

Proposal Section and Page Number	Specify Applicable GSA Area (A and/or B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		B. Qualifications and Experience (Sections § 2, §3 and §4 of the RFP)	345		
B-1	A, B, and C	<p>B.1 Indicate your organization's legal name, trade name, <i>dba</i>, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization's ultimate parent (e.g. publicly traded corporation).</p> <p>Describe your organization's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable). Provide the name and address of any health professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest.</p> <p>Provide your federal taxpayer identification number and Louisiana taxpayer identification number.</p> <p>Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provider the name and address of the local representative; if none, so state.</p> <p>If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.</p>	Included/Not Included		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-4	A, B, and C	<p>B.2 Provide a statement of whether there have been any mergers, acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details. If any change of ownership is anticipated during the 12 months following the Proposal Due Date, describe the circumstances of such change and indicate when the change is likely to occur. Include your organization's parent organization, affiliates, and subsidiaries.</p>	Included/Not Included		
B-8	A, B, and C	<p>B.3 Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to, or pled <i>nolo contendere</i> to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses. Include your organization's parent organization, affiliates, and subsidiaries.</p>	0 to -25		
B-9	A, B, and C	<p>B.4 Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality physical or behavioral health services. You do not need to report workers' compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation. Include your organization's parent organization, affiliates, and subsidiaries.</p>	0 to -25		

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B-12	A, B, and C	<p>B.5 Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the Proposer emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. Include your organization's parent organization, affiliates, and subsidiaries.</p>	0 to -25		
B-13	A, B, and C	<p>B.6 If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report.</p> <p>Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the Proposer, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Proposer, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Proposer's performance in a contract/Agreement under this RFP. Include your organization's parent organization, affiliates, and subsidiaries.</p>	0 to -25		

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B-14	A, B, and C	<p>B.7 If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner.</p> <p>Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.</p>	Included/Not Included		
B-16	A, B, and C	<p>B.8 Describe your organization's number of employees, client base, and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. Include your organization's parent organization, affiliates, and subsidiaries.</p>	Included/Not Included		
B-23	A, B, and C	<p>B.9 Provide a narrative description of your proposed Louisiana Medicaid Coordinated Care Network project team, its members, and organizational structure including an organizational chart showing the Louisiana organizational structure, including staffing and functions performed at the local level. If proposing for more than one (1) GSA, include in your description and organizational chart if: 1) the team will be responsible for all GSAs or 2) if each GSA will differ provide details outlining the differences and how it will differ.</p>	15		

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B-33	A, B, and C	<p>B.10 Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority. Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience.</p> <p>If any of your personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number.</p> <p>If personnel are not in place, submit job descriptions outlining the minimum qualifications of the position(s). Each resume or job description should be limited to 2 pages.</p> <p>For key positions/employees which are not full time provide justification as to why the position is not full time. Include a description of their other duties and the amount of time allocated to each.</p>	40		

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B-65	A, B, and C	<p>B.11 Provide a statement of whether you intend to use major subcontractors (as defined in the RFP Glossary), and if so, the names and mailing addresses of the subcontractors and a description of the scope and portions of the work for each subcontractor with more than \$100,000 annually. Describe how you intend to monitor and evaluate subcontractor performance. Also specify whether the subcontractor is currently providing services for you in other states and where the subcontractor is located.</p> <p>In addition, as part of the response to this item, for each major subcontractor that is not your organization's parent organization, affiliate, or subsidiary, restate and respond to items B.1 through B.7, B.10 and, B.16 through B.27</p> <p>If the major subcontractor is your organization's parent organization, affiliate, or subsidiary, respond to items B.1, B.8 and B.9. You do not need to respond to the other items as part of the response to B11; note, however, responses to various other items in Section B must include information on your organization's parent organization, affiliates, and subsidiaries, which would include any major subcontractors that are your organization's parent organization, affiliate, or subsidiary.</p>	10		
B-129	A, B, and C	<p>B.12 Provide a description your Corporate Compliance Program including the Compliance Officer's levels of authority and reporting relationships. Include an organizational chart of staff (marked as Chart B in your response) involved in compliance along with staff levels of authority.</p>	15		

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B-138	A, B, and C	B.13 Provide copies of any press releases in the twelve (12) months prior to the Deadline for Proposals, wherein the press release mentions or discusses financial results, acquisitions, divestitures, new facilities, closures, layoffs, significant contract awards or losses, penalties/fines/ sanctions, expansion, new or departing officers or directors, litigation, change of ownership, or other very similar issues, Do not include press releases that are primarily promotional in nature.	10		
B-140	A, B, and C	B.14 Describe your plan for meeting the Performance Bond, other bonds, and insurance requirements set forth in this RFP requirement including the type of bond to be posted and source of funding.	Included/Not Included		
B-141	A, B, and C	B.15 Provide the following information (in Excel format) based on each of the financial statements provided in response to item B:31: (1) Working capital; (2) Current ratio; (3) Quick ratio; (4) Net worth; and (5) Debt-to-worth ratio.	20		

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B-143	A, B, and C	<p>B.16 Identify, in Excel format, all of your organization's publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the Proposer's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence. Include your organization's parent organization, affiliates, and subsidiaries.</p>	75		
B-234	A, B, and C	<p>B.17 Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client. Include your organization's parent organization, affiliates, and subsidiaries.</p>	Included/Not Included		

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B-238	A, B, and C	<p>B.18 If the contract was terminated/non-renewed in B.17 above, based on your organization's performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. Include your organization's parent organization, affiliates, and subsidiaries.</p>	0 to -25		
B-239	A, B, and C	<p>B. 19 As applicable, provide (in table format) the Proposer's current ratings as well as ratings for each of the past three years from each of the following:</p> <ul style="list-style-type: none"> • AM Best Company (financial strengths ratings); • TheStreet.com, Inc. (safety ratings); and • Standard & Poor's (long-term insurer financial strength). 	Included/Not Included		
B-241	A, B, and C	<p>B.20 For any of your organization's contracts to provide physical health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract? If yes: (1) provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control. (2) Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. (3) Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage) (4) Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? Include your organization's parent organization, affiliates, and subsidiaries.</p>	0 to -25		

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B-242	A, B, and C	<p>B.21 Indicate whether your organization has ever sought, or is currently seeking, National Committee for Quality Assurance (NCQA) or American Accreditation HealthCare Commission (URAC) accreditation status. If it has or is, indicate current NCQA or URAC accreditation status and accreditation term effective dates if applicable.</p>	<p>Included/Not Included</p>		
B-244	A, B, and C	<p>B.22 Have you ever had your accreditation status (e.g., NCQA, URAC,) in any state for any product line adjusted down, suspended, or revoked? If so, identify the state and product line and provide an explanation. Include your organization's parent organization, affiliates, and subsidiaries.</p>	<p>0 to -5</p>		
B-245	A, B, and C	<p>B.23 If you are NCQA accredited in any state for any product line, include a copy of the applicable NCQA health plan report cards for your organization. Include your organization's parent organization, affiliates, and subsidiaries.</p>	<p>Included/Not Included</p>		
B-246	A, B, and C	<p>B.24 Provide (as an attachment) a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item B.16 that had the largest number of enrollees as of January 1, 2011. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (including your organization's parent organization, affiliates, and subsidiaries) in response to the report.</p>	<p>25</p>		

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B-247	A, B, and C	<p>B.25 Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and subsidiaries.</p>	0 to -50		
B-253	A, B, and C	<p>B.26 Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item B.6. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. Include your organization's parent company, affiliates and subsidiaries.</p>	0 to -25		

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B-254	A, B, and C	<p>B.27 Submit client references (minimum of three, maximum of five) for your organization for major contracts; with at least one reference for a major contract you have had with a state Medicaid agency or other large similar government or large private industry contract. Each reference must be from contracts within the last five (5) years. References for your organization shall be submitted to the State using the questionnaire contained in RFP Appendix PP. You are solely responsible for obtaining the fully completed reference check questionnaires, and for submitting them sealed by the client providing the reference, with your Proposal, as described herein. You should complete the following steps:</p> <ol style="list-style-type: none"> a. Make a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Appendix PP (for your organization or for subcontractors, adding the following customized information: <ul style="list-style-type: none"> • Your/Subcontractor's name; • Geographic Service Area(s) for which the reference is being submitted; • Reference organization's name; and • Reference contact's name, title, telephone number, and email address. b. Send the form to each reference contact along with a new, sealable standard #10 envelope; c. Give the contact a deadline that allows for collection of all completed questionnaires in time to submit them with your sealed Proposal; d. Instruct the reference contact to: <ul style="list-style-type: none"> • Complete the form in its entirety, in either hard copy or electronic format (if completed electronically, an original should be printed for submission); • Sign and date it; • Seal it in the provided envelope; • Sign the back of the envelope across the seal; and • Return it directly to you. e. Enclose the unopened envelopes in easily identifiable and labeled larger envelopes and include these envelopes as a part of the Proposal. When 	35		

		<p>DHH the opens your Proposal, it should find clearly labeled envelope(s) containing the sealed references.</p> <p>THE STATE WILL NOT ACCEPT LATE REFERENCES OR REFERENCES SUBMITTED THROUGH ANY OTHER CHANNEL OF SUBMISSION OR MEDIUM, WHETHER WRITTEN, ELECTRONIC, VERBAL, OR OTHERWISE.</p> <p>Each completed questionnaire should include:</p> <ul style="list-style-type: none"> • Proposing Organization/Subcontractor's name; • GSA (s) for which the reference is being submitted; • Reference Organization's name; • Name, title, telephone number, and email address of the organization contact knowledgeable about the scope of work; • Date reference form was completed; and • Responses to numbered items in RFP Attachment # (as applicable). <p>DHH reserves the authority to clarify information presented in questionnaires and may consider clarifications in the evaluation of references. However DHH is under no obligation to clarify any reference check information.</p>			
B-256	A, B, and C	<p>B.28 Indicate the website address (URL) for the homepage(s) of any website(s) operated, owned, or controlled by your organization, including any that the Proposer has contracted to be run by another entity as well as details of any social media presence (e.g. Facebook, Twitter). If your organization has a parent, then also provide the same for the parent, and any parent(s) of the parent. If no websites and/or social media presence, so state.</p>	Included/Not Included		

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B-260	A, B, and C	<p>B.29 Provide evidence that the Proposer has applied to Louisiana Department of Insurance for a certificate of authority (COA) to establish and operate a prepaid entity as defined in RS 22:1016 and in accordance with rules and regulations as defined by the Department of Health and Hospitals.</p>	0 to -25		
B-261	A, B, and C	<p>B.30 Provide the following as documentation of financial responsibility and stability:</p> <ul style="list-style-type: none"> • a current written bank reference, in the form of a letter, indicating that the Proposer's business relationship with the financial institution is in positive standing; • two current written, positive credit references, in the form of a letters, from vendors with which the Proposer has done business or, documentation of a positive credit rating determined by a accredited credit bureau within the last 6 months; • a copy of a valid certificate of insurance indicating liability insurance in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate; and • a letter of commitment from a financial institution (signed by an authorized agent of the financial institution and detailing the Proposer's name) for a general line of credit in the amount of five-hundred thousand dollars (\$500,000.00). 	50		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-262	A, B, and C	<p>B.31 Provide the following as documentation of the Proposer's sufficient financial strength and resources to provide the scope of services as required:</p> <ul style="list-style-type: none"> • The two most recent independently audited financial statements and associated enrollment figures from the Proposer. Compiled or reviewed financial statements will not be accepted. The audited financial statements must be: <ul style="list-style-type: none"> ○ Prepared with all monetary amounts detailed in U.S. currency; ○ Prepared under U.S. generally accepted accounting principles; and ○ Audited under U.S. generally accepted auditing standards. The audited financial statements must include the auditor's opinion letter, financial statements, and the notes to the financial statements. • The Proposer's four (4) most recent internally prepared unaudited quarterly financial statements (and Year-to- Date), with preparation dates indicated. The statements must include documentation disclosing the amount of cash flows from operating activities. This documentation must indicate whether the cash flows are positive or negative, and if the cash flows are negative for the quarters, the documentation must include a detailed explanation of the factors contributing to the negative cash flows. • Verification of any contributions made to the Proposer to improve its financial position after its most recent audit (e.g., copies of bank statements and deposit slips), if applicable <p>Proposer shall include the Proposer's parent organization.</p>	50		

Question B.1
Organizational Information

Section B. Qualifications and Experience

B.1 Indicate your organization's legal name, trade name, *dba*, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization's ultimate parent (*e.g.* publicly traded corporation).

