Rev 2010/08

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

ORIGINAL 2

Amendment #: 2
CFMS #: 702598
DOA #: 305-100555
DHH #: 057414
Original Contract Amt $ 6,106,501.00
Original Contract Begin Date 05-16-2011
Original Contract End Date 05-15-2014

MVA
(Regional/ Program/ Facility)

Medical Vendor Administration

Bureau of Health Services Financing

AND

Mercer Health & Benefits, LLC
Contractor Name

AMENDMENT PROVISIONS

Change Contract From: Maximum Amount: $ 7,226,501.00

CF-1 Block 13 Maximum Contract Amount $7,226,501 FY11-$250,000 FY12 - $2,035,000 FY13-$2,035,000 FY14 - $2,906,501

Exhibit 2 - Board resolution

Change To: Maximum Amount: $ 7,551,501.00

CF-1 Block 13 Maximum Contract Amount $7,551,501 FY11-$250,000 FY12 - $2,035,000 FY13-$2,035,000 FY14 - $3,231,501

Exhibit 2 - Current board resolution attached

Justification:

This amendment is needed to continue critical rate settings functions provided by Mercer, including the incorporation of supplemental payments to hospitals (which includes payments for cost settlements, outliers, and High Medicaid Utilization payments) into Bayou Health Prepaid capitation rates effective 4/1/14, as well as rate setting for the new Bayou Health Managed Care reprocurement, scheduled for release in early summer.

This Amendment Becomes Effective: 04-20-2014

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	STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
Mercer Health & Benefits, LLC	Secretary, Department of Health and Hospital or Designee
Robert C. Butler 4/28/14	J. Ruth Kennedy 4/29/14
CONTRACTOR SIGNATURE / DATE	SIGNATURE / DATE
PRINT NAME: Robert C. Butler	NAME: J. Ruth Kennedy
CONTRACTOR TITLE: Principal	TITLE: Medicaid Director
	OFFICE: Bureau of Health Services Financing
	PROGRAM SIGNATURE / DATE
	NAME

APPROVED
Office of the Governor
Office of Contractual Review

JUN 06 2014

Pamela Bartlay Rice
DIRECTOR

MERCER

CERTIFICATE OF THE ASSISTANT SECRETARY

OF

MERCER HEALTH & BENEFITS LLC

I, Margaret M. O'Brien, Assistant Secretary of Mercer Health & Benefits LLC, a Delaware limited liability company (the "LLC"), do hereby certify that at a duly authorized meeting of the Board of Directors of the LLC, dated February 11, 2010, the Board adopted procedures authorizing any Principal, Partner or Senior Partner of the LLC, including the list of individuals attached hereto, to execute contracts, agreements, applications and other instruments on behalf of the LLC. This resolution has neither been amended nor rescinded and is in full force and effect as of the date hereof.

IN WITNESS WHEREOF, I hereunto set my hand and affix the seal of the LLC this 12th day of April 2012

Margaret M. O'Brien
Assistant Secretary

State of New York)

County of New York)

On this 12th day of April 2012, before me personally came Margaret M. O'Brien to me known, who acknowledged to me that she executed the foregoing instrument.

Notary Public

Sandra Davenport
Notary Public - State of New York
No. 01DA6139698
Qualified in Nassau County
Certified in New York County
My Commission Expires January 17, 2014

MERCER

AUTHORIZED SIGNATORIES

Name	Title
Alicia Smith	Partner
Angela WasDyke	Partner
Branch McNeal	Senior Partner
David Parrella	Principal
Deidra Abbott	Principal
Denise Podeschi	Partner
Ed Fischer	Principal
Frederick Gibision	Partner
Jared Nason	Partner
Katie Falls	Principal
Marcia Morgan	Partner
Mike Nordstrom	Partner
Nicholas (Nick) Simmons	Principal
Robert Butler	Principal
Ryan Johnson	Principal
Sam Espinosa	Partner
Stephanie Davis	Senior Partner
Sundee Easter	Principal
Thomas Steiner	Partner

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION

Date: 4/28/2014 Dept/Budget Unit/Program #: 09-305 / Prg 200

Dept/Agency/Program Name: DHH / Medical Vendor Administration / MVA OCR/CFMS Contract #: 702598

Agency/Program BA-22 # : 94 Agency/Program Contract #: 057414

Fiscal Year for this BA-22: 2013-2014 (yyyy-yy) **BA-22 Start/End Dates:** 04/20/14 (Start Date) 05/15/14 (End Date)

Multi-year Contract (Yes/No): Yes *If "Yes", provide contract dates:* 5/16/11 (Start Date) 05/15/14 (End Date)

Mercer Health & Benefits, LLC (Contractor/Vendor Name) 34201546302 (Contractor/Vendor No.)

Contractor will provide actuarial services to support the development of actuarilly sound rates in acordance with GAAP for Coordinated Care Network (CCN)

Contract Amendment (Yes/No): Yes **Amendment Start/End Dates:** 04/20/14 (Start Date) 05/15/14 (End Date)

Contract Cancellation (Yes/No): No **Date of Cancellation:**

Amd. 2 - Additional funding needed to continue critical rate-setting functions associated with the new RFP
(Provide rationale for amendment or cancellation)

This information is to be provided at the Agency/Program Level

MEANS OF FINANCING	AMOUNT			
	Current Year	%	Total Contract	%
State General Fund	$162,500.00	50.00%	$3,775,750.50	50.00%
Interagency Transfers	$0.00	0.00%	$0.00	0.00%
Fees and Self Gen.	$0.00	0.00%	$0.00	0.00%
Statutory Dedication	$0.00	0.00%	$0.00	0.00%
Federal	$162,500.00	50.00%	$3,775,750.50	50.00%
TOTALS	$325,000.00	100.00%	$7,551,501.00	100.00%

(Specify Source (i.e., grant name, fund name, IAT sending agency and revenue source, fee type and source, etc.)
Are revenue collections for funds utilized above in line with budgeted amounts? *(Yes/No)* Yes
If not, explain.

This information is to be provided at the Agency/Program Level

Name of Object Code/Category:	**Other Professional Services**
Object Code/Category Number:	3460
Amount Budgeted:	$255,762,988
Amount Previously Obligated:	$126,624,058
Amount this BA-22:	$325,000
Balance:	$128,813,930

The approval of the aforementioned contract will not cause this agency/program to be placed in an Object Category deficit.

Agy/Prg Contact: Jenny Borders
Name: Jenny Borders
Title: Medicaid Program Monitor
Phone: 225-342-1264

Reviewed/Approved By: Teresa Bravo
Name: Teresa Bravo
Title: Medicaid Program Manager 4
Phone: 225-342-9480

FOR AGENCY USE ONLY

AGENCY	PROGRAM	ACTIVITY	ORGANIZ.	OBJECT	REPT CAT	AMOUNT
305	200		7113	3460	4436	$325,000.00