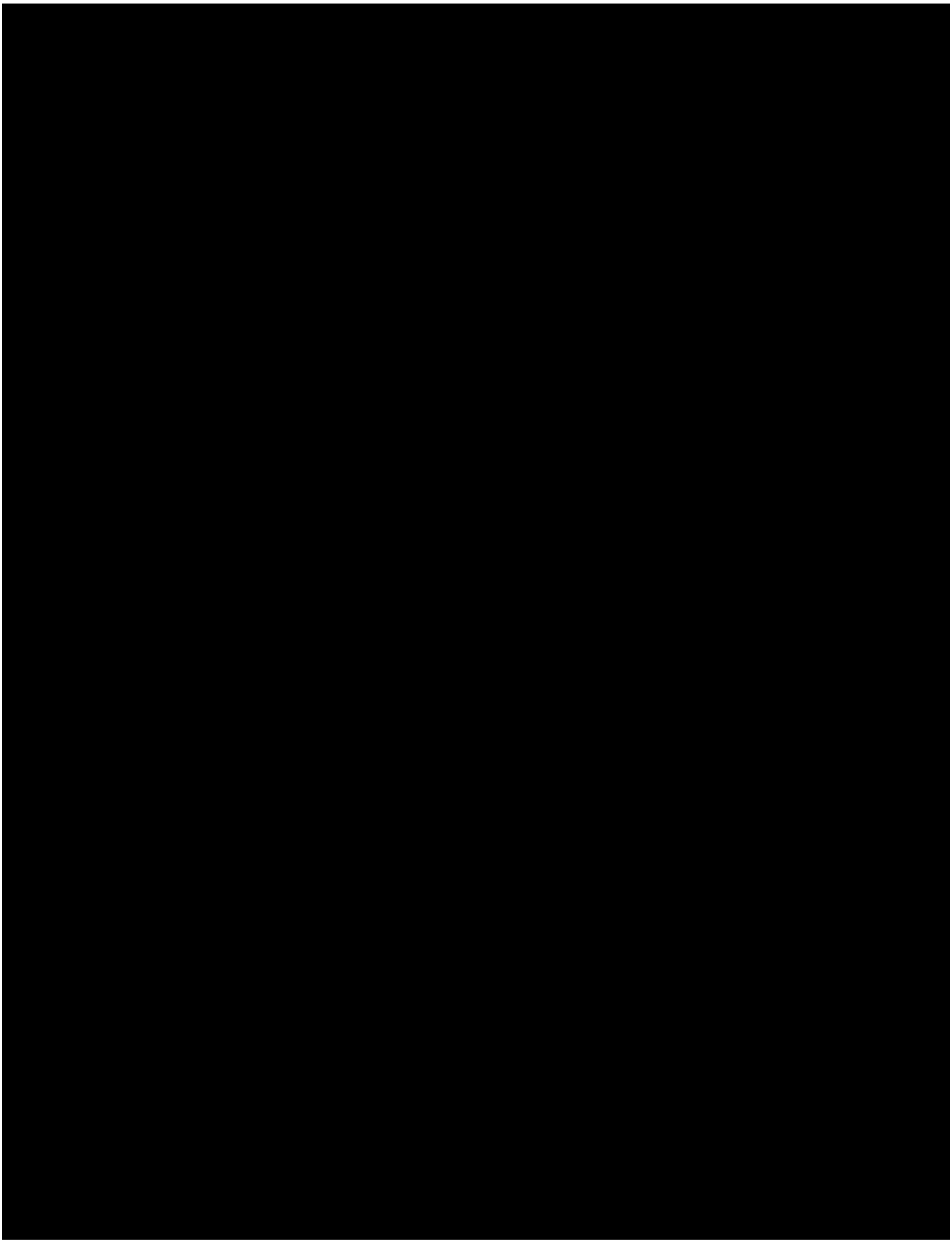
Resources Dedicated to Medicaid Management Information System Exchanges

Resources dedicated to Medicaid Management Information System (MMIS) exchanges include the Louisiana-based Operations Team led by our Information Technology Director, the Managed File Transfer team, the 24/7 Network Operations Center (NOC), and production support teams for each MIS function, including enrollment; provider claims; and encounters. The Managed File Transfer Team utilizes Tidal Enterprise Scheduler to automate and schedule file exchanges, as well as IBM®'s Sterling File Gateway (SFG) to manage secure file exchanges through secure file transfer protocol (SFTP) with the LDH MMIS. The NOC monitors MMIS exchanges 24/7/365 and acts immediately if any processing step fails or if a file transfer is not successful.

2.6.13.3

Anticipated System Enhancements or Changes

We will comply with requirements per **Sections 2.19.6.3** and **2.19.7** of the Model Contract, including LDH notification and implementation timeframes for system changes and issues. To help ensure the continuity of operations, we implement system changes and enhancements using our industry-standard Software Development Life Cycle and change management methodologies. Because we currently meet LDH requirements, we do not need to enhance or replace our MIS systems or subsystems. As a continuing commitment to innovation and person-centered care, and to simplify provider and LDH relationships, we plan to enhance our MIS through initiation of several projects during the next Contract period, including, but not limited to, those described in the Planned System Enhancements table.



2.6.13.4

Interfacing With Other Information Technology Systems

We currently do, and will continue to, operate in accordance with **Sections 2.19.2** and **2.19.3** of the Model Contract. The data integration capabilities of AmeriHealth Caritas enables high-frequency, high-capacity, secure information exchange across multiple platforms and with external stakeholders, such as State agencies, providers, community organizations, MCOs, HIEs, fiscal intermediaries, clearinghouses, and Enrollment Brokers. In 2020, over 177,000 messages with LHIN (4.1 million nationwide), over 122,000 files in Louisiana (over 1.7 million files nationwide), and over 4.9 million real-time transactions in Louisiana (over 66 million nationwide) were successfully exchanged. We utilize data exchange platforms that are based on health care industry interoperability standards (e.g., ASC X12N EDI and HL7). We use Tidal Enterprise Scheduler to schedule and automate the processing of data exchanged with our trading partners and IBM's SFG to manage secure file exchanges through SFTP.

We use WTX, including the HIPAA adapter, to validate incoming and outgoing EDI HIPAA 5010 ASC X12N transactions up to WEDI/SNIP level 7. This includes the following transactions and standard code sets:

- **HIPAA 5010 ASC X12N Transaction Types** — 820 Payroll-Deducted and Other Premium Payment; 834 Benefit Enrollment and Maintenance; 835 Health Care Claim Payment/Advice; 837-I Health Care Claim: Institutional; 837-P Health Care Claim: Professional; 837-D Health Care Claim: Dental; 277CA Health Care Claim Acknowledgement; 270/271 Health Care Eligibility and Benefit Inquiry and Response; 276/277 Health Care Claim Status Request and Response; and 278 Services Review Request for Review/Response.
- **Standard Code Sets** — ICD-10; HCPCS; CPT-4; National Drug Code; Logical Observation Identifier Names and Codes; Home Infusion EDI Coalition Product Codes; American Dental Association® Current Dental Terminology; Diagnosis-Related Group; and Claim Adjustment Reason and Remittance Remarks Codes.

The Current Systems Interfaces table describes our current interfaces with LDH's system, network providers, and material subcontractors.