Describe your organization's form of business (*i.e.*, individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable). Provide the name and address of any health professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest.

Provide your federal taxpayer identification number and Louisiana taxpayer identification number.

Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provide the name and address of the local representative; if none, so state.

If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.

Please refer to table on the following page for required organizational information.

PART II: TECHNICAL APPROACH
 RESPONSE APPLICABLE FOR GSAs A, B, C
 B. QUALIFICATIONS AND EXPERIENCE



Legal Name	Louisiana Healthcare Connections, Inc.					
Trade Name	n/a					
dba	n/a					
Acronym	LHC					
Physical Address	4550 North Blvd. Suite 120, Baton Rouge, Louisiana 70806					
Mailing Address	Same as above					
Telephone Number	(866) 595-8133					
Legal Name of Ultimate Parent	Centene Corporation					
Form of Business	Corporation					
Names, Mailing Address and Phone #'s of Officers and Directors and any partners	Officers of Louisiana Healthcare Connections					
	Name	Mailing Address	City	State	Zip	Phone
	Jamie Schlottman	4550 North Blvd, Suite 120	Baton Rouge	LA	70806	225-361-1713
	Jesse N. Hunter	7700 Forsyth	Saint Louis	MO	63105	314-725-4477
	Jeffrey A. Schwaneke	7700 Forsyth	Saint Louis	MO	63105	314-725-4477
	Keith H. Williamson	7700 Forsyth	Saint Louis	MO	63105	314-725-4477
	Tricia L. Dinkelman	7700 Forsyth	Saint Louis	MO	63105	314-725-4477
	William N. Scheffel	7700 Forsyth	Saint Louis	MO	63105	314-725-4477
	Directors of Louisiana Healthcare Connections					
	Rhonda Litt	3140 Florida Blvd	Baton Rouge	LA	70806	225-650-2000
	Roderick C. Campbell	806 Jefferson Terrace	New Iberia	LA	70560	337-365-4945
	William Brent, III	1115 Weber Street	Franklin	LA	70538	337-828-2550
	Willie C. White, III	1625 David Raines Road	Shreveport	LA	71107	318-227-3350
	Brent D. Layton	7700 Forsyth	Saint Louis	MO	63105	770-241-9066
	Jesse N. Hunter	7700 Forsyth	Saint Louis	MO	63105	314-725-4477
	Keith H. Williamson	7700 Forsyth	Saint Louis	MO	63105	314-725-4477
	William N. Scheffel	7700 Forsyth	Saint Louis	MO	63105	314-725-4477
	Nathan T. Landsbaum	7700 Forsyth	Saint Louis	MO	63105	314-725-4477
Partners are not applicable for LHC						

PART II: TECHNICAL APPROACH
 RESPONSE APPLICABLE FOR GSAs A, B, C
 B. QUALIFICATIONS AND EXPERIENCE



Name and address of any health professional with 5% financial interest in org. and type of financial interest	There are no health professionals that have at least 5% financial interest in LHC.
Federal Tax ID # Louisiana Tax ID#	27-1287287 6152516001
State of Incorporation	Louisiana
State where commercially domiciled	Louisiana
If out of state, provide name and address of the local representative; if none so state	Not out of state
If you have been engaged by DHH in past 24 months indicate contract # and/or any other information available; if not, so state.	Louisiana Healthcare Connections, Inc. has not been engaged by DHH within the past 24 months.

Question B.2

Mergers, Acquisitions, Sales

B.2 Provide a statement of whether there have been any mergers, acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details. If any change of ownership is anticipated during the 12 months following the Proposal Due Date, describe the circumstances of such change and indicate when the change is likely to occur. Include your organization's parent organization, affiliates, and subsidiaries.

Louisiana Healthcare Connections (LHC) was formed as a joint venture between Centene Corporation and Louisiana Partnership for Choice and Access (LPC&A) on November 2, 2009 for the sole purpose of providing Medicaid managed care services in the State of Louisiana. Consequently, LHC has had no mergers, acquisitions, or sales since its inception and does not anticipate a change of ownership during the 12 months following the Proposal Due Date. The two joint venture partners comprising LHC, Centene and LPC&A, have had the following mergers, acquisitions, or sales within the last ten years:

LPC&A and its subsidiaries

LPC&A has had no mergers, acquisitions, or sales of its organization within the past 10 years. LPC&A does not anticipate a change of ownership during the 12 months following the Proposal Due Date.

Centene Corporation and its subsidiaries

Centene has neither merged with any company nor has been acquired or sold by any company in the past ten years and does not anticipate entering into any such arrangement during the 12 months following the Proposal Due Date. Following is a list of acquisitions or divestments by Centene or its subsidiaries (collectively, "the Company") within the last ten years:

December 2010: The Company acquired the Medicaid and Long-Term Care Diversion assets of Citrus Health Care, Inc., a managed healthcare services company. Citrus served more than 52,000 non-reform Medicaid members and nearly 2,000 Long-Term Care Diversion members, primarily in the Tampa and Orlando regions.

December 2010: The Company acquired the remaining ownership interest in Centene Center LLC, a real estate development entity created for the construction of a real estate development that includes the Company's corporate headquarters.

December 2010: The Company acquired an ownership interest in Casenet, LLC, a provider of care management solutions that automates the clinical, administrative and technical components of care management programs. The Company's ownership interest in Casenet is 68%.

July 2010: The Company acquired certain assets and liabilities of NovaSys Health, LLC (NovaSys), a third party administrator (TPA) in Arkansas. NovaSys' clients include Arkansas state employees and public school employees. NovaSys also serves as the sole vendor for ARHealthNetworks, a statewide hybrid program. NovaSys also offers its clients a preferred provider organization (PPO) network of quality hospitals, physicians and ancillary providers in addition to traditional TPA services.

June 2010: The Company acquired certain assets of Carolina Crescent Health Plan, a South Carolina Medicaid managed care organization, serving more than 40,000 Medicaid members across 46 counties across the State.

March 2010: The Company announced the completion of the sale of the Medicaid assets of its New Jersey subsidiary, University Health Plans, Inc (UHP).

February 2010: The Company acquired the assets of ActivHealth, Inc., a company that provides health risk assessments, online health content, tailored e-learning programming, incentives and rewards tracking, and health management reporting.

February 2010: The Company acquired Wellness by Choice, LLC, a company that provides worksite wellness and health-related lifestyle coaching, as well as employee incentive administration and consulting services.

July 2009: The Company acquired the assets of InSpeech, Inc., a company comprised of Speech Pathologists and other trained individuals that are equipped to assist people who have difficulties in speech, language, swallowing, and aural rehabilitation. InSpeech has created a model of service that blends the traditional medical or clinical model of care with that of education. This model integrates the greatest number of techniques and therapeutic tools and employs them for the benefit of clients.

March 2009: The Company acquired the assets of Amerigroup Community Care of South Carolina, adding approximately 14,000 members to the Company's South Carolina subsidiary, Absolute Total Care. With this transaction, Absolute Total Care began serving members in the Healthy Connections Kids program, South Carolina's State Children's Health Insurance Program (SCHIP) to expand eligibility for qualifying uninsured children.

February 2009: The Company acquired the assets of Pediatric Associates LLC.

July 2008: The Company acquired Celtic Insurance Company, a national individual health insurance provider that provides high-quality, affordable health insurance to individual customers and their families. This acquisition uniquely positions the Company as a national leader in providing government-sponsored and market-driven solutions to increase access to high quality, affordable healthcare for all Americans.

November 2007: The Company acquired Work Life Innovations, a health and wellness consulting company.

October 2007: The Company acquired Physician's Choice, LLC, a Medicaid managed care plan with members in South Carolina.

July 2007: The Company acquired a 49% minority ownership interest in Access Health Solutions, LLC, or Access, a Medicaid managed care entity in Florida that served approximately 90,000 members under two separate contracts with the State, one as a Minority Physician Network and the other as a Provider Service Network. The Company exercised its right to acquire the remaining assets and ownership interest in Access Health Solutions, LLC in December 2010.

April 2007: The Company acquired PhyTrust of South Carolina, LLC a Medicaid Medical Home Network that served over 30,000 members.

February 2007: The Company announced the completion of the sale of the operating assets of FirstGuard Missouri.

June 2006: The Company acquired MediPlan, a hospital-owned health plan serving over 13,000 Medicaid recipients in the East Central Region of Ohio. The health plan, based in Canton, Ohio, joined the Company's Ohio subsidiary, Buckeye Community Health Plan, Inc. (Buckeye) providing quality healthcare to over 72,000 lives across Ohio.

May 2006: The Company, through its specialty company subsidiary CenCorp Health Solutions, Inc. (CenCorp), acquired Cardium Health Services Corporation (Cardium), a leading Disease Management firm specializing in treating chronic diseases. Cardium, based in Farmington, Connecticut, gave the Company a complete Disease Management platform with the addition of Cardium's nationally recognized programs to the Company's existing Disease Management business. Cardium's Disease Management programs address heart disease, diabetes, back pain, hypertension, arthritis and smoking cessation.

April 2006: The Company acquired the managed vision business of OptiCare Health Systems, Inc. (OptiCare) through its specialty company subsidiary, CenCorp. OptiCare, based in Rocky Mount, North Carolina, contracts with insurers, employer groups, managed care plans, HMOs and other third-party payors to manage claims payment and other administrative services of eye health benefits in 15 states at the time of acquisition.

April 2006: The Company acquired Health Dimensions of Florida, Inc. d/b/a Nurse Response, an after-hours nurse triage call center headquartered in Hollywood, Florida. Nurse Response provides telehealth services for physicians, hospitals, managed care providers, academic institutions and employee health programs.

