Rev 2010/08

ORIGINAL

AMENDMENT TO

AGREEMENT BETWEEN STATE OF LOUISIANA

DEPARTMENT OF HEALTH AND HOSPITALS

Medical Vendor Administration

(Regional/ Program/ Facility) Bureau of Health Services Financing

AND

AmeriHealth Mercy of Louisiana, Inc

Contractor Name

Amendment #: 4

CFMS #: 708102

DOA #: 305-200567

DHH #: 057750

Original Contract Amt 925,792,432

Original Contract Begin Date 02-01-2012

Original Contract End Date 01-31-2015

AMENDMENT PROVISIONS

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

See attachment A-4.

Change To: Maximum Amount: 910,720,510

See attachment A-4.

Justification:

See attachment A-4.

APPROVED
Office of the Governor
Office of Contractual Review
JAN ~~DEC~~ 3 ~~24~~ 2012 ~~2014~~
Pamela Bartlay Rico
DIRECTOR

This Amendment Becomes Effective: 09-01-2012

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

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

CONTRACTOR

AmeriHealth Mercy of Louisiana, Inc

CONTRACTOR SIGNATURE J. Michael Jernigan DATE 9/24/12

PRINT NAME J. Michael Jernigan

CONTRACTOR TITLE President

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

Secretary, Department of Health and Hospital or Designee

SIGNATURE Jerry Phillips DATE 11/15/12

NAME Jerry Phillips

TITLE Undersecretary, DHH

OFFICE Office of Management and Finance

PROGRAM SIGNATURE Madeline W. McAndrew DATE 9/30/2012

NAME Madeline McAndrew

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

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

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