Current Systems Interfaces

Type of Interface	Format	Frequency	From	To
Eligibility	EDI 834	Daily, Weekly, Monthly	Maximus	ACLA
Eligibility	EDI 834	Daily	ACLA	Subcontractors
Premium Payment	EDI 820	Weekly	LDH	ACLA
Premium Payment — Maternity	EDI 820	Weekly	LDH	ACLA
Institutional Encounter Data	EDI 837I	Daily	ACLA	LDH
Professional Encounter Data	EDI 837P	Daily	ACLA	LDH
Transportation Encounter Data	EDI 837P	Daily	ACLA	LDH
Dental Encounter Data	EDI 837D	Weekly	ACLA	LDH
Pharmacy Claim Encounter File	NCPDP	Weekly	ACLA	LDH
Encounter Response Data	EDI TA1/999	Daily	LDH	ACLA
Encounter Response Data	EDI 835	Weekly	LDH	ACLA
Health Care Claim Payment/Advice	EDI 835	Twice per week	ACLA	Network Providers
Value-Based Performance Data	Proprietary	Weekly, Monthly	ACLA	Network Providers

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

Attachment 2.6.13.2-1
Overall Management Information System

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

Attachment 2.6.13.2-2
Core Administration Platform

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

Attachment 2.6.13.2-3
Integrated Population Health Platform

Attachment 2.6.13.2-4
Customer Service Platform

Attachment 2.6.13.2-5
Corporate Services Platform

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Attachment 2.6.13.2-6
Provider Network Management

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Attachment 2.6.13.2-7
Reporting and Analytics Platform

2.6.14
Program Integrity

AmeriHealth Caritas Louisiana received the Capital Area United Way's 2021 Campaign Award of Excellence for increasing associate giving by more than 25%.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.14 Program Integrity

2.6.14.1

AmeriHealth Caritas Louisiana offers a comprehensive, cross-system, collaborative approach to support the program integrity goals of the Louisiana Department of Health (LDH) — deploying staff, systems, and subcontractor resources to support the program. We use proven, comprehensive, program integrity strategies for effective stewardship of Medicaid funds, with a focus on transparency and accountability. The program has been developed in accordance with **42 CFR § 438.608**, **42 CFR Part 455**, the governing contract between AmeriHealth Caritas Louisiana and LDH, and applicable federal and State laws.

Addressing the Requirements of a Fraud, Waste, and Abuse Prevention Program

In accordance with **42 CFR §438.608(a)** and **Section 2.20** of the Model Contract, the AmeriHealth Caritas Louisiana compliance program includes all of these described elements.

The AmeriHealth Caritas Louisiana Program Integrity Officer

Our Louisiana-based Program Integrity Officer, Lesli Boudreaux, also serves as our health plan's Contract Compliance Officer. Ms. Boudreaux has more than 20 years of Medicaid experience in Louisiana, including eligibility, customer service, enrollment broker, and managed care oversight. She provides a strong foundation to oversee the monitoring and enforcement of our fraud, waste, and abuse (FWA) compliance program, pursuant to State and federal rules and regulations. This dual position provides LDH with a single point of contact at AmeriHealth Caritas Louisiana to address both Contract compliance and FWA issues. Ms. Boudreaux also oversees each subcontractor to monitor whether they are properly emphasizing FWA prevention, detection, and reporting. Ms. Boudreaux is empowered to assess records and independently refer suspected enrollee, provider, or subcontractor fraud and abuse cases to LDH and other duly authorized enforcement agencies. Ms. Boudreaux reports directly to the AmeriHealth Caritas Louisiana Chief Executive Officer and our Board of Directors.

The AmeriHealth Caritas Program Integrity Team

AmeriHealth Caritas Louisiana leverages support from the enterprise-wide Program Integrity department to carry out Program Integrity activities on its behalf, in collaboration and in partnership with the AmeriHealth Caritas Louisiana Compliance department. The Program Integrity department has the following cross-functional teams to determine the accuracy, completeness, and truthfulness of claims and payment data: the Special Investigations Unit (SIU); the Client and Vendor Management Unit; and the Program Integrity Operations Management Unit.

Special Investigations Unit

The SIU is responsible for preventing and detecting fraud and abuse throughout the claims payment processes. The SIU investigates allegations, such as billing for services not rendered, alteration or forgery of documentation, misrepresentation of services provided, and receipt of benefits due to potentially fraudulent actions. The SIU reports all confirmed or suspected FWA tips to LDH; the Louisiana Office of the Attorney General, Medicaid Fraud Control Unit (MFCU); and any other appropriate agencies, as required by law and/or contract. AmeriHealth Caritas Louisiana and its subcontractors are committed to reporting suspected incidents of FWA to the MFCU and LDH no later than three Business Days following discovery. This process is described further in the Approach to Compliance with Model

Contract Requirements section. AmeriHealth Caritas Louisiana complies with the Louisiana contractual requirement to maintain FWA Investigators at a rate of 1:50,000 (and fractions thereof) enrollees in the State of Louisiana. These investigators are responsible for fraud and abuse detection activities, including monitoring, sampling investigations of paid claim discrepancies, and day-to-day provider investigation-related inquiries. AmeriHealth Caritas Louisiana monitors enrollment and is prepared to add investigators in the event enrollment levels increase.

Client and Vendor Management Unit

The Client and Vendor Management Unit evaluates and reports the effectiveness of claims edits and secures support to pursue opportunities in identifying FWA. This unit leverages internal resources and maintains relationships with external vendors to enhance a comprehensive oversight model. We use advanced data-mining technology to perform both prospective and retrospective claims and payment monitoring. Other activities include:

- Facilitating monthly meetings to provide updates on payment integrity savings and recoveries.
- Leading the approval and implementation process for payment integrity-related claim edits.
- Supporting and maintaining relationships with payment integrity subcontractors.
- Monitoring the industry continuously for new solutions to identify FWA.

Program Integrity Operations Unit

The Program Integrity Operations Unit reconciles billing data to drive savings; identify and seek potential recoveries; and document cost containment and is comprised of Program Integrity Data Analytics, Program Integrity Recovery and Reporting, and Credit Balance Recovery teams. The Program Integrity Data Analytics team performs prospective and retrospective data mining to validate the accuracy of claims payments. The Recovery and Reporting team develops and distributes internal and State reports related to FWA services. They are accountable for intake, management, and monitoring of overpayment recovery projects. The Credit Balance Recovery team pursues provider credit balances through a series of provider outreach methods to help ensure that we secure timely recoveries.

FWA Compliance Plan

AmeriHealth Caritas Louisiana maintains a comprehensive compliance program under the current Contract that is readily able to meet the requirements of **Section 2.20.2** of the Model Contract. Our compliance program works to monitor that our subcontractors are compliant with all applicable federal and State requirements to prevent and detect FWA. Our compliance program is detailed in the FWA Compliance Plan; Annual Work Plan; Code of Conduct and Ethics; and policies and procedures, which detail specific AmeriHealth Caritas Louisiana Compliance, Privacy, and Program Integrity responsibilities and protocols. The AmeriHealth Caritas Family of Companies (AmeriHealth Caritas) has a **culture of compliance** in all that we do, embedded in policies and procedures, embraced by our leadership, and implemented through open lines of communication and training. In accordance with **42 CFR 438.608**, we maintain a compliance program that contains each of the following elements:

- Written policies, procedures, and the Code of Conduct and Ethics.
- A designated Compliance Officer.
- A Regulatory Compliance Committee on the Board of Directors.
- A comprehensive and mandated training and education program for the Compliance Officer, senior management, and associates that meets federal and State standards and Contract requirements.
- Effective lines of communication between the Compliance Officer and associates.
- Procedures for a prompt response to detected offenses and for corrective action initiatives.

- Well-publicized disciplinary guidelines, which are available in the Associate Guidebook, on the website, and in policies and procedures, and are consistently applied.
- Ongoing internal monitoring and auditing of Contract compliance, including potential risks.
- Procedures for prompt notification to LDH when AmeriHealth Caritas Louisiana receives information about changes in an enrollee's circumstances that may affect eligibility or changes in a provider's circumstances that may affect the provider's eligibility to participate in the program.

The Program Integrity department also develops an annual Program Integrity Work Plan that applies to all health plans within the enterprise, including AmeriHealth Caritas Louisiana. The Program Integrity Work Plan defines and sets forth the goals and activities for the department each Calendar Year. This annual work plan is reviewed and approved by executive leadership. In addition, Program Integrity functions are subject to ongoing oversight by the Audit and Compliance Committee of the Board of Directors for AmeriHealth Caritas.

Reporting and Investigating Suspected Fraud and Abuse

In accordance with **Section 2.20.1.11** of the Model Contract, FWA reporting mechanisms include:

- An AmeriHealth Caritas Louisiana website that offers a link to report potential FWA 24/7/365.
- An anonymous FWA Hotline that is available 24/7/365.
- Open-door and strict non-retaliation policies that support in-person reporting.
- A grievance and appeal system available to enrollees and providers.
- A well-publicized email address for the dedicated purpose of reporting fraud, which is available to enrollees, providers, contractor employees, and the public on our website.

These mechanisms provide lines of confidential communication between AmeriHealth Caritas Louisiana, its associates, providers, subcontractors, and enrollees to quickly escalate any potential concerns. **In 2020, the SIU received an average of four tips per week through these reporting mechanisms**. All tips are reviewed for substantiation by our SIU investigators, and if warranted, a preliminary investigation is initiated and reported to LDH and MFCU.