January 2006: The Company acquired US Script, Inc., a privately held pharmacy benefits manager (PBM) headquartered in Fresno, California. US Script administers pharmacy benefits and processes pharmacy claims.

July 2005: The Company acquired AirLogix, Inc., an industry leader in respiratory Disease Management. The acquisition of AirLogix's Disease Management capabilities further enhanced the Company's suite of specialty services, which are managed by the Company's specialty company subsidiary, CenCorp.

May 2005: The Company acquired the Medicaid assets of SummaCare, Inc., a wholly owned subsidiary of Summa Health System, based in Akron, Ohio. This transaction added approximately 39,000 lives to the 23,500 lives already covered by the Company's Ohio subsidiary, Buckeye, making Buckeye the second largest Medicaid health plan in the State.

December 2004: The Company acquired First Guard Health Plan. FirstGuard's subsidiary, FirstGuard Health Plan Kansas served over 94,000 Medicaid and CHIP members throughout the state of Kansas and FirstGuard Health Plan Missouri served 42,000 Medicaid members in Missouri.

January 2004: The Company acquired the Medicaid-related assets of Family Health Plan, Inc., a wholly owned subsidiary of Mercy Health Partners. This acquisition enabled the Company to commence operations in Ohio through its wholly owned Ohio subsidiary, Buckeye.

August 2003: The Company's Texas subsidiary, Superior HealthPlan, Inc. (Superior), acquired the Medicaid-related assets of HMO Blue Texas in the San Antonio market. This transaction included the right to serve 21,000 Medicaid lives in a market where the Company then had 24,000 Medicaid and SCHIP members.

March 2003: The Company acquired the assets of ScriptAssist, LLC, a medication compliance company. ScriptAssist used various approaches and medical expertise to promote adherence to medication prescriptions, and was integrated into the Company's NurseWise subsidiary.

March 2003: The Company acquired a 63.7% ownership interest in Group Practice Affiliates, LLC (GPA). GPA, an Atlanta, Georgia-based behavioral healthcare services company, served over 700,000 individuals in three states through a combination of networks, groups and schools, including the Company's Texas membership of approximately 118,000. On August 15, 2003, the Company acquired the remaining interest in GPA, making it a fully owned subsidiary. On September 13, 2004 GPA officially changed its name to Cenpatico Behavioral Health, LLC.

December 2002: The Company acquired a controlling interest in UHP from the University of Medicine and Dentistry of New Jersey (UMDNJ). UHP was a managed health plan serving approximately 50,000 Medicaid members in 15 counties throughout New Jersey. Under the terms of the agreement for the acquisition, the Company purchased 80% of the outstanding capital stock of UHP for cash, with UMDNJ continuing to own 20% of UHP's equity. The Company exercised its option to purchase the remaining 20% in October 2003.

August 2002: The Company's Texas subsidiary Superior acquired Texas Universities Health Plan, Inc.'s (TUHP) Children's Health Insurance Program (CHIP) contract in the San Antonio, El Paso, Amarillo and Lubbock, Texas CHIP service areas covering 26,000 children's lives.

March 2002: The Company acquired Bankers Reserve Life Insurance Company of Wisconsin (Bankers Reserve Life), the wholly owned subsidiary of Life and Health Insurance Company of America. Bankers Reserve Life had insurance charters in 18 states and the District of Columbia.

Question B.3
Felonies, Debarments, and
Suspensions

B.3 Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to, or pled nolo contendere to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses. Include your organization's parent organization, affiliates, and subsidiaries.

Neither Louisiana Healthcare Connections, Inc. (LHC), Centene Corporation, nor any of its subsidiaries, or Louisiana Partnership for Choice & Access (LPC&A) have had any employees, officers or directors who have been convicted of, plead guilty to or pled nolo contendere to a felony. In addition, to the knowledge of LHC, Centene and LPC&A no agents, independent contractors, or subcontractors have been convicted of, plead guilty to, pled nolo contendere, debarred or suspended by any federal or state governmental body.

Question B.4
Pending or Recent Litigation

REDACTED

B.4 Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality physical or behavioral health services. You do not need to report workers' compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation. Include your organization's parent organization, affiliates, and subsidiaries.

PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



Question B.5

Bankruptcy or Insolvency Proceeding

B.5 Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the Proposer emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. Include your organization's parent organization, affiliates, and subsidiaries.

Neither Louisiana Healthcare Connections, Inc.(LHC), Centene Corporation, nor any of its subsidiaries, nor any predecessor company or Louisiana Partnership for Choice & Access has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors.

Question B.6

10k Annual Report 10Q Quarterly
Report and SEC Statement

B.6 If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report.

Louisiana Healthcare Connections (LHC) is not a publicly traded corporation and therefore does not issue an SEC Form 10-K and 10-Q. LHC's parent organization, Centene, is a publicly-traded corporation and does issue an annual 10-K and quarterly 10-Q, which we have included in response to question B.31.

Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the Proposer, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Proposer, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Proposer's performance in a contract/Agreement under this RFP. Include your organization's parent organization, affiliates, and subsidiaries.

Neither LHC, our parent organization, affiliates nor subsidiaries have ever been subject to any SEC investigations.

Question B.7

Financial Reports from Parent
Organization and
Statement of Guarantee

B.7 If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner.

LHC's parent organization, Centene, is a publicly-traded corporation and issues an annual 10-K and quarterly 10-Q financial statements, the most recent of which we have included in response to question B.31.

Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.

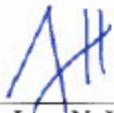
Please see the next page for a signed statement of unconditional guarantee of performance by our parent company, Centene Corporation.

June 30, 2011

To whom it may concern,

Centene Corporation, as the parent company of Louisiana Healthcare Connections, Inc., confirms that it will unconditionally guarantee performance by Louisiana Healthcare Connections, Inc. of each and every obligation, warranty, covenant, term and condition of the Louisiana Medicaid Coordinated Care Program RFP #305PUR-DHHRFP-CCN-P-MVA.

Centene Corporation

By: 

Name: Jesse N. Hunter

Title: Executive Vice President, Corporate Development

Question B.8

Number of Employees, Client Base,
Location of Offices

B.8 Describe your organization's number of employees, client base, and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. Include your organization's parent organization, affiliates, and subsidiaries.

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RESPONSE APPLICABLE FOR GSAs A, B, C
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



Question B.9

Project Team and Organizational Structure

REDACTED

B.9 Provide a narrative description of your proposed Louisiana Medicaid Coordinated Care Network project team, its members, and organizational structure including an organizational chart showing the Louisiana organizational structure, including staffing and functions performed at the local level. If proposing for more than one (1) GSA, include in your description and organizational chart if: 1) the team will be responsible for all GSAs or 2) if each GSA will differ provide details outlining the differences and how it will differ.

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B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
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B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
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B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
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B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
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B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
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B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
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B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
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B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
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REDACTED



Question B.10

Personnel Roster, Résumés and Job
Descriptions

REDACTED

B.10 Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority. Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience.

If any of your personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number.

If personnel are not in place, submit job descriptions outlining the minimum qualifications of the position(s). Each resume or job description should be limited to 2 pages.

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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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REDACTED



REDACTED

For key positions/employees which are not full time provide justification as to why the position is not full time. Include a description of their other duties and the amount of time allocated to each.

Question B.11
Subcontractors

REDACTED

B.11 Provide a statement of whether you intend to use major subcontractors (as defined in the RFP Glossary), and if so, the names and mailing addresses of the subcontractors and a description of the scope and portions of the work for each subcontractor with more than \$100,000 annually. Describe how you intend to monitor and evaluate subcontractor performance. Also specify whether the subcontractor is currently providing services for you in other states and where the subcontractor is located.

In addition, as part of the response to this item, for each major subcontractor that is not your organization's parent organization, affiliate, or subsidiary, restate and respond to items B.1 through B.7, B.10 and, B.16 through B.27

If the major subcontractor is your organization's parent organization, affiliate, or subsidiary, respond to items B.1, B.8 and B.9. You do not need to respond to the other items as part of the response to B.11; note, however, responses to various other items in Section B must include information on your organization's parent organization, affiliates, and subsidiaries, which would include any major subcontractors that are your organization's parent organization, affiliate, or subsidiary.

REDACTED



PART II: TECHNICAL APPROACH
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REDACTED



Describe how you intend to monitor and evaluate subcontractor performance.

REDACTED



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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



REDACTED

If the major subcontractor is your organization's parent organization, affiliate, or subsidiary, respond to items B.1, B.8 and B.9. You do not need to respond to the other items as part of the response to B11; note, however, responses to various other items in Section B must include information on your organization's parent organization, affiliates, and subsidiaries, which would include any major

PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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PART II: TECHNICAL APPROACH
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B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



Question B.12

Corporate Compliance Program

B.12 Provide a description your Corporate Compliance Program including the Compliance Officer's levels of authority and reporting relationships. Include an organizational chart of staff (marked as Chart B in your response) involved in compliance along with staff levels of authority.

Louisiana Healthcare Connections Compliance Program

Louisiana Healthcare Connections' (LHC) parent company, Centene Corporation (Centene) has over 27 years of full-risk Medicaid managed care experience with health plan operations in 11 states. Centene oversees the ethics and compliance activities of the entire organization, including its health plans and subsidiary businesses. Established by Centene's Board of Directors in 1998, the Ethics and Compliance Program is designed to assist the company and its health plan subsidiaries in developing effective internal controls to promote adherence to federal and state regulations. The program strives to ensure federal, state and private payor health care program requirements area adhered to, as well as ensuring Centene's own ethical and business policies, is clearly defined for all employees and stakeholders.

Centene's Ethics and Compliance Program incorporates the standards and guidelines of the Office of Inspector General of the Department of Health and Human Services and the Federal Organizational Sentencing Guidelines, and includes the following elements:

- Written standards of conduct, policies and procedures that promote Centene's commitment to compliance and address specific areas of potential fraud
- A Corporate Compliance Officer, who is an officer of the company and a Corporate Compliance Committee member charged with the responsibility of operating and monitoring the Compliance Program
- The development and delivery of regular, effective education and training programs for all employees through classroom and computer based training
- Maintenance of an independent third party helpline to receive reports of noncompliance, protect the caller's anonymity and prevent retaliation against whistleblowers
- A system to investigate and respond to allegations of improper or illegal activities and the enforcement of appropriate action against employees or providers who have violated compliance policies, applicable regulations or federal healthcare program requirements
- Record retention guidelines
- Auditing and monitoring processes

LHC will establish a comprehensive Compliance Program that incorporates DHH requirements and builds upon Centene's well-established and sound Corporate Compliance program.

LHC Compliance Committee

The LHC Compliance Committee will be established to advise the LHC Compliance Officer and assist in the oversight of the Compliance Program. The LHC Compliance Committee will consist of a cross-functional team of individuals with varying responsibilities including employees and managers of key operational areas who have the authority to commit resources to address areas of noncompliance. The committee will meet, at a minimum, quarterly as well as on an ad hoc basis to address any immediate concerns or issues. The LHC Compliance Committee will report to LHC's Board of Directors as well as to Centene's Corporate Compliance committee on a quarterly basis. LHC's Compliance Officer will be a member of Centene's Corporate Compliance Committee to maintain effective linkages that ensure program effectiveness.

LHC Compliance Committee Functions. LHC Compliance Committee functions will include, but are not limited to: 1) analyzing the organization's environment, contract compliance, regulatory requirements and specific areas of risk for noncompliance; 2) assessing existing policies and procedures and developing new ones to promote compliance; 3) recommending and monitoring, in conjunction with relevant departments, internal systems to carry out LHC's standards, contract requirements and policies and procedures; 4) determining the appropriate methods to promote compliance and detect potential areas of

noncompliance; and 5) maintaining a system to solicit, evaluate and respond to concerns, including oversight of investigations resulting from reports made to anonymous hotlines.

LHC Provider Contract Compliance. All LHC contracted providers, including subcontractors and vendors, must comply with relevant provisions of the LHC Compliance Program. Failure to comply could result in disciplinary action, including corrective action, discharge, or contract termination. LHC's Board of Directors delegates oversight for compliance with all DHH clinical contract requirements to Quality Improvement (QI). DHH contract compliance requirements and expectations will be communicated to all LHC contracted providers and subcontractors through LHC Provider and Subcontractor (Delegation) Agreements, provider manuals, newsletters, at provider orientation meetings, and during targeted education for providers and subcontractors found out of compliance. LHC's QI and Medical Management Departments will provide continuous education and feedback to providers regarding DHH contract requirements through QI; utilization/case/disease management program activities, such as the initial and annual delegated audit processes; analysis of subcontractor reports; and discussions at periodic operational meetings. Subcontractors who do not meet LHC's compliance expectations are subject to quarterly audits, ongoing monitoring and other corrective actions until the LHC Compliance Committee is confident the subcontractor is in compliance.

Centene Contract Compliance Support. Centene will provide LHC with supportive corporate resources available to assist with contract compliance. The Centene Corporate Ethics & Compliance, Legal Affairs and Regulatory Affairs departments will provide State and Federal regulatory research and interpretation support for LHC. Regulatory references associated with the DHH contract (i.e. state prompt payment laws) will be included in LHC's internal compliance tool set. The Ethics and Compliance Department will supply additional compliance assessment resources to LHC, such as comprehensive audit tools that address the Federal Medicaid managed care regulations and HIPAA requirements.

The Corporate Ethics & Compliance and Internal Audit departments will also conduct audits of LHC's contract compliance program and processes prior to implementation and yearly thereafter to ensure contract requirements and subsequent amendments are addressed. Audits may consist of desk review of the documentation and/or onsite review of the compliance function. Areas audited may include, but are not limited to, claims payment accuracy; state reporting including quality and accuracy of deliverables submitted and compliance with submission timelines; and staff training. For example, Centene's Internal Audit department audits Centene's compliance program including the contract compliance methodology annually. This audit evaluates the health plan's compliance with key contractual requirements and validates a sample of deliverables submitted to DHH and information submitted to the Corporate Ethics and Compliance department. Another focus of this audit ensures that LHC has an effective compliance program with policies and procedures for identifying, tracking and reporting DHH contract requirements, and that routine compliance training occurs. Once performance goals are established, Centene's Internal Audit department reviews performance against benchmarks to ensure continuous improvement in contract compliance processes and systems. The corporate Ethics and Compliance and Internal Audit departments benchmark operating unit compliance programs against internal best practices and external resources provided by organizations such as the Health Care Compliance Association and the Corporate Executive Board's Compliance and Ethics Leadership Council. For example, Centene's Corporate Ethics and Compliance Department partnered with Centene's Medical Management Department to develop an Authorization Turnaround Time Report that monitors compliance with health plan authorization timeliness requirements. As a result of this action, LHC will be able to obtain this report and implement processes to comply with timely turnaround requirements and the LHC Compliance Officer will be able to periodically review this report to ensure LHC is compliant with established benchmarks.

A Compliance Officer Dedicated to LHC.

The LHC Compliance Officer serves as the focal point for all local compliance activities, and will be designated by LHC's CEO to act as the liaison between LHC and DHH for the duration of the Contract. Coordination and communication are key functions for the LHC Compliance Officer with regard to

planning, implementing, and monitoring the LHC Compliance Program. The LHC Compliance Officer is a senior leader who reports to the LHC Chief Executive Officer (CEO) as well as to the LHC Board of Directors. Centene recognizes the value of having a LHC Compliance Officer with an independent voice who has direct access to the highest levels of the organization. The Compliance Officer will have direct access to all records and have the authority to make referrals to or contact with DHH, OIG or other appropriate parties. Centene and LHC have written criteria for selection of the LHC Compliance Officer and a job description that includes the following primary responsibilities:

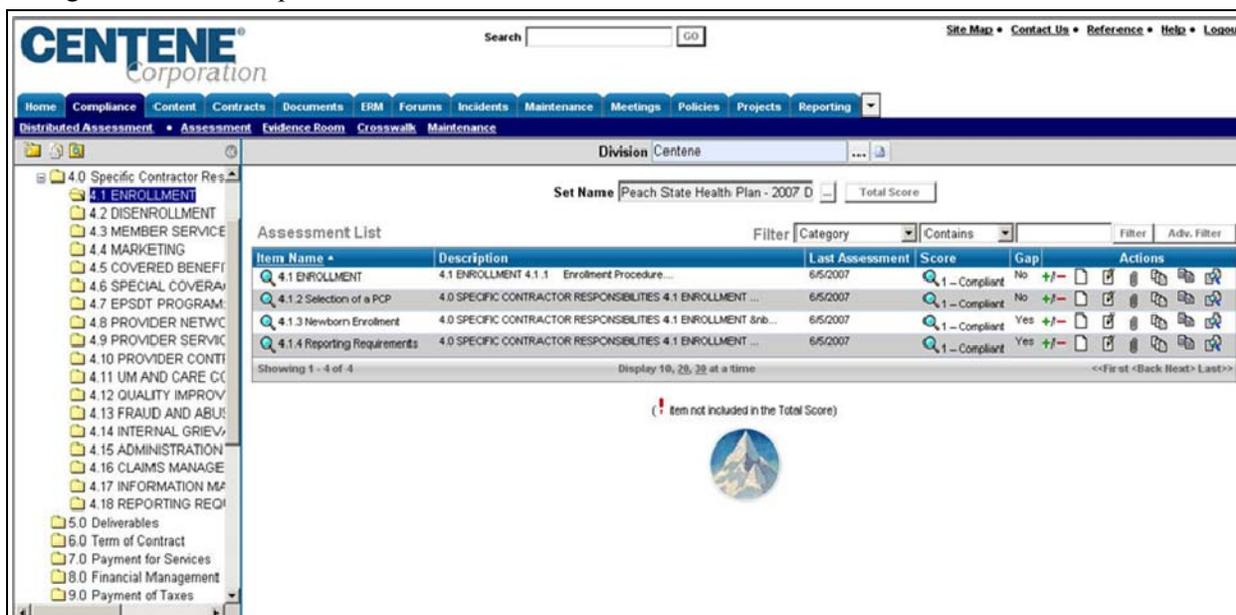
- Overseeing and monitoring the LHC Compliance Program
- Reporting on a regular basis to LHC's CEO and Compliance Committee on the effectiveness of the program, and assisting these individuals and entities in establishing methods to improve the company's efficiency and quality of services, and to reduce LHC's vulnerability to waste, abuse and fraud
- Periodically reviewing and revising the program in light of changes in the needs of the organization, legislation, and policies and procedures
- Reviewing, revising, coordinating, and participating in a multifaceted educational and training program that focuses on the elements of the Compliance Program, to ensure that all employees, Boards, management and contractors are knowledgeable of, and comply with, pertinent plan, corporate, federal and state standards
- Ensuring that service providers and independent contractors who furnish services to LHC are aware of, and adhere to, the requirements of the LHC Compliance Program
- Coordinating with Centene's Human Resources office and/or the Credentialing Department to ensure that credentials and the Cumulative Sanction Report have been checked with respect to all employees, service providers and independent contractors
- Assisting LHC's management in coordinating internal compliance review and monitoring activities, including annual or periodic reviews of departments
- Participating with Centene's Corporate Compliance Officer and the SIU to monitor tracking and trending systems and reports
- Independently investigating, documenting and acting on matters related to compliance, including the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) and any resulting corrective action with all organizational departments, employees and, if appropriate, service providers and independent contractors
- Maintaining policies and reporting channels that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation
- Researching potential overpayments identified by DHH or the Medicaid Fraud Control Unit (MFCU)
- Regularly attending DHH/MFCU work group meetings as required or requested

The LHC Compliance Officer will be responsible for reviewing and monitoring all work performed by LHC, including but not limited to documents and other information relevant to compliance activities. More importantly, the LHC Compliance Officer has the authority to access records, and independently refer suspected member fraud, provider fraud and member abuse cases to DHH, MFCU or other duly authorized enforcement agencies. This authority also enables the LHC Compliance Officer to review contracts and obligations that may contain issues that could inadvertently violate legal or regulatory requirements and all functions as they relate to fraud and abuse prevention, detection and reporting.

Centene's Compliance 360. Centene developed Compliance 360, an innovative tool for tracking and monitoring compliance with contract requirements. With this robust tool, Centene has the ability to link the DHH Contract requirements and related regulations with internal compliance activities and operational policies, procedures and processes. Compliance 360's Workspace module will allow LHC to create a virtual evidence room documenting the health plan's compliance with DHH Contract

requirements, and allows compliance to be monitored by functional area. In addition, the LHC Compliance Officer can utilize Compliance 360’s Projects module to manage the development, quality review, approval and timely submission of reports and other deliverables to DHH. This module allows the LHC Compliance Officer to track the progress of report submission and automatically remind report owners of due dates. Compliance 360’s Enterprise Risk Management module is used to track identified risks of noncompliance which are directly linked to the applicable contract requirements in the Compliance Workspace. Any Corrective Action Plans (CAPs) will be input into the Projects module to track and document remediation progress. Compliance 360’s robust Executive Dashboard and reporting capabilities will enable LHC to track and trend instances of noncompliance, including when operational performance in any area falls below internal or contract performance standards. Compliance 360’s virtual evidence room provides an online tool for internal and external surveyors/auditors to review the health plan’s compliance with contract requirements. LHC’s management team will proactively seek opportunities to collaborate with DHH staff on resolving contract-related issues and seek guidance on improving overall compliance with contract requirements. Centene has provided Compliance 360 access to other state Medicaid agencies to increase the transparency into our contract compliance efforts. If awarded the contract LHC will explore this opportunity with DHH.