Approach to Compliance With Model Contract Requirements

Requirement	Approach
2.20.3 Prohibited Affiliations	• Monthly attestation of associate and subcontractor screening. • Daily screening of providers against licensing, regulatory, and exclusion databases. • Monthly review of provider participation status conducted by the SIU. • Enforceable contract provisions in Provider Agreements, including prompt notification of any change in status that materially impacts the ability to participate in our network.
2.20.4 Payments to Excluded Providers	• Payment suspension for providers for whom the State has determined there is a credible allegation of fraud and a pending investigation. • Claims processing rules to deny claims received from providers who are excluded. • Established processes to report exclusions to LDH, void impacted encounters, and return overpayments to the State.
2.20.5 Reporting	• The Program Integrity Department tracks and reports tips to LDH and the MFCU within timelines outlined in the **Model Contract**. • Established processes for statutory reporting related to preliminary investigations, full investigations, audits, and recoveries.
2.20.6 Rights of Review and Recovery by Contractor and LDH	• Use of proprietary desktop software, the **Claims Overpayment Recovery System (CORS)**, which serves as the system of record for retrospective recovery activity. • When applicable, using future claims to offset collections.

Requirement	Approach
	• Provider engagement, including support in the collection of requested clinical documentation and the arrangement of payment plans, as needed. • Recovery processes are described further in **2.6.14.1.5 Experience Executing Provider Recovery Collection.**
2.20.7 Program Integrity Requirements.	• Compliance and Program Integrity department staff are trained on procedures for timely and consistent exchange of information; collaboration with LDH, MFCU, and other appropriate agencies; and cooperation during investigations and court proceedings. The Program Integrity Officer notifies LDH when AmeriHealth Caritas Louisiana is contacted by an investigative agency.

Training on Program Integrity and How to Prevent FWA

At AmeriHealth Caritas Louisiana, preventing, detecting, and reporting FWA and *Doing the Right Thing in the Right Way* is a shared responsibility for all associates, subcontractors, and providers.

Training Associates

AmeriHealth Caritas Louisiana trains associates to prevent, detect, and report FWA using initial and ongoing training that consistently reinforces the responsibilities and mechanisms available to prevent, detect, and report FWA and foster a **culture of compliance**. Our learning management system tracks compliance with training requirements, reminds associates to complete trainings, and includes assessments that test their knowledge of FWA topics, policies and procedures, and reporting mechanisms.

Training at New Hire Orientation

The AmeriHealth Caritas Louisiana Compliance team hosts a live new hire orientation that includes FWA training specific to AmeriHealth Caritas Louisiana, including a review of the health plan's organizational chart, with an emphasis on identifying the Program Integrity Officer and the SIU Investigators who work in Louisiana. Trainings are currently held virtually. Associates learn the procedures for the timely and consistent exchange of information with LDH. The Program Integrity Officer, or her designee, emphasizes the importance of both collaborating and cooperating with our partners at LDH and the MFCU. New hire training already addresses all topics required by the Model Contract. We also specifically train our enrollee-facing staff, including Member Services and the Grievances and Appeals team, on how to escalate potential FWA issues that they receive from enrollees to the SIU for investigation.

Compliance Training Modules Required Annually

All AmeriHealth Caritas Louisiana associates — including contingent work force members and the Board of Directors — and subcontractors are required to complete the described training modules within 30 days of the beginning date of employment and annually thereafter:

The Code of Conduct and Ethics Attestation and Conflict of Interest Disclosure — Requires attestation that associates have read and agree to abide by the Code of Conduct and Ethics. Associates must also disclose potential and actual conflicts of interest.

Confidentiality, Privacy, and Security Agreement — Requires associates to attest to their agreement to treat all information they receive during the course of their employment as confidential, comply with all company confidentiality policies, and not access confidential data without a job-related need to do so.

FWA — Explains the impact of FWA on the health care industry and each associate's role in prevention, detection, and reporting of FWA, including how to recognize indicators of FWA.

Compliance Laws — Reviews the False Claims Act, the Fraud Enforcement and Recovery Act, the Anti-Kickback Statute, the Physician Self-Referral Law (Stark), and the Louisiana Medical Assistance Programs Integrity Law. The training also covers whistleblower protections under these various laws.

Embracing a Culture of Compliance — Explains the company's culture of compliance, outlines the seven elements of an effective compliance program, and describes the consequences of non-compliance.

HIPAA — Explains HIPAA, including what constitutes protected health information (PHI), permissible uses and disclosures of PHI, and how HIPAA impacts each associate's role.

Security Awareness — **Physical Workplace Security** — Explains the role of Corporate Security, how to identify potential threats and risks at the workplace, and building access security and procedures.

Security Awareness — **Information Cyber Security** — Explains social engineering, social engineering attacks, and associates' responsibility to safeguard protected and confidential information.

Ad Hoc Training Held Throughout the Year

To further an ongoing culture of compliance, AmeriHealth Caritas provides additional ad hoc learning opportunities during the year, including special events during Compliance and Ethics Week and Fraud Prevention Awareness Week; lunch and learn sessions hosted by the Compliance department; quarterly compliance newsletters; and our **Fraud Fighter Award Program,** which highlights the successful application of knowledge gained through our training programs.

Training Subcontractors

Annually, the Compliance team provides the Code of Conduct and Ethics; certain compliance, privacy, and security policies; and the eight compliance training modules our associates take to all subcontractors that provide services to AmeriHealth Caritas Louisiana. Upon engagement, and annually thereafter, subcontractors must attest that they received our training and policies and that either:

- Their trainings and policies presently meet or exceed our training and policies (subject to audit).
- They have distributed our training and policies to all their employees and subcontractors and will abide by the training, policies, and procedures we have provided.

Subcontractors who manage networks of providers are also required to demonstrate how they meet provider education requirements. For example, our material subcontractor, National Imaging Associates (NIA), requires their network to undergo yearly training on FWA. Training materials are available on their provider portal, and FWA is part of quarterly provider webinars.

As part of this annual process, our Compliance team also requires all subcontractors to disclose ownership and control information, in accordance with **42 CFR Part 455**. Through this process, we reinforce our requirement that subcontractors must timely escalate potential and actual FWA issues.

Training Providers

Tackling FWA begins with accurate claims submission. To proactively avoid waste and discourage potential billing patterns that could indicate abuse, we train providers on billing practices, beginning with new provider orientations, as part of our provider onboarding process. This training includes reviewing the Provider Manual and billing guides so that providers are clear on the guidelines for submitting claims and receiving payment for appropriate services rendered to our enrollees. We also

hold monthly webinars related to Medicaid billing. For example, **since the beginning of 2020, we have held 21 webinars on Top Denials, with 493 provider participants**.

The provider onboarding process also includes training on FWA issues, including an explanation of the types of activities that constitute FWA and the duty and mechanisms to report FWA to AmeriHealth Caritas Louisiana, LDH, and/or MFCU. Through regularly held provider seminars and meet-and-greet events, we train providers on FWA prevention, detection, and reporting. We provide additional training and resources in the Provider Manual and through newsletters and fax blasts.

Engaging Enrollees to Prevent FWA

AmeriHealth Caritas Louisiana values our enrollees, and we strive to help ensure that they recognize this and are able and willing to assist our efforts in safeguarding their health and safety.

Connecting Enrollees to Primary Care — We support enrollees in the selection of a primary care provider (PCP) and emphasize the importance of enrollees engaging their PCP to manage and coordinate care. Strong PCP relationships help minimize waste that can occur as a result of duplicative procedures, screenings, and prescriptions.

Education — We teach enrollees what FWA is, how to recognize and report it, and why it is so important that they become engaged in efforts to recognize and report potential FWA. We provide this information on our website, in enrollee newsletters, and in the Member Handbook. Our Program Integrity Officer and Communications department coordinate to publish appropriate additional educational materials on FWA, through newsletters and articles made available on the website about topics such as FWA reporting, identity theft schemes, and unlawful patient recruiting programs.

The Explanation of Benefit Process — In accordance with LDH requirements, we send explanation of benefit (EOB) notices for a 2% sampling of claims to enrollees to validate that they have received the billed services. If an enrollee responds to an EOB notice that they did not receive any of the identified services, the SIU team reviews the claim for a potential investigation. We also use this mechanism to educate enrollees on FWA issues in the context of their specific concerns.