Below is a screen shot showing an example of how one of Centene’s contracts is organized and configured within Compliance 360:



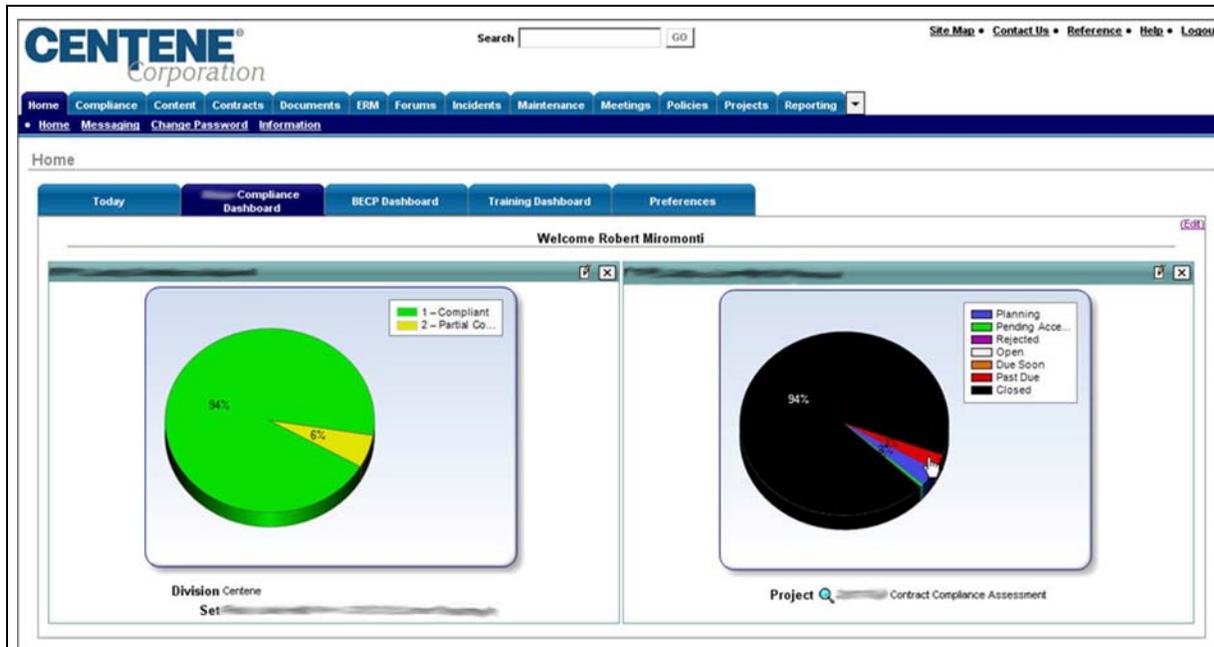
Contract Compliance. LHC’s Compliance Officer will work with local and corporate resources to ensure compliance with the DHH Contract. We strive to maintain our excellent contract compliance record and expand upon current internal controls and processes in order to ensure timely submission of deliverables, as well as overall corporate compliance. The LHC Compliance Officer will oversee employee utilization of the Compliance 360 software program to track and monitor compliance processes and conduct periodic assessments to ensure LHC departments are operating in compliance with specific contractual obligations. Using Compliance 360, LHC staff can perform assessments and monitor compliance by employee, functional area or category; manage State deliverables to ensure timely development, quality review, approval and submission; track identified incidents of noncompliance or corrective action and document progress on remediation; track State correspondence; generate multiple variations of reports to track and trend; and produce a contract compliance dashboard and online review/audit process for internal and external surveyors/auditors.

Staff Training. The LHC Compliance Officer, in conjunction with department heads, conducts plan specific training sessions to ensure LHC employees understand the contract requirements that pertain to their job responsibilities. The Compliance Officer also trains all LHC employees on how to identify and report suspected fraud and abuse. This training includes the federal False Claims Act provisions, administrative remedies for false claims and statements, State laws relating to civil or criminal penalties for false claims and statements and the whistleblower protections under such laws. LHC will establish written policies and procedures that are included in these training sessions. Such training will occur within the first 30 days of employment and on an annual basis thereafter. Documentation of attendance and participation is required and maintained by the LHC Compliance Officer. To supplement this training, Centene also conducts mandatory computer based training regarding Corporate Compliance for all employees. Compliance training topics change from year to year. Overall training themes include such topics as speaking up and raising concerns, receiving concerns from employees for managers, careful email communications and insider trading. Additionally, each department director will be required to conduct training sessions on LHC's policies and processes specific to their functional areas. Where cross-functional processes are in place, directors coordinate and conduct interdepartmental training sessions, as appropriate.

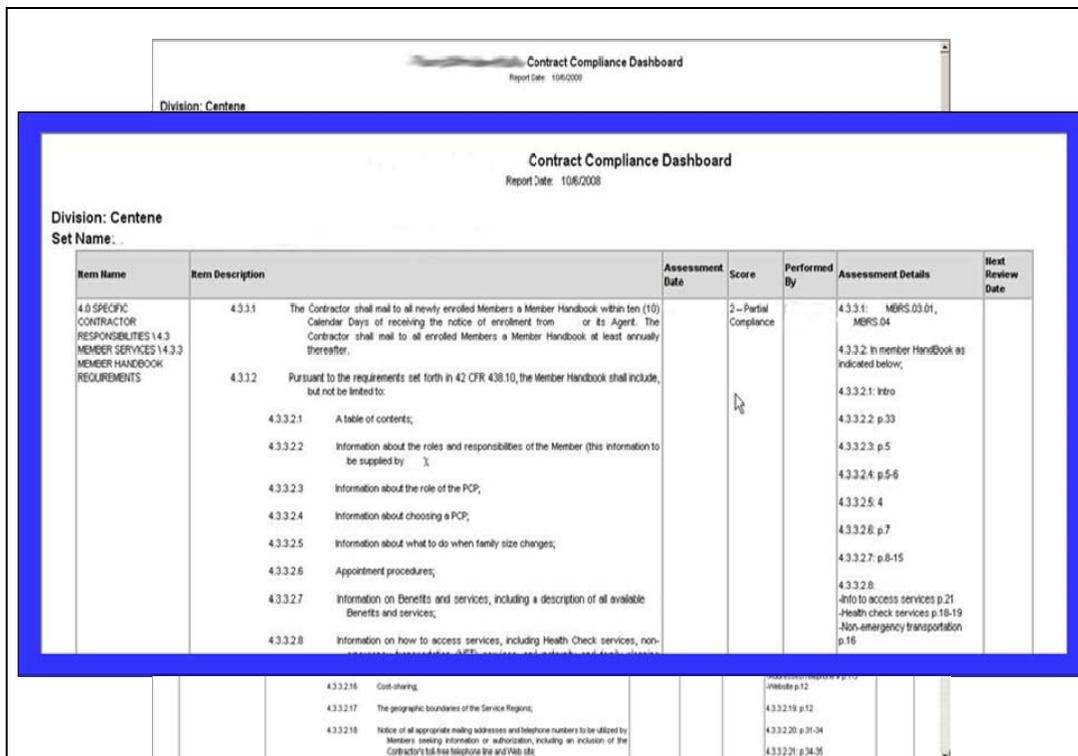
Ongoing Monitoring and Auditing. Each month, the LHC Compliance Officer will review Compliance 360 reports to identify any potential contract compliance issues by department or individual. If issues are identified, the LHC Compliance Officer will notify the department director to ensure a CAP is developed and implemented. All incidents of noncompliance, along with status updates or remediation plans, will be reported to the CEO, COO and Quality Assessment and Performance Improvement Committee (QAPIC). The LHC Compliance Officer will also ensure that any contract compliance issues are reported to DHH as required. Additionally, all department directors will be required to conduct ongoing monitoring to determine whether their employees and processes meet contract requirements. For example, the Director of Member Services analyzes Avaya Call Management System reports to determine compliance with DHH telephone standards.

Auditing. At a minimum, the LHC Compliance Officer performs an annual Contract compliance audit for each department or functional area, primarily through data collected from the Compliance 360 database. Contract compliance audits will also be performed after each Contract amendment to ensure LHC remains in compliance with any new requirements. The robust functionality of Compliance 360 enables the LHC Compliance Officer to track and review all evidence of compliance. If any gaps are identified, the LHC Compliance Officer will perform a detailed audit to ensure compliance and develop a CAP to bring an area into compliance. This audit may include documentation of processes, policies and procedures, subcontractor compliance, effectiveness of departmental auditing and monitoring processes and completeness of internal controls established by department directors. The LHC Compliance Officer will also serve as the primary contact for DHH or Centene audit requests and will oversee development and implementation of any CAPs. Each CAP is documented in Compliance 360, which enables the LHC Compliance Officer and the LHC management team to effectively monitor and track progress toward satisfactory completion of the CAP.

Ongoing Monitoring Capabilities with Compliance 360. Below is a screen shot of a typical health plan state contract compliance dashboard on Compliance 360. The pie chart on the left depicts the plan's compliance with its contractual requirements based on an assessment. The pie chart on the right depicts the progress of the corrective action plan to mitigate areas of partial compliance. Both pie charts have drill down capabilities to show the assessment findings, results and tasks assigned to address areas of partial compliance.



The screen shot below demonstrates the drill down capabilities of the contract compliance assessment pie chart shown above. Through the assessment process, the LHC Compliance Officer is able to review the contract section and document the evidence of compliance with the requirements. In addition to loading evidence into the system, Compliance 360's integrated policies module allows a direct link with the most current approved policies and procedures.



The screenshot shows a detailed view of the 'Contract Compliance Dashboard' for the 'Division: Centene' set. The dashboard includes a table with the following columns: Item Name, Item Description, Assessment Date, Score, Performed By, Assessment Details, and Next Review Date. The table lists various assessment items related to member handbook requirements and their compliance status.

Item Name	Item Description	Assessment Date	Score	Performed By	Assessment Details	Next Review Date
4.0 SPECIFIC CONTRACTOR RESPONSIBILITIES 14.3 MEMBER SERVICES 14.3.3 MEMBER HANDBOOK REQUIREMENTS	4.3.3.1 The Contractor shall mail to all newly enrolled Members a Member Handbook within ten (10) Calendar Days of receiving the notice of enrollment from or its Agent. The Contractor shall mail to all enrolled Members a Member Handbook at least annually thereafter. 4.3.3.2 Pursuant to the requirements set forth in 42 CFR 438.10, the Member Handbook shall include, but not be limited to: 4.3.3.2.1 A table of contents; 4.3.3.2.2 Information about the roles and responsibilities of the Member (this information to be supplied by X); 4.3.3.2.3 Information about the role of the PCP; 4.3.3.2.4 Information about choosing a PCP; 4.3.3.2.5 Information about what to do when family size changes; 4.3.3.2.6 Appointment procedures; 4.3.3.2.7 Information on Benefits and services, including a description of all available Benefits and services; 4.3.3.2.8 Information on how to access services, including Health Check services, non-emergency transportation, etc.		2 - Partial Compliance		4.3.3.1: MERS 03.01, MERS 04 4.3.3.2: In member Handbook as indicated below; 4.3.3.2.1: Intro 4.3.3.2.2: p.33 4.3.3.2.3: p.5 4.3.3.2.4: p.5-6 4.3.3.2.5: 4 4.3.3.2.6: p.7 4.3.3.2.7: p.8-15 4.3.3.2.8: Info to access services p.21 -Health check services p.18-19 -Non-emergency transportation p.16	
	4.3.3.2.9 Cost-sharing				4.3.3.2.9: p.12	
	4.3.3.2.10 The geographic boundaries of the Service Region;				4.3.3.2.10: p.12	
	4.3.3.2.11 Notice of all appropriate mailing addresses and telephone numbers to be utilized by Members seeking information or authorization, including an inclusion of the Contractor's toll-free telephone line and Web URL.				4.3.3.2.11: p.31-34 4.3.3.2.11: p.34,35	

Readiness Review Prior to Operations Start Date. Prior to the DHH Contract implementation, LHC's Compliance Officer, with input from DHH, will review the contract and develop a comprehensive plan for documenting, monitoring and tracking compliance with contract requirements. This includes, but is not limited to, required operational processes, policies, procedures and reporting deliverables. Once the contract requirements are identified, LHC, with support from Centene's Corporate Ethics and Compliance department, will input the contract specific requirements, including operational requirements, into Compliance 360.

Prevention/Detection of potential Waste, Abuse and Fraud.

Centene takes the detection, investigation, correction, and where warranted, the prosecution of waste, abuse and fraud (WAF) seriously and will continue to implement and operate a WAF plan that complies with state and federal law. Centene developed its Special Investigation Unit (SIU) to conduct oversight activities and coordinate directly with all subsidiary health plans from their location in the corporate offices in St. Louis, Missouri. SIU personnel in St. Louis will meet with the LHC compliance team at least quarterly or upon identification of unusual trends or similar billing issues. LHC, working with Centene, will use several tools to detect potential WAF. These tools include:

ClaimsXten (CTX): This McKesson LLC claims prepayment auditing software is used to review outpatient facility and physician claims that have been adjudicated but prior to payment. CXT ensures the claims are in compliance with national coding guidelines published by CMS, the American Medical Association and various specialty organizations (i.e., CMS' Correct Coding Initiative). This tool is able to identify billing errors without delaying payment to the provider. Last year alone, CXT prevented the overpayment of approximately \$12 million across Centene Health Plans as a whole.

HealthCare Insights (HCI): Centene's strategic partnership with HCI helps to ensure payment is made for the services rendered and to reduce payments made for WAF. HCI uses predictive modeling to identify aberrant claims and uses clinicians to review the claims prior to payment. For example, providers commonly misuse modifiers which make procedures payable when reviewed by the code audit software (CXT). However, clinicians reviewing the claim are able to create a clinical picture using the patient's history to determine if the procedure was appropriately modified. In another example, HCI's clinical validation process recently flagged a provider for billing an after-hours code on approximately 75% of the members seen at the office. The claims are currently being denied for medical records. Denial recommendations are sent to Compliance Coding, who reviews and accepts/rejects based on state guidelines, contracts, historical information, etc.

Claims Payment Audits: A comprehensive random audit is completed on three percent of all processed claims. Audits are selected from all paid claims including adjudicated, rejected and appealed. Irregularities are reported to the SIU for further investigation. The steps of this statistically valid claim audit include ensuring the following criteria are met:

- Claimant was eligible for benefits at the time the services were provided
- Claims were processed in accordance with utilization review and case management decisions
- Claims data was complete and accurately entered into the system
- Authorizations were on file for all claims, where appropriate
- Contracted providers were paid in accordance with contractual rates
- Nonparticipating providers were paid in accordance with Louisiana Medicaid rates
- Other insurance was investigated for coordination of benefits, and when appropriate, LHC liability was reduced
- Duplicate claim submissions were identified and denied
- Reimbursement was made to the correct party
- Non-covered services were appropriately identified and denied
- Processed claim was supported by adequate documentation
- Verification that services for which reimbursement was made was provided to member

EDIWatch: Centene will utilize EDIWatch to monitor LHC claims postpayment activities. EDIWatch is a fraud and abuse software that identifies suspicious billing trends and is used to train claims investigators. EDIWatch employs hundreds of edits to identify outliers, such as high cost claims, upcoding, procedures not approved at an ambulatory surgery center, unusually high number of units, excessive new patient visits, diagnoses or procedures incompatible, mutually exclusive codes billed together, add-on codes billed without primary CPT codes and non-emergency procedures billed on Sundays or holidays. In addition to known fraud schemes, EDIWatch utilizes both CMS and AMA guidelines for these edits. Recently, Centene identified an OB/GYN provider serving our affiliated Texas health plan billing for infertility services, which were not covered benefits. Record review confirmed the billing of infertility treatment, unnecessary ultrasounds and services not documented. The provider has been referred to the Texas Health and Human Services Commission OIG and a prepayment review has been initiated, which is expected to result in a savings of approximately \$125,000.

Business Objects: Business Objects is a claims extraction tool that Centene will utilize to review LHC claims. We periodically review the number of doctor and emergency department (ED) visits per LHC member. Member queries are written using Business Objects to help identify potential doctor shoppers, ED abusers, and individuals who share their Medicaid ID card. These reports will be forwarded to LHC for further investigation and to develop appropriate corrective actions.

Hotline Referrals: Providers, members, employees and others concerned about potential SIU issues may call the Centene SIU hotline (1-866-685-8664). These toll free telephone lines are operated by independent, third party companies, available 24 hours a day, 7 days a week, and allow callers to anonymously report complaints or suspected violations. Centene's Compliance Officer is responsible for handling any complaints or issues reported via the Ethics & Compliance and WAF phone lines, and LHC's Compliance officer is informed of any issues affecting local operations. All calls are reported quarterly to Centene's Board of Directors, and depending on the nature of the calls, may also be reported to LHC's Board of Directors. All referrals will be investigated and remain confidential. All callers have the option to remain anonymous. Recently, a Member's husband from LHC's Texas affiliate called to report his wife and son, who are receiving Medicaid benefits no longer reside in the United States. Allegedly, they are using a family member's address to inappropriately receive benefits. The member was referred to the state, HHSC, for further investigation in January 2011.

Claims Payment System: The health plan's claim payment system systematically verifies provider participation, member eligibility, benefit determination and duplicate submissions prior to payment.

Quality Control Audits. LHC and Centene's Medical Management units will conduct regular joint quality control audits by reviewing various reports including those related to providers with a high number of referrals, providers providing outdated treatment, and member ED utilization.

Subcontractor Oversight. As part of LHC's oversight of all subcontractors, we will require subcontractors to report any suspected fraud or abuse to LHC's Compliance Officer. The LHC Compliance Officer will ensure that any subcontractor reporting follows the same processes described herein.

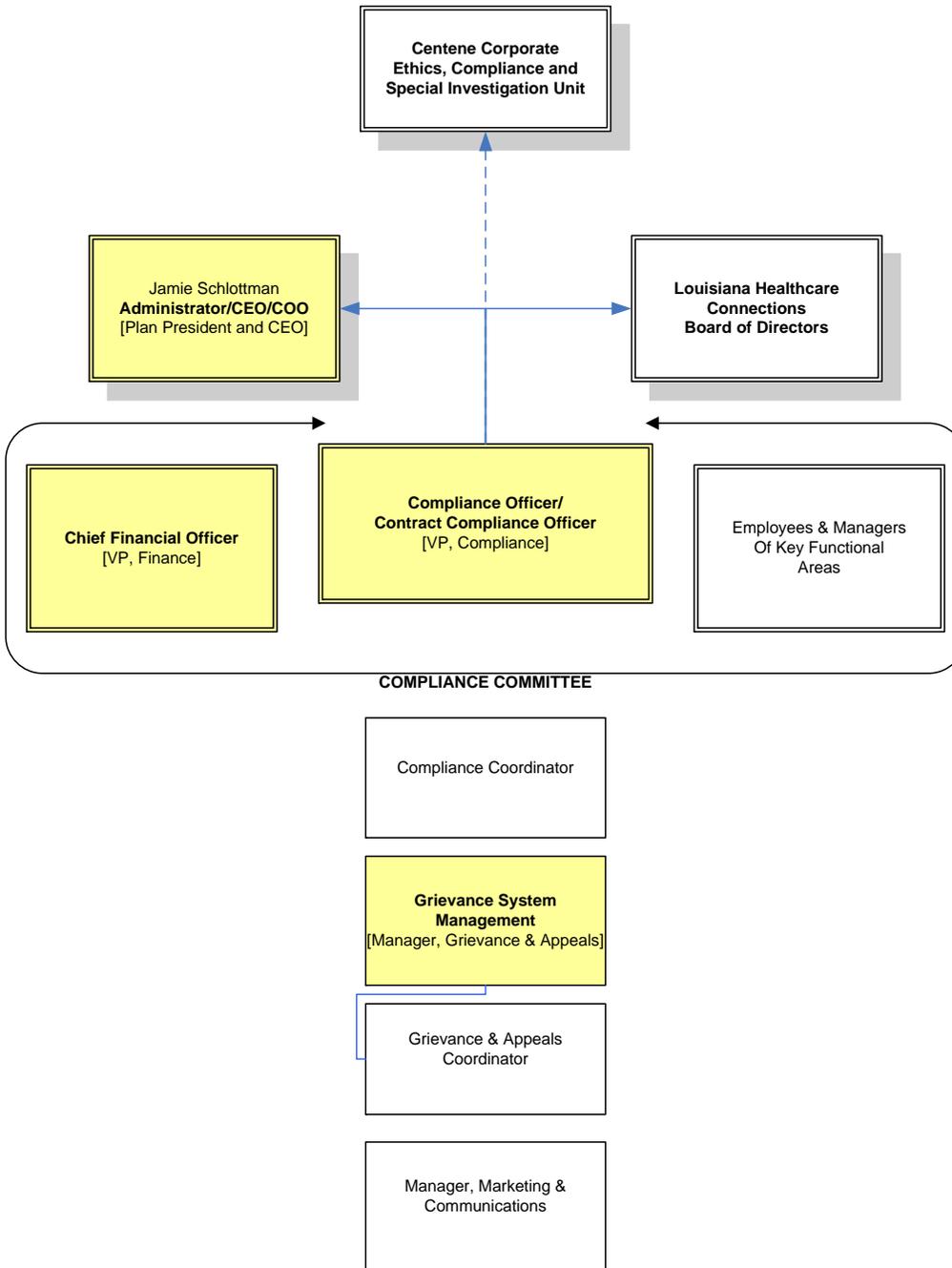
Referrals Made to the Special Investigative Unit: Referrals can be made via the SIU hotline or by submitting an internal fraud and abuse referral form when an employee identifies a potential case of fraud or abuse. The fraud and abuse referral form will be distributed during the mandatory annual fraud, waste and abuse prevention training for all employees. All departments will be asked to keep the form in an accessible location for employees. The form can also be obtained by contacting the SIU. Employees will be instructed to complete the form within twenty-four hours of identification of a case that is suspect of fraud or abuse. The form can be e-mailed, faxed or sent via overnight delivery service to the attention of the SIU Management Team or Compliance Office. SIU hotline callers will be asked the same information that is included on the fraud and abuse referral form. All referrals will be logged in the SIU database, assigned a case number, and investigated. All cases will remain confidential. Only persons involved in

reporting, detecting or investigating the case will be given information pertaining to the case. It is against corporate policy to retaliate against anyone who makes a referral.

Chart B Compliance Staff Organizational Chart depicts the organizational chart of compliance staff including levels of authority.