Open and Accessible Communication Channels — Our FWA Hotline and our online reporting tool are well publicized and allow enrollees to anonymously report issues 24/7/365. The SIU uses a multi-level engagement approach to reach enrollees within and outside of specific investigations. SIU investigators receive regular training to identify and create opportunities to engage with our enrollees. At the beginning of an investigation, our investigators engage with the enrollee(s) via telephonic interview(s) in an effort to collect essential information, address the investigation, and build rapport. Before the closure of a case, we touch base with the enrollees to provide reinforcement on opportunities to identify and report FWA.

Using Data Analytics to Prevent and Detect Fraud

AmeriHealth Caritas Louisiana uses data analytics throughout our program integrity framework to identify and maximize opportunities to increase prospective cost avoidance and retrospective recoveries and mitigate FWA vulnerabilities. Following our Quality Assurance and Performance Improvement process, we continually evaluate and improve our approach, leveraging our affiliate Medicaid health plans' experience in eight states and the District of Columbia; follow guidance from the Centers for Medicare & Medicaid Services (CMS), such as emphasizing prospective cost avoidance; and participate in national program integrity initiatives and organizations. SIU investigators are continuously trained on

myriad fraud schemes and data analytics. The investigators successfully merge their talents, skills, and training to identify FWA using data analytics tools.

Detecting Patterns That Could Indicate Fraud

The SIU utilizes a lead detection and pattern analysis system known as STARSSentinel (Sentinel), which is an early-warning detection system used to flag providers and enrollees who warrant investigation. Sentinel uses rules, algorithms, and pattern detection capabilities to evaluate, identify, compare, and rank providers and enrollees who score on one or more rules or algorithms, generating qualified leads for investigation. These algorithms aim to identify potential FWA issues, including duplicate claims, suspect Evaluation and Management codes, unbundling of services, procedure upcoding, and inappropriate or suspicious prescription drug refills. Sentinel also produces reports for use in SIU case activity. SIU uses Sentinel to identify potential controlled medication FWA issues, including the use of opioids and potentiators that increase the reactions of opioids. Our automated early-warning fraud and abuse detection and overpayment protection capabilities identify leads for further SIU investigation. We continuously monitor and audit claims data to detect abnormal provider billing and enrollee utilization patterns, using ad hoc claims queries to mine data for specific schemes and scenarios. We periodically sample claims for additional review to determine the appropriateness of payments. Once the SIU discovers an allegation of potential fraud, it promptly initiates an investigation. The SIU informs LDH using a referral notice and helps ensure that all applicable departments within the company are aware of the SIU's findings.

Success Story from the AmeriHealth Caritas Louisiana SIU

Earlier this year, one of our SIU investigators with a strong background in the field of pharmacy became aware of the potential for inappropriate utilization of a costly lidocaine cream through a previous investigation. SIU conducted data analysis at the National Drug Code-level and identified a pharmacy that was an outlier in use of the medication Prizotral. In one year, this pharmacy had been paid over [redacted] for Prizotral. A complete review of all data for that pharmacy then identified that the pharmacy was also potentially involved in a scheme in which pharmacies billed high-dollar antibiotic/antifungals and instructed recipients to mix these products in warm water to soak their feet. Nearly [redacted] of the [redacted] paid in total to this pharmacy was for either Prizotral or voriconazole, prescribed for only six enrollees. The complete investigation revealed that the pharmacy did not purchase enough of the medications to cover the amount paid by AmeriHealth Caritas Louisiana. Additionally, the pharmacy owner employed the prescriber. The identified overpayment was [redacted], and the provider agreed to repay the amount in full.

Prospective Claims Review

In addition to the retrospective identification of patterns, we have access to several tools to prospectively identify FWA, including:

- The Optum® **Claims Edit System,** a mid-adjudication clinical editing software that automatically reviews and edits physician and facility claims. The Claims Edit System provides extensive editing rules built upon nationally recognized sources, including American Medical Association (AMA) Current Procedural Terminology and National Correct Coding Initiative guidelines to streamline claims processing, reduce errors, and improve payment integrity. The system features flexible editing logic to allow health-plan–defined rules and reimbursement policies. The software provides sources

for all edits and visibility to embedded rule logic, improving provider communication and minimizing potential inquiries and appeals.

- Change Healthcare's **Coding Advisor** solution, which seeks to reduce overpayments for routine, low-cost, level of care services by leveraging information about providers' coding behavior to determine peer-to-peer provider outliers for specific modules. Modules include, but are not limited to, new patient office visits, established patient office visits, consultations, usage of modifier 25, and J codes.
- Outpatient, professional, and durable medical equipment (DME) claims pass daily through the **Cotiviti analytics engines** for prepayment review. Applicable clinical edits are regularly added to the claims processing system, based largely on National Correct Coding Initiative standards, AMA standards, and proprietary clinical coding algorithms. Cotiviti's process recommends denial or payment.
- The **internal claims cost management** process is a prepayment, internal data mining system that reviews claims multiple times per week. Edits focus on compliance with provider contract language, the Louisiana Medicaid program, and the CMS reimbursement methodologies, system configuration issues, and identification and trending of provider billing errors. For example, through this process, we identify and deny claims for new patient evaluation and management codes if the enrollee was seen by a provider in the same practice and specialty within the last three years.
- **Optum's Clinical Validation Services** detect potential incorrectly billed claims, post-adjudication but pre-payment, and denies them, often with a request for medical records. Following the receipt of the medical record, the claim will be reviewed and paid, if appropriate, with notification made to the provider. The provider is afforded dispute rights if they do not agree with the outcome.

Using Data Analytics and Provider Education to Address Billing Outliers

AmeriHealth Caritas Louisiana has successfully influenced provider billing when we identify outliers using Change Healthcare's Coding Advisor solution. For example, between March 2020 and June 2021, we identified a total of 1,155 providers as outliers. By engaging providers, being transparent about how they compare to their peers, and providing education on appropriate billing practices, we were able to positively impact the billing behavior of 955, or 82.68%, of these providers. This means fewer denied claims for providers and less waste for the program. In the 16 months that the program has been in place, a total savings of [redacted] *has been realized.*

Identifying High-Risk Claims

AmeriHealth Caritas Louisiana identifies high-risk claims both quantitatively (based on the dollar value of the claim) and qualitatively (based on the service being provided). We identify high-risk claims based on both of these factors with mechanisms including, but not limited to:

- Data analytics (e.g., overutilization of modifiers, suspected abuse of upcoding).
- Focused audits, as identified through industry trending.
- Risk analyses we perform based on information we derive from collaborative meetings with LDH and other Healthy Louisiana MCOs.

Our SIU continuously reviews data in high-risk claim areas, such as opioids, Class 2 substances, and telemedicine. Methods include analyzing pharmacy and medical data, focusing on top prescribers, enrollees, and dispensing pharmacies; determining patterns in overdose deaths and in enrollees diagnosed with opioid-related disorders; and reviewing the average distance that enrollees travel to top prescribers, along with other factors. We also review specific service types, such as non-emergency transportation and behavioral health claims, to identify providers that are outliers in their specialty.

Information-sharing sessions with other FWA professionals and law enforcement identify current trends in the industry, which help us adapt our data-mining to respond to both current and evolving issues.

Defining High-Risk Claims

High-risk claims are defined based on trends rather than a set definition, in order to dynamically respond to emerging issues and cases that are open at a given time. In general, we consider a claim to be high risk if it is for a service where FWA is prevalent or for a provider type with historically high FWA. These services and providers change over time based on trends and the addition of new services. Based on a review of our SIU cases; collaborative meetings with LDH and other MCOs in Louisiana; and industry trends, the service types that are frequently the sources of high-risk claims include DME, home health, pharmacy, laboratory services, and behavioral health. We believe that telemedicine will be an emerging area of focus as its use has increased and the regulations governing it continue to evolve. New flexibilities around telemedicine and the possibility for continued flexibility open up a new area of potential risk that we are prepared to manage. We conduct enhanced monitoring of new services (for example, peer supports) to help ensure that they are delivered and billed appropriately.