**Chart B
 Compliance Staff
 Organizational Chart**

 Required Key Staff
 - - - Denotes indirect reporting relationship



Question B.13

Press Releases

B.13 Provide copies of any press releases in the twelve (12) months prior to the Deadline for Proposals, wherein the press release mentions or discusses financial results, acquisitions, divestitures, new facilities, closures, layoffs, significant contract awards or losses, penalties/fines/ sanctions, expansion, new or departing officers or directors, litigation, change of ownership, or other very similar issues, Do not include press releases that are primarily promotional in nature.

Neither LHC nor our parent company's joint venture partner, LPC&A, have released any press releases in the twelve (12) months prior to the Deadline for Proposals. LHC's parent company, Centene, has issued the following press releases within the past 12 months, which relate to financial results, acquisitions, divestitures, new facilities, closures, significant contract awards, expansion, and new officers:

Press Release Summary	Date of Press Release	Attachment Reference
Centene Corporation's Celtic Unit Extends Statewide Commonwealth Care Bridge Contract With Massachusetts	June 9, 2011	<i>Attachment B.13-A: PR-6-9-2011</i>
Centene Corporation Announces Pricing of Notes	May 18, 2011	<i>Attachment B.13-B: PR-5-18-2011</i>
Centene Corporation Announces Offering of Notes	May 16, 2011	<i>Attachment B.13-C: PR-5-16-2011</i>
Centene Corporation's Arizona Subsidiary Awarded Long-Term Care Contracts	May 9, 2011	<i>Attachment B.13-D: PR-5-9-2011</i>
Centene Corporation Reports 2011 First Quarter Earnings	April 26, 2011	<i>Attachment B.13-E: PR-4-26-2011</i>
Centene Corporation's Celtic Unit Renews Commonwealth Care Contract with Massachusetts	April 15, 2011	<i>Attachment B.13-F: PR-4-15-2011</i>
Centene Appoints Holly Benson as Senior Vice President of Health Policy and Announces Additional Organizational Changes	March 7, 2011	<i>Attachment B.13-G: PR-3-7-2011</i>
Centene Corporation Reports 2010 Fourth Quarter and Full Year Earnings	February 8, 2011	<i>Attachment B.13-H: PR-2-8-2011</i>
Centene Corporation Announces 2011 Financial Guidance	December 16, 2010	<i>Attachment B.13-I: PR-12-16-2010</i>
Centene Corporation's Managed Health Services Indiana Achieves NCQA Accreditation	December 8, 2010	<i>Attachment B.13-J: PR-12-8-2010</i>
Centene Completes Acquisition of Florida Medicaid and Long-Term Care Assets	December 1, 2010	<i>Attachment B.13-K: PR-12-1-2010</i>
Centene Corporation Reports \$0.44 Earnings Per Dilutes Share for the Third Quarter 2010; \$0.48 From Operations Excluding a \$0.04 Charge for Net Investment Writedowns	October 26, 2010	<i>Attachment B.13-L: PR-10-26-2010</i>
Centene's Celtic Selected to Provide Insurance Coverage Under New 'Healthy Texas' Program	September 10, 2010	<i>Attachment B.13-M: PR-9-10-2010</i>
Centene's IlliniCare Selected by Illinois for Integrated Care Program	September 10, 2010	<i>Attachment B.13-N: PR-9-10-2010</i>

Press Release Summary	Date of Press Release	Attachment Reference
Centene Statement on Puerto Rico Decision	August 31, 2010	<i>Attachment B.13-O: PR-8-31-2010</i>
Centene Corporation Announces Acquisition in Florida; Adds Membership and New Product Line	August 10, 2010	<i>Attachment B.13-P: PR-8-10-2010</i>
Centene Corporation Reports 2010 Second Quarter Earnings	July 27, 2010	<i>Attachment B.13-Q: PR-7-27-2010</i>

Question B.14
Performance Bond

B.14 Describe your plan for meeting the Performance Bond, other bonds, and insurance requirements set forth in this RFP requirement including the type of bond to be posted and source of funding.

Louisiana Healthcare Connections (LHC) will provide a \$10,000,000 performance bond prior to the enrollment date of January 1, 2012. The bond will be obtained from an agent licensed in Louisiana and appearing on the United States Department of Treasury's list of approved sureties. The performance bond will be made payable to the State of Louisiana. LHC will submit the original performance bond to DHH and retain a photocopy at the health plan.

LHC will secure and maintain during the life of the contract a blanket fidelity bond on all personnel in its employment.

LHC will secure prior to commencing work under this contract and maintain during the life of the contract all insurance required as outlined in the Request for Proposal section 2.5. LHC has already obtained our certificate of authority to establish and operate a prepaid entity from the Louisiana Department of Insurance (See B.29). LHC will not allow any subcontractor to begin performing until it has similarly satisfied the requirement for similar insurance amounts. LHC will maintain copies of our subcontractors' insurance policy and will present evidence of this insurance to DHH upon request. Any material change to required insurance policies will not occur without first notifying and gaining approval from DHH.

Question B.15
Financial Statement Summary

B.15 Provide the following information (in Excel format) based on each of the financial statements provided in response to item B:31: (1) Working capital; (2) Current ratio; (3) Quick ratio; (4) Net worth; and (5) Debt-to-worth ratio.

Please see the next page for the tables detailing the requested information based on the submitted financial statements.

PART II: TECHNICAL APPROACH
 RESPONSE APPLICABLE FOR GSAs A, B, C
 B. QUALIFICATIONS AND EXPERIENCE



Louisiana Healthcare Connections, Inc.	December 31	March 31	June 30	September 30	December 31	March 31
	2009	2010	2010	2010	2010	2011
Working capital (in 000's)	N/A	N/A	\$ 784	\$ 792	\$ 546	\$ 273
Current ratio	N/A	N/A	262.3	199.0	55.7	19.1
Quick ratio	N/A	N/A	262.3	199.0	55.7	19.1
Net worth (in 000's)	N/A	N/A	\$ 3,009	\$ 3,022	\$ 3,016	\$ 3,019
Debt-to-worth ratio	N/A	N/A	-	-	-	-

Centene Corporation	December 31	March 31	June 30	September 30	December 31	March 31
	2009	2010	2010	2010	2010	2011
Working capital (in 000's) ¹	\$ (99,800)	\$ (113,200)	\$ (91,000)	\$ 14,900	\$ (108,400)	\$ (73,200)
Current ratio	0.86	0.83	0.86	1.02	0.86	0.91
Quick ratio	0.86	0.83	0.86	1.02	0.86	0.91
Net worth (in 000's)	\$ 600,845	\$ 733,299	\$ 763,230	\$ 790,294	\$ 793,939	\$ 829,002
Debt-to-worth ratio	0.33	0.24	0.25	0.25	0.29	0.27

Louisiana Partnership for Choice and Access	December 31	March 31	June 30	September 30	December 31	March 31
	2009	2010	2010	2010	2010	2011
Working capital (in 000's) ²	\$ 1,735	\$ 1,727	\$ 1,768	\$ 1,773	\$ 1,774	\$ 1,772
Current ratio	868.5	N/A	N/A	N/A	N/A	N/A
Quick ratio	868.5	N/A	N/A	N/A	N/A	N/A
Net worth (in 000's)	\$ 1,735	\$ 1,727	\$ 1,768	\$ 1,773	\$ 1,774	\$ 1,772
Debt-to-worth ratio	-	-	-	-	-	-

¹ Centene manages their short-term and long-term investments with the goal of ensuring that a sufficient portion is held in investments that are highly liquid and can be sold to fund short-term requirements as needed. Its working capital was negative and its current ratio/quick ratio was under one during some of the above periods due to efforts to increase investment returns through purchases of investments that have maturities of greater than one year and, therefore, are classified as long-term.

² Louisiana Partnership for Choice and Access, LLC cash basis financial statements do not include liabilities for the periods ended March 31, 2010, June 30, 2010, September 30, 2010, December 31, 2010 and March 31, 2011. Therefore, the current ratio and quick ratio are N/A.

Question B.16
Managed Care Contracts

REDACTED

B.16 Identify, in Excel format, all of your organization's publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the Proposer's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence. Include your organization's parent organization, affiliates, and subsidiaries.

PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
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REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
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REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
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REDACTED



REDACTED

PART II: TECHNICAL APPROACH
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REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
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REDACTED



PART II: TECHNICAL APPROACH
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REDACTED



PART II: TECHNICAL APPROACH
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REDACTED



PART II: TECHNICAL APPROACH
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REDACTED



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REDACTED



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REDACTED



PART II: TECHNICAL APPROACH
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REDACTED



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REDACTED



PART II: TECHNICAL APPROACH
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REDACTED



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PART II: TECHNICAL APPROACH
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REDACTED

PART II: TECHNICAL APPROACH
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REDACTED



PART II: TECHNICAL APPROACH
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REDACTED



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REDACTED



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REDACTED



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REDACTED



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REDACTED



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REDACTED



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REDACTED



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REDACTED



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REDACTED



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REDACTED



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REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



Question B.17
Contract Terminations and
Non-Renewals

B.17 Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client. Include your organization's parent organization, affiliates, and subsidiaries.

Neither Louisiana Healthcare Connections (LHC) nor its affiliate health plans have had a contract terminated or not renewed within the past five years.

Listed on the following pages are contracts that have been terminated or not renewed for LHC's affiliate specialty companies, NurseWise, LLP, OptiCare Managed Vision, Nurtur Health, Inc., and US Script.

LHC Affiliate: NurseWise, LLP

Client	Client Address	Client Phone	Reason for Termination/ Non-renewal
Boston University	881 Commonwealth Ave, Boston, MA 02215	(617) 353-3575	Contract termed due to client dissatisfaction with the engagement of on-call providers for Behavioral Health Calls by call center staff.
Health Right, Inc.	1101 14th Street, N.W., Suite 900, Washington, DC 20005	(202) 218-0373	Contract termed because the client lost their contract with the District of Columbia. This resulted in the business closing.
RedBrick Health Inc.	920 2nd Avenue South, Suite 1000, Minneapolis, MN 55402	(612) 659-3103	Contract termed, the client discontinued services for budgetary reason.
WINhealth Partners	1200 East 20th Street, Cheyenne, WY 82001	(307) 773-1300 ext.212	Contract non-renewal, no reason provided
24/7 Total Medical Care	17870 NW 2nd Street, Pembroke Pines, FL 33029	(954) 450-9050	Contract termed due to the clients budgetary reasons.