Experience Executing Provider Recovery Collection

AmeriHealth Caritas Louisiana will comply with all Contract requirements related to provider overpayments. We will adhere to requirements to recover provider payments to which the provider is not entitled under Title XIX of the Social Security Act; our recovery process will comply with all of the specific State requirements listed in the Model Contract. AmeriHealth Caritas has had success with payment recoveries, as shown on the Provider Recovery Collection 2018–2020 table.

Provider Recovery Collection 2018–2020

	2018	2019	2020
Overpayments and FWA Recoveries	[redacted]		

Three specialized teams within our Program Integrity Operations department oversee the provider overpayment recovery process: the CORS Recovery team, the Reporting team, and the Credit Balance team.

The Reporting team develops and distributes both internal departmental and State reports related to all FWA activity. They adhere to all regulatory and statutory requirements, as well as the distribution of internal dashboards or reports. The reporting team tracks all FWA finances and reports, as required.

The CORS Recovery team are the gatekeepers of all FWA inventory and are accountable for intake, management, and monitoring of overpayment recovery projects. The CORS Recovery team and the Reporting Team follow the processes for identification, review, recovery, prevention, and reporting of improper payments, including all required reporting in the Model Contract, as outlined in our Compliance Plan and our related Provider Payment policies and procedures. This process is supported by CORS. It is also used to complete the described claims recovery-related functions:

- Internal project recovery letter generation to providers and tracking disputes of overpayment findings.
- Overall internal and external project reporting.
- Tracks all FWA recovered claims and associated dollars.

Finally, the Credit Balance team pursues provider credit balances where recoupment has not been successful through the CORS process and the outstanding balance has aged greater than 60 days, as required in the Model Contract and the False Claims Act, **42 U.S.C. § 1320a-7k(d)(2)**. We report, update,

and review the status of claims recovery activity daily. If we are unsuccessful in recovering funds through offsetting against future claims, our internal Credit Balance team pursues provider credit balances through a series of outreach methods via letters and phone calls to attempt to collect on the outstanding balances owed for recovery. Our staff also makes multiple attempts to reach the provider. Providers have 45 days to respond to and/or dispute an overpayment recovery. The Credit Balance team engages the Account Executive to reach out to the provider to attempt to recover funds. Leveraging that relationship helps make that outreach more successful. If these attempts are unsuccessful, we escalate collection efforts, including, but not limited to, potentially sending the claim to a third party to assist the health plan with timely collections.

2.6.14.2

Delivering Timely and Accurate Reports as a Proven Partner

AmeriHealth Caritas Louisiana's reporting program is structured to provide timely, accurate, and complete reports to LDH, and we have successfully partnered with LDH and the other health plans to continuously improve reporting processes to support better outcomes for enrollees and LDH. We have a dedicated Regulatory Reporting team, in addition to data reporting analysts within both the Program Integrity Operations and SIU teams. We will continue to provide accurate and timely reporting in accordance with federal regulation and the Model Contract. Our processes currently include monthly internal reporting and monthly executive review meetings with health plan leadership, and we are prepared to meet the monthly reporting standards.

The Program Integrity department maintains all data related to complaints of fraud, waste, abuse, neglect and overpayment regardless of the source of the tip/compliant in the Sentinel system. This includes tips received by the Compliance Contract Officer, even if a preliminary investigation is not warranted. This single repository of information collects all data elements needed to comply with reporting requirements in **Section 2.20.5.4** of the Model Contract.

We regularly develop and suggest improvements to reporting templates and processes. For example, we:

- Recommended adjustments to the reporting format for non-emergency medical transportation to enable better oversight of this service.
- Worked with LDH and the Louisiana Managed Medicaid Association to establish a process by which health plans can recommend new drug utilization review edits to be activated based on any concerns that are identified beyond the content of the preferred drug list.

Past efforts have also led to a shared MCO tips report across health plans, as well as access to LDH's centralized Program Integrity database, which is in the pilot phase. We collaborate with the other health plans through monthly and quarterly meetings to share data and identify scenarios and issues that all health plans should examine, and we will continue to encourage more collaborative work to identify utilization trends and concerns, building on our extensive data mining and analysis.

2.6.15
Physical and Specialized Behavioral Health Integration Requirements

An AmeriHealth Caritas Louisiana enrollee shares a smile while enjoying a healthy holiday community event.

AmeriHealth Caritas Louisiana

CARE IS THE HEART OF OUR WORK.

2.6.15 Physical and Specialized Behavioral Health Integration Requirements

2.6.15.1

Fully Integrated Care Model Description

AmeriHealth Caritas Louisiana utilizes an integrated managed care model, encompassing physical and behavioral health care, pharmacy, and social supports, to help ensure that medically necessary and social services are available to enrollees in a timely manner to meet their whole-person health needs. AmeriHealth Caritas was one of the first Medicaid MCOs to develop an integrated model of care. We understood that addressing the complex needs of our enrollees in an integrated, holistic manner was the most effective and supportive way to keep individuals healthy and manage their conditions. Figure 2.6.15-1 depicts our fully integrated care approach.

Person Centered • Trauma-Informed • Culturally Sensitive • Minimally Disruptive • Team-Based

Figure 2.6.15-1: Fully-Integrated Care Approach

We use the principles of population health management to address physical and behavioral health, social supports, and other needs to advance the health of our enrollees; coordinate care across the health continuum; and support safety and access to services. Our model employs key strategies, which continue to evolve as best practices emerge:

- **Integrate and Streamline Behavioral and Physical Health Within Our Internal Operations** — We have evolved organizationally to help ensure that behavioral and physical health services are streamlined within our organization. Our behavioral health and physical health case management services are in a single division. Our utilization management (UM) and case management services are streamlined so that enrollee care, particularly for complex cases, is enhanced by using data from all available sources.
- **Utilize a Comprehensive, Collaborative Approach to Case Management** — As further detailed in **2.6.15.2.2**, in this response, we provide the right level, mix, and coordination of care for enrollees

with complex physical and specialized behavioral health care needs. Our levels of care go beyond an enrollee's specific physical and/or behavioral health diagnoses to the complexities of their conditions and needs, including social determinants of health (SDOH)-related and pharmacy issues, to holistically address their health care needs. We utilize an evidence-based Four Quadrant Clinical Integration model for complex physical health and behavioral health cases, staffed with specially trained Case Managers. We created our Community Care Management Teams (CCMTs) to address the complex needs of enrollees. Through our case management services, we engage the enrollee in decision-making so they have personal choice.

- **Understand and Address Health Disparities and Provide Culturally Responsive Care** — We incorporate community-based health and wellness strategies, with a strong focus on addressing SDOH and health disparities in a culturally responsive manner, providing supports that strengthen families and build more resilient communities. We train our associates and providers on evidence-based techniques to address racial and ethnic disparities in health care and promote diversity, equity, and inclusion.
- **Emphasize Integrated Health Promotion and Disease Prevention** — Our clinical staff and providers are trained to understand the interrelation between physical and behavioral health and screening for early disease detection. We also offer incentives for providers who complete health screenings that promote integrated care, as further described in **2.6.15.2**.
- **Utilize Community-Based Integrated Care Providers and Care Extenders** — As further detailed in **2.6.15.2,** enrollees achieve improved outcomes in their health and quality of life, with significantly reduced costs, using an integrated care coordination approach to address behavioral, medical, and SDOH needs. With this aim, AmeriHealth Caritas Louisiana secured partnerships with two community providers to support the integrated care needs of our complex enrollees. In 2020, we contracted with Upward Health®, a home-based medical group offering primary, specialty, and behavioral care and enhanced attention to care coordination. Our Care Extender program focuses on enrollees with Behavioral Health diagnoses and members with chronic medical illnesses with high ED utilization and/or inpatient readmissions, and who have been challenging to engage in case management. Care Extenders offer 24/7 access to support and coaching, with the end goal of increasing self- care and independence to successfully transition enrollees to less intensive support services, while ensuring care is provided to maintain the newly achieved level of autonomy and self-directed care.

> *I'm grateful to the AmeriHealth Caritas Louisiana's leadership for proceeding with our value-based agreement to serve its most vulnerable enrollees, even in the midst of the pandemic. That enabled us to employ a team of local staff to provide physical, behavioral, and social determinants care for hundreds of the neediest patients in New Orleans. There is strong demand for this kind of assistance, and it wouldn't have been possible without AmeriHealth Caritas Louisiana's boldness in moving ahead, even during COVID challenges and uncertainties.*
>
> *— Glen Moller, CEO, Upward Health*

- **Promote Integration Within Louisiana's Health Care System** — In addition to our internal programs, which were created to integrate care, we promote integration across the wider health care system. We support and encourage provider-integrated care delivery efforts, including providing digital and clinical tools, trainings, and incentives. In accordance with State and federal privacy laws, our data and information sharing facilitates improved care coordination among enrollees' interdisciplinary care teams. Our service delivery system employs a one payer, one contract, one prior authorization team principle, reducing provider administrative burden in delivering integrated care.

> *In the 2020 IPAT survey results, nearly 41% of AmeriHealth Caritas Louisiana providers surveyed achieved Level 5 or 6 integration scores (Level 6 equaling full integration), a higher percentage than any other Healthy Louisiana health plan.*

Comprehensive Strategy for Training and Education

AmeriHealth Caritas Louisiana helps provider specialists, associates, enrollees, and the community broaden their awareness and understanding of the importance of the prevention, identification, and treatment of behavioral and physical health conditions and needs. Our training and education strategy includes a variety of methods, such as written materials; online and face-to-face trainings; and peer-to-peer discussions. The findings from the Integrated Practice Assessment Tool (IPAT) inform our strategy. Understanding our participating providers' current level of integration provides the opportunity to identify ways to support provider progress on the integration continuum. As a result, we have developed a comprehensive enterprise onboarding and training program designed to prepare participating providers and our associates to deliver on our integrated care commitments to enrollees in Louisiana. Federal Mental Health Parity and Addiction Equity Act-compliant, our trainings help ensure associates and providers are aware of the requirements for parity between behavioral health benefits and medical/surgical benefits.

Provider Trainings — AmeriHealth Caritas Louisiana provides multiple training opportunities for providers regarding the integration of care. In 2019 and 2020, we offered our providers 59 training opportunities (an average approximately five per month). The availability of these trainings is advertised to providers throughout the year via email, fax blast, and our website. We offer case-based learning clinics and trainings on various clinical topics via web-based trainings. The Behavioral Health Provider Trainings That Support Integrated Care Delivery table provides more detail regarding offered training.

Behavioral Health Provider Trainings That Support Integrated Care Delivery

Training	Description and Integrated Care Highlights
Project ECHO®	AmeriHealth Caritas Louisiana's teleECHO clinics focus specifically on physical and behavioral health Integration. The ECHO™ model facilitates case-based learning for front-line providers via teleconferencing clinics. Similar to virtual grand rounds, the ECHO model creates a space where providers can share knowledge and build support to better manage patients with complex care needs.
American Society of Addiction Medicine (ASAM) 6-Dimension Criteria Training	For treatment providers, The ASAM Criteria® provides a holistic approach for determining individualized and outcome-driven treatment plans for patients with substance use disorders (SUDs), allowing them to determine the correct level of care for referrals.
Mental Health First Aid	Participants learn how to identify, understand, and respond to signs of mental illnesses and SUDs, providing skills needed to reach out and provide initial help and support to someone who may be developing a mental health or SUD issue or experiencing a crisis.

Training	Description and Integrated Care Highlights
Behavioral Health Claims Training	Covers claims and billing related to providing integrated care.
Treatment Planning and Clinical Documentation Training	Covers treatment planning and documentation related to providing integrated care.

To promote communication and learning among providers, AmeriHealth Caritas Louisiana invites and promotes participation in our ongoing teleECHO clinics. Inclusive of all levels of providers (including behavioral health providers and PCPs), each teleECHO clinic involves a case presentation encouraging the input of both behavioral and physical health providers. Each clinic also includes a didactic presentation covering topics related to both behavioral and physical health, such as mindfulness, medication-assisted treatment (MAT), stress management, and motivational interviewing. Through this *all teach, all learn* model, developed by the University of New Mexico (UNM), teleECHO clinics promote the advancement of integrated care. To further incentivize providers, we are partnering with UNM to extend continuing education credits to participating nurses and physicians.

In addition to these efforts, we also offer a **Primary Care Toolkit for Behavioral Health Providers,** which provides information and resources on physical health conditions that may impact their clients, helping them to better understand and manage those aspects of their client's health. The toolkit addresses twelve different physical health topics, providing an overview of each condition, symptoms and complications, and treatment, as well as the impacts of mental illness on physical health conditions and special considerations for the behavioral health provider.

Associate Trainings — Our training program also takes an innovative approach, beginning with a comprehensive, competency-based orientation for clinical and non-clinical associates. New hire orientation provides the platform to introduce new associates to our integrated care culture. In addition to new hire orientation, we provide role-specific associate training that supports our integrated care delivery model. These trainings include, but are not limited to:

- Ongoing trainings for SUD treatment (The ASAM Criteria).
- Department of Justice target population training.
- Person-centered planning the specific, measurable, action-oriented, realistic, and time-limited (SMART) way.
- Screening, brief intervention, and referral to Treatment (SBIRT) for adolescents, adults, and OB/GYN.
- Mental Health First Aid.
- Trauma-informed care.

2.6.15.2

Enhancing Detection and Treatment of Behavioral Health Disorders in Primary Care Settings

In line with the goals of the Louisiana Department of Health (LDH) to decrease fragmentation, increase integration across providers and care settings, and enhance early detection and treatment of behavioral health disorders in primary care settings, we expanded our training offerings and support to PCPs to further enhance the integration of behavioral and physical health. In addition to the trainings described previously, current and planned initiatives that support the detection and treatment of behavioral health disorders in primary care settings include:

- [redacted]

[redacted]

- **SBIRT Webinars** — Training webinars on SBIRT, an approach for the delivery of early interventions and treatments that can be used in a primary care and/or behavioral health settings for people with SUDs and those at risk of developing these disorders.
- **Behavioral Health Provider Toolkit — Anxiety Disorders, ADHD, Depression, and Opioid Use Disorder (OUD)** — On-demand training modules that provide background on the disorder (including types of symptoms, screening tools, treatment methods, and resources). Geared for PCPs to better identify, treat, and manage each disorder in their practice, as well as to know when to refer and collaborate with behavioral health providers.
- **Integrated Health Screenings** — We promote the use of fully integrated health assessment tools and developed an incentive for PCPs to complete the PHQ-9, the PSQ, and the Healthy Living Survey. We also participate in Performance Improvement Projects that specifically target the increased primary care use of developmental screenings (which include behavioral health indicators) and provide PCP support and education on the appropriate assessment and treatment of ADHD. We also plan to incorporate pediatric screening tools such as the Ages and Stages Questionnaire and the Mood and Feelings Questionnaire which are tailored to younger enrollees.
- **Integrated Care Teams and Case Management** — As discussed previously, our Case Managers help ensure that PCPs are up-to-date regarding the enrollee's behavioral health goals and treatment so that their PCP has the clinical information needed to guide medical care, as well as a method to communicate with and alert the enrollee's behavioral health provider of any issues that may need to be addressed. We also partner with PCPs in the community, to whom we delegate case management, which allows enrollees the option to receive case management directly from their PCP.

Detecting and Treating OUD

In addition to the trainings and initiatives related to the early detection and treatment of SUDs (e.g., SBIRT, The ASAM Criteria, and teleECHO clinics), we also promote initiatives to detect and treat OUD in the primary care setting.

- **Living Beyond Pain Program** — Our comprehensive chronic pain management program includes a range of covered services and prior authorized value-added benefits (VABs) intended to reduce the risks of OUD. This program provides evidence-based, non-pharmacologic alternatives, including covered services and our VAB services, which PCPs can utilize for chronic pain management to reduce enrollee pain levels and feelings of isolation; improve functioning and self-management of chronic pain; and prevent chronic pain from escalating into a medical emergency.
- **Specialized Programs** — For our pregnant enrollees, we have enhanced the identification and intervention process for our Bright Start® maternity care management program to offer support services to enrollees to address OUD during pregnancy and lower the incidence of infants born with neonatal abstinence syndrome. We support safe prescribing of opioids by dental providers in alignment with Centers for Disease Control and Prevention recommendations through education to providers and enrollees of the risks and alternative non-opioid choices to be considered; sharing research; and using claims and pharmacy data to benchmark and manage provider opioid prescription behavior compared to peers.

- **Provider Recruitment and Network Development** — In addition to educating providers on OUD, we are adding two providers to our network that assess for and treat OUD. Both providers offer MAT to pregnant enrollees and coordinate their care with their OB/GYNs. To further expand our network capacity to detect and treat OUD in the primary care setting, we offer training through ASAM to assist providers in getting certification to become MAT prescribers.
- **NARCAN®** — For enrollees at risk of overdose, we have several strategies to increase access to NARCAN in the primary care setting. We offer several training opportunities for PCPs, including a teleECHO clinic with Tulane University focused on the use of NARCAN. For enrollees that are seen in the ED for opioid overdose and/or withdrawal, our Rapid Response Team (RRT) follows up with these individuals to connect them with MAT providers in the community. [redacted]

Coordinate Care for Enrollees With Medical and Behavioral Health Disorders

When enrollees with co-occurring medical-behavioral health conditions transition from one level of care to another (such as from inpatient back to the community) without assistance to help them stabilize in their new environment, they are at high risk for ED visits and inpatient readmissions. Our goals are to provide the necessary level of care; safely transition enrollees to their home community as soon as possible; and provide support needed to maintain the enrollee's community tenure. To this end, we have implemented several strategies and supports to promote integrated, coordinated care for enrollees with both medical and behavioral health needs.

- **On-site Care Transition Support**— We know that enrollees, especially those with complex medical and behavioral health conditions, often benefit from a continuum of peer support to help ensure they complete follow-up care after being discharged from an inpatient setting. We have certified Peer Support Specialists/Community Health Navigators (CHNs) at several hospitals, including behavioral health hospitals, to engage enrollees in care prior to discharge, coordinate community-based resources, engage enrollees' natural supports, and provide health education so enrollees have everything they need to be successful in the community upon discharge. In addition, we have Embedded Discharge/Transition Case Managers at high-volume hospitals that have inpatient psychiatry units, including Our Lady of the Lake Regional Medical Center in Baton Rouge and Ochsner LSU Health Shreveport. These individuals complete face-to-face visits with hospitalized enrollees with complex medical and behavioral health conditions to address discharge needs. The Case Manager addresses discharge barriers, coordinates with UM and hospital staff, assists with transitions to the next level of care, and connects enrollees to our RRT, case management, and CCMT for additional post-discharge support. We help schedule follow-up appointments and link enrollees to community resources to address SDOH needs (e.g., food insecurity, unstable housing, and transportation) that may hinder successful transition. When needed, the Case Manager outreaches to the enrollee's provider to assist in care coordination. **Based on an analysis of data for a sample population, compared to the control group, enrollees that received these services had more follow-up visits with their providers and a 16% reduction in ED visits.**
- **Case Management** — Our Case Managers work with enrollees and their families in case management to coordinate the enrollees' care, including serving as the Transition of Care Coordinator for enrollees. Coordination of care activities include:
    - Securing authorization for the enrollees' covered services.
    - Helping to ensure timely service delivery and access to services.
    - Scheduling or facilitating appointments.
    - Connecting enrollees and their family members to SDOH resources (e.g., access to housing support, food banks, support groups).
    - Addressing any care gaps.
    - Facilitating medication management (e.g., delivery,

  - Arranging transportation, if needed.
  - Connecting enrollees to health-related programs identified in the Plan of Care.
  - Coordinating care the enrollees receive from multiple providers and agencies.
  - Providing education on health conditions and self-management strategies.

- **Community Care Management Team** — Our CCMT further amplifies our traditional care management continuum by providing high-touch, face-to-face engagement for enrollees with complex care needs, including enrollees with coexisting medical-behavioral health disorders. The CCMT is an integrated team of registered nurses, licensed social workers, and CHNs who deliver face-to-face support to the most complex enrollees who are at high risk for over-utilization of inpatient and ED services. We base our CCMT approach on evidenced-based practices from the Care Coordination Pathways model and the Camden Coalition of Healthcare Providers. CCMT provides coordination with other health plan staff and services, as well as behavioral health, primary care, and other social service providers in the community. The team provides care management and coordination to help navigate and increase access to needed medical, behavioral health, and social services.
- **Care Extender Program** — As mentioned in **2.6.15.1**, our Care Extender program is a 24/7 care coordination model for enrollees with behavioral health and emotional conditions and chronic medical illnesses, such as sickle cell anemia. This program targets enrollees with behavioral health diagnoses or chronic medical illnesses with high ED utilization and/or inpatient readmission rates who have been challenging to engage in care management. Care Extenders locate and engage eligible enrollees, connecting them to resources within the plan and offering referrals to reduce barriers to care by addressing SDOH needs, with the end goal of increasing self-care and independence to successfully transition enrollees to less intensive support services.
- **Community-Based Integrated Care Providers** — As mentioned previously, we contract with the community-based provider Upward Health, which is a home-based medical group offering primary, specialty, and behavioral care for individuals with complex needs, with attention to care coordination. Their multidisciplinary teams of medical and behavioral health providers serve enrollees in their communities, focused on prevention and care transitions.
- **Medical Respite** — For enrollees with housing instability and post-acute medical needs, following discharge from the hospital, skilled nursing, or long-term care facility, our respite care VAB model addresses medical services, housing stabilization, counseling, transitional care, and other services necessary for community integration. Our solution helps to prevent admission/readmission; address co-occurring physical and behavioral health conditions that often contribute to homelessness and poor health outcomes; and move enrollees along the path toward permanent housing. We have chosen a provider to partner with on this program who has a proven track record for integrated care as a federally qualified health center, as well as a community-based behavioral health provider
- **Medication Management** — Important for enrollees with complex physical and behavioral health conditions, our behavioral and physical health network prescribers provide medication management post-discharge appointments that are offered in the manner most convenient for the enrollee (nearby clinic, smart device, or equipment brought to their home).

Incentivizing and Tracking Integrated Care Delivery Progress Between Primary Care and Behavioral Health Providers

AmeriHealth Caritas Louisiana offers several incentives for providers to help build greater care coordination, transparency, and community between PCPs and behavioral health providers. As mentioned previously, we provide incentives for providers that complete health screenings that promote integrated care. Physical health providers are eligible for incentives related to completing

behavioral health screenings, including the PHQ-9 or PSQ. **From 2017 to 2019, the number of providers that received incentives for administering the PHQ-9 more than doubled year-over-year and increased by 39% between 2019 and 2020, despite the COVID-19 public health emergency.** We also offer reimbursement to behavioral health providers for completing AmeriHealth Caritas Louisiana's Health Wellness Screener. **We are expanding this program to include additional pediatric screenings (e.g., Ages & Stages Questionnaire, Mood and Feelings Questionnaire for Depression, and the General Anxiety Disorder-7 for anxiety).**

We also offer value-based programs that provide financial incentives to both PCPs and behavioral health providers that address needs across care settings as outlined in **Section 2.17.6.1.2** of the Model Contract. The models are designed to improve the patient and provider experience, eliminate fragmentation and waste, and include both physical and behavioral health performance indicators. Our value-based contracting readiness assessment tools gauge and track the level of integration among participants and are available for both behavioral and physical health providers. We share the savings generated by high-quality care management and care coordination with providers, as a financial incentive for delivering cost-effective care. Our current PerformPlus® programs focus on total cost of care and incentivize integrated care delivery by encouraging PCPs and behavioral health providers to work together to efficiently and effectively address the whole-person needs of enrollees.

Improving Behavioral and Physical Health Integration in Provider Networks

To support integration across providers and care settings, we made significant investments to build infrastructure and develop capacity among local providers. For example, as described previously, we foster collaboration between behavioral health providers and PCPs; train providers on brief, integrated health assessments; provide behavioral health-focused provider training and technical assistance; and are piloting digital consumer experience technology for select physical health providers to screen for and identify previously undetected behavioral health conditions. We also incorporate care management support at our Wellness & Opportunity Centers and champion the use of CHNs.

AmeriHealth Caritas Louisiana also supports network providers in adopting integrated care models by leveraging our robust data-sharing infrastructure to provide actionable information at the point of care. Through our Provider Portal, providers can securely access important clinical data. Providers can view a detailed Member Clinical Summary, which provides information on the enrollee's service history (outpatient visits, inpatient stays, labs, and imaging services), care gaps, medication fills and identified SDOH information. This information can be accessed by both physical and behavioral health providers to assist in care coordination, medication reconciliation, and avoidance of the duplication of services.

Our practice transformation experts also focus on helping network providers achieve a successful transition to increasingly sophisticated alternate payment models — many of which incorporate integrated care measures — while also helping them focus on outcomes and performance improvement.

Continuity of Care Between ED and PCPs and/or Behavioral Health Specialists

AmeriHealth Caritas Louisiana recognizes that by engaging enrollees with complex medical and behavioral health needs early and providing hands-on support, we decrease unnecessary hospital admissions and reoccurring ED visits. We have a robust mechanism to identify those who use ED services and assist in scheduling follow-up care with PCPs and/or behavioral health specialists. We are active participants in LDH's Managed Care Incentive Payment Program Care Transitions Project and are positioned to leverage that program's protocols, data, and resources to improve care transitions for enrollees who use ED services.

To identify enrollees who use ED services and connect them to follow-up care, we share admission, discharge, and transfer (ADT) data on enrollees' ED usage with PCPs to alert the provider to an event and trigger follow-up appointment scheduling. To further enhance this effort, AmeriHealth Caritas Louisiana is committed to supporting the Greater New Orleans Health Information Exchange to help ensure that a robust set of health plan data is shared with assigned providers of facility-based care and increase care coordination post-discharge for our enrollees. We are also launching ADT alerts for attributed behavioral health providers to alert them to admissions for follow-up. In addition, we plan to incentivize both behavioral and physical health providers who act upon these alerts to support their patients in receiving necessary follow-up care.

AmeriHealth Caritas Louisiana's CHNs also play a critical role in improving and extending connection with PCPs and behavioral health specialists post-hospital discharge through supporting enrollees during care transition and face-to-face activities (such as health education and community navigation) to decrease reoccurring ED visits. The CHN team follows up with enrollees in the community to communicate information from their Case Manager and assist them in understanding their services and benefits, which can be complex for those with co-existing medical-behavioral health conditions. For example, a CHN may assist in scheduling follow-up appointments or help obtain linguistically appropriate answers to questions related to next steps after being discharged. Our goal is enrollee engagement, the identification of and attempt to resolve barriers to care, and reduce ED utilization for improved health outcomes. **Our approach results in improved health outcomes, as evidenced by reductions in preventable ED visits [redacted] and inpatient stays [redacted] between January 2018 and March 2021.**

Continuity and Coordination of Care for Enrollees With Specialized or Inpatient/Outpatient Medical Health Service Needs

As mentioned previously, we use a multi-channel, no wrong door approach to identify and connect enrollees who may need coordination of care due to needing specialized medical health services or requiring inpatient/outpatient medical health services. We are expanding our approach using technology tools, beginning with the pilot of a digital screening tool that allows enrollees to better inform their providers of the behavioral health challenges they are facing. Additionally, in 2021, we are increasing our efforts to educate providers regarding the addition of screening scores from the PHQ-9 and PSQ to their claim submissions, such that we can track scores and determine if appropriate referrals

are generated. If not, we will outreach to the provider to help educate about the reasons to refer and how to locate and/or access specialists in their geographic region.

We provided education to our providers and established a dedicated point of contact to support providers in finding a specialist or with inpatient/residential placement needs related to both physical and behavioral health. We also provide care management support and specialized peer services, as described previously, which support enrollees in coordinating, scheduling, and arranging transportation for specialized, inpatient, or outpatient needs. Both our UM and member service teams have protocols to refer enrollees to care management when specialized needs are identified.

If an enrollee has screened positive or is recommended by a provider as having a need for specialized medical health services, our RRT is a real-time unit put in place to assist with securing care and addressing enrollee needs without delays. Our RRT model was developed based on best practices and is comprised of clinical and non-clinical staff to support care coordination services. RRT staff addresses episodic issues and questions, offers assistance in finding a PCP and/or behavioral health specialist, and assists with making appointments and arranging transportation. The team receives inbound calls from enrollees and providers through our toll-free phone line and conducts outbound call campaigns to promote healthy choices and close care gaps. They resolve immediate and/or urgent needs — which includes helping to ensure enrollees can access specialized medical health services, inpatient/outpatient medical health services, or behavioral health services. The RRT also helps ensure that enrollees are established with a health care provider and connects them with available social and community services.

4.4
Hudson and Veterans Initiative Response

AmeriHealth Caritas Louisiana encourages associates to give back to the community, allowing paid time off for volunteering.

AmeriHealth Caritas Louisiana

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Subcontractor Information			
Subcontractor Name	Hudson/Veteran	Description of Work	Subcontract Value
A&D Helping Hands LLC	Hudson	Non-Emergency Medical Transportation	[redacted]
Anderson Brothers Transportation LLC	Hudson	Non-Emergency Medical Transportation	
Around the Way	Hudson	Non-Emergency Medical Transportation	
Baton Rouge Printing Co., Inc.	Hudson	Company printing services	
Mule-Durel	Hudson	Office supplies	
Bella Blakes Nemt	Hudson	Non-Emergency Medical Transportation	
Burton Medical Transportation LLC	Hudson	Non-Emergency Medical Transportation	
C & B Transit L.L.C.	Hudson	Non-Emergency Medical Transportation	
CARE TRANSPORTATION	Hudson	Non-Emergency Medical Transportation	
Cassidy's Pharmacy, Inc.	Hudson	Retail pharmacy	
Coastal Pharmacy Services, LLC	Hudson	Retail pharmacy	
Corporate Business Supplies, Inc.	Hudson	Office furniture for all locations	
Covington Transportation Service	Hudson	Non-Emergency Medical Transportation	
Crescent City Pharmaceuticals, Inc.	Hudson	Retail pharmacy, durable medical	
Desiderata Kitchen, LLC		Catering for office meetings	
Deview Medical Group	Hudson	Non-Emergency Medical Transportation	
DMS Mail Management	Hudson	Mail services	
Dubois and Associates, LLC	Hudson	Printing member wellness kits	
Feigley Communications (formerly Garrison)	Hudson	Radio, television, and internet advertisin	
Frazee Recruiting Consultants, Inc.	Hudson	Temporary staffing services	
Genesiis Behavior Health	Hudson	Behavioral Health Services	
Habakkuk Transportation Service LLC	Hudson	Non-Emergency Transportation	
Hoard Medical Transportation	Hudson	Non-Emergency Medical Transportation	
Infinity Engineering Consultants, LLC	Hudson	Mechanical, electrical, plumbing	
Joedread Enterprises LLC		Non-Emergency Medical Transportation	
Jones Express Van LLC	Hudson	Non-Emergency Medical Transportation	
K & J Transport Services LLC	Hudson	Non-Emergency Medical Transportation	
KLM TRANSPORTATION SERVICES LLC	Hudson	Non-Emergency Medical Transportation	
Keystone Partners, LLC	Hudson	Nutrition Counseling	
LA Construction Company	Hudson	Construction/buildout office	
LCS MEDICAL TRANSPORTATION	Hudson	Non-Emergency Medical Transportation	
Lauve's PDHC LLC	Hudson	Pediatric Day Health Care Services	
Lemonade Creative Marketing, LLC	Hudson	Promotional items and member printed	
The Cleaners Huddle	Hudson	Shreveport Wellness & Opportunity	
Loving Sister's Medical Transportation LLC	Hudson	Non-Emergency Medical Transportation	
MJSC Professional Services, LLC	Hudson	Non-Emergency Medical Transportation	
Noel Medical Transportation	Hudson	Non-Emergency Medical Transportation	
Preventive Measures Transportation Service, LLC	Hudson	Non-Emergency Medical Transportation	
RP Investment Group, LLC	Hudson	New Orleans Wellness & Opportunity	
Ritas Transportation Service LLC	Hudson	Non-Emergency Medical Transportation	
SAFE TRANS, LLC	Hudson	Non-Emergency Medical Transportation	
Steady Transportation LLc	Hudson	Non-Emergency Medical Transportation	
TSWIL Transportation	Hudson	Non-Emergency Medical Transportation	
Traduccionola	Hudson	Oral translation service for Spanish,	

United Care Transportation LLC	**Hudson**	**Non-Emergency Medical Transportation**	[redacted]
W & W Transportation LLC	**Hudson**	**Non-Emergency Medical Transportation**	
White-Morris Transport LLC	**Hudson**	**Non-Emergency Medical Transportation**	

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