LHC Affiliate: OptiCare Managed Vision

Client	Client Address	Client Phone	Reason for Termination/ Non-renewal
Carolina Care Plan	Executive Center Drive, Columbia, SC 29210	(803) 216-6237	Health Plan was purchased by Medical Mutual of Ohio and elected to operate the managed vision services business internally.
CIGNA	3900 E. Mexico, Suite 1100, Denver, Colorado 80210	(303) 782-1536	State regulatory changes impacted capitation arrangements whereby the Health Plan elected to operate the managed vision services business internally.
CIGNA Colorado	3900 E. Mexico, Suite 1100, Denver, Colorado 80210	(303) 782-1536	State regulatory changes impacted capitation arrangements whereby the Health Plan elected to operate the managed vision services business internally.
Florida NetPass, LLC	801 E. Hallandale Beach Blvd., Suite 200, Hallandale, FL 33009	(800)-595-9631	Sale of the Health Plan resulted in new owners electing to operate the managed vision services business internally.
Well Care of CT, Inc.	127 Washington Avenue, East Building, Fourth Floor, North Haven CT 06473	(800) 925-3606	Health Plan elected to operate the managed vision services business internally.
Windsor Health Plan of TN, Inc.	215 Centerview Drive, Suite 300, Brentwood, TN 37027	(615) 507-1863	OptiCare could not meet the network expectation and multi-state expansion needs of the client.
CIGNA North Carolina	701 Corporation Center Drive, Raleigh, NC 27607	(800) 849-9300	Health Plan elected to use one national vendor for all states; contract was termed as a result of that transition.

LHC Affiliate: Nurtur Health, Inc.

Client	Client Address	Client Phone	Reason for Termination/ Non-renewal
Great Lakes Health Plan	17117 W. Nine Mile Rd, Ste. 1600, Southfield, Michigan 48075	(248) 559-5656	Contract not renewed, the client implemented their own internal disease management program.
CHA Health	300 West Vine St., Lexington, KY 40507	(859) 232-8686	Contract not renewed, the client was purchased by Humana who had an internal disease management program.
HealthNet	90 Matawan Road, Matawan, NJ 07747	(732) 353-7200	Contract not renewed due to client's budgetary reasons.
HIP Health Plan of New York	55 Water St., New York, NY 10041	(646) 447-7681	Contract not renewed, the client was purchased by Emblem Health who had their own internal disease management program.
BCBS of Kansas	1133 SW Topeka Blvd., Topeka, KS 66629	(785) 291-7000	Contract not renewed, the client implemented their own internal disease management program.
Humana	500 West Main Street, Louisville, KY 40202	(502) 580-1000	Contract not renewed, the client implemented their own internal disease management program.

LHC Affiliate: US Script

Client	Client Address	Client Phone	Reason for Termination/ Non-renewal
Pharmakon	West 1318 Crestwood Court, Spokane, WA 99218	(509) 466-7346	Broker no longer writing business
Alta Med Health Services	500 Citadel Dr, STE #490, Los Angeles, CA 90040	(213) 889-7349	Termed due to lack of funding
InforMed	1596 Whitehall Road, Annapolis, MD 21401	(410) 349-9570	Subcontracted with TPA who termed agreement with no reason given.
Western Self Insurance Services	619 5th Street, Eureka CA 95501	(707) 445-5496	Company was sold and services no longer needed
Alta Bates Medical Center	350 Hawthorne Avenue, Oakland, CA 94609	(510) 655-4000	Contract not renewed for budgetary reasons
Sierra College	5000 Rocklin Road, Rocklin, CA 95677	(916) 624-3333	Client moved to fully funded plan and services no longer needed
TEPP	1740 West Adams, Suite 203-S, Phoenix, AZ 85007	(602) 364-0845	State funded program; Contract expired
BMTI	1351 W Oak Street, Suite 4, Stockton CA 95203	(877) 684-2684	Subcontracted with TPA who termed agreement with no reason given.
Smart Flex	5405 Cypress Center Drive, Suite 240, Tampa, FL 33609	(866) 664-4621	The business was sold and services no longer needed.
Superior Administrators	3720 S Susan Street Suite 200, Santa Ana, CA 92704	(714) 429-1700	Subcontracted with TPA who termed agreement with no reason given.
University Health Plan of New Jersey	499 Thormall St, 4th Floor, Edison, NJ 08837	(732) 476-1144	State took back Pharmacy Benefit

PART II: TECHNICAL APPROACH
 RESPONSE APPLICABLE FOR GSAs A, B, C
 B. QUALIFICATIONS AND EXPERIENCE



Client	Client Address	Client Phone	Reason for Termination/ Non-renewal
MHS Indiana	1009 N. Meridian St, Suite 500, Indianapolis, IN 46204	(877) 647-4848	State took back Pharmacy Benefit
MHS Wisconsin	1205 South 70th St, Suite 500, West Allis, WI 53214	(414) 345-4620	State took back Pharmacy Benefit
Freedom Health	5403 Church Ave N., Tampa, FL 33614	(888) 796-0946	Company decided to operate pharmacy benefit services internally through their subsidiary.
BCHP Ohio	175 S Third St, Suite 1200, Columbus, OH 43215	(866) 246-4356	State took back Pharmacy Benefit

Question B.18

Performance Based Terminations and
Non-Renewals

B.18 If the contract was terminated/non-renewed in B.17 above, based on your organization's performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. Include your organization's parent organization, affiliates, and subsidiaries.

As described in the response to B.17, neither LHC nor its affiliate health plans have had a contract terminated/ non-renewed. For LHC's affiliate specialty companies, one contract has been terminated/non-renewed based on performance where a corrective action was implemented to prevent future occurrence of the problem. The corrective action for NurseWise, LLP (NurseWise) is described in detail below.

In March 2011, NurseWise had a contract terminated due to performance as described in the response to question B.17. NurseWise takes concerns from its client base very seriously and has put several measures in place to ensure calls are handled in an appropriate manner. Process improvement teams have been established to review and revise workflows to ensure that we are meeting/exceeding our client's needs. The corrective action measures instituted to address the concerns of Nurse Response's client, Boston University, include developing processes to ensure the proper utilization of on-call providers. The Quality Department, along with Call Center Operations Management team, developed a plan to move the behavioral health calls to a defined group of representatives to handle the specialized needs of behavioral health member calls. NurseWise also increased auditing to monitor the behavioral health calls.

Question B.19
Ratings

B. 19 As applicable, provide (in table format) the Proposer’s current ratings as well as ratings for each of the past three years from each of the following:

Neither Louisiana Healthcare Connections (LHC) nor our parent company’s joint venture partner, LPC&A, have ratings on file with either AM Best Company, TheStreet.com, Inc., or Standard & Poor’s. LHC’s parent company, Centene, or its subsidiary health plans are rated by all three of these sources, which we have included below.

- AM Best Company (financial strengths ratings);

Centene is not rated as a stand-alone entity by AM Best Company, but rather their subsidiary health plans are rated. We are submitting the financial strengths ratings of these subsidiary health plans in fulfillment of this requirement.

NAIC Number	Type	Company Name	Current	4/26/10	2/19/10	2/10/09
12959	HLT	Absolute Total Care, Inc.	B+	B+	B+	B+
95302	HLT	AECC Total Vision Health Plan of TX	not rated	not rated	not rated	not rated
71013	HLT	Bankers Reserve Life Insurance Company of WI	B+	B+	B+	B+
11834	HLT	Buckeye Community Health Plan, Inc.	B+	B+	B+	B+
13632	HLT	CeltiCare Health Plan Of Massachusetts	not rated	not rated	not rated	not rated
12525	HLT	Cenpatico Behavioral Health of Texas	not rated	not rated	not rated	not rated
95831	HLT	Coordinated Care Corporation Indiana Inc	B+	B+	B+	B+
14053	HLT	IlliniCare Health Plan, Inc.	n/a	n/a	n/a	n/a
13970	HLT	Louisiana Healthcare Connections, Inc.	n/a	n/a	n/a	n/a
13923	HLT	Magnolia Health Plan Inc.	n/a	n/a	n/a	n/a
96822	HLT	Managed Health Services Insurance Corp	B+	B+	B+	B+
12315	HLT	Peach State Health Plan, Inc.	B+	B+	B+	B+
13148	HLT	Sunshine State Health Plan, Inc.	B+	B+	B+	not rated
95647	HLT	Superior HealthPlan, Inc.	B+	B+	B+	B+
80799	LAH	Celtic Insurance Company	B++	B++	B++	B++
60078	LAH	Hallmark Life Insurance Co.	not rated	not rated	not rated	not rated

Current ratings are based upon those on the April 26, 2010 ratings, which have not been updated since that time.

- TheStreet.com, Inc. (safety ratings); and

Centene is not rated as a stand-alone entity by TheStreet.com, Inc., but rather their subsidiary health plans are rated. We are submitting the safety ratings of these subsidiary health plans in fulfillment of this requirement.

NAIC Number	Type	Company Name	Current	2010	2009	2008
12959	HLT	Absolute Total Care, Inc.	C	C	C	C
95302	HLT	AECC Total Vision Health Plan of TX	not rated	not rated	not rated	not rated
71013	HLT	Bankers Reserve Life Insurance Company of WI	B	B	C	B

NAIC Number	Type	Company Name	Current	2010	2009	2008
11834	HLT	Buckeye Community Health Plan, Inc.	C	C	C	C
13632	HLT	CeltiCare Health Plan Of Massachusetts	C-	not rated	not rated	not rated
12525	HLT	Cenpatico Behavioral Health of Texas	not rated	not rated	not rated	not rated
95831	HLT	Coordinated Care Corporation Indiana Inc	B	B	B	B
14053	HLT	IlliniCare Health Plan, Inc.	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>
13970	HLT	Louisiana Healthcare Connections, Inc.	not rated	not rated	not rated	not rated
13923	HLT	Magnolia Health Plan Inc.	not rated	not rated	not rated	not rated
96822	HLT	Managed Health Services Insurance Corp	B+	B+	B+	B+
12315	HLT	Peach State Health Plan, Inc.	C	C	C	C
13148	HLT	Sunshine State Health Plan, Inc.	E	E	E	E
95647	HLT	Superior HealthPlan, Inc.	B	B	B	B
95503	HLT	University Health Plans, Inc.	C	C	C	C
80799	LAH	Celtic Insurance Company	B	B	B	B
60078	LAH	Hallmark Life Insurance Co.	D	D	D	C

The 2008 and 2009 ratings are based upon the Annual Statement from the respective year, while the 2010 ratings are based upon the quarterly statement dated September 30, 2010. The current rating is based upon data from December 31, 2010 as Weiss Ratings, the creator of the ratings, has only processed data up to that point.

- Standard & Poor's (long-term insurer financial strength).

The following table shows the changes in Standard & Poor's ratings of Centene's current Counterparty Credit Rating and Senior Unsecured Debt Rating for the past three years.

Rating Date	Centene Corporation
March 29, 2011	BB / Stable
April 28, 2010	BB- / Positive
April 22, 2008	BB- / Stable

Question B.20
Breach of Contract Actions

B.20 For any of your organization's contracts to provide physical health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract? If yes: (1) provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control. (2) Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. (3) Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage) (4) Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? Include your organization's parent organization, affiliates, and subsidiaries.

Neither Louisiana Healthcare Connections, our parent Company Centene Corporation including all subsidiaries, nor our parent company's joint venture partner Louisiana Partnership for Choice and Access have ever been found to be in breach of contract by another contracting party.

Question B.21
NCQA or URAC Accreditation

B.21 Indicate whether your organization has ever sought, or is currently seeking, National Committee for Quality Assurance (NCQA) or American Accreditation HealthCare Commission (URAC) accreditation status. If it has or is, indicate current NCQA or URAC accreditation status and accreditation term effective dates if applicable.

Louisiana Healthcare Connections (LHC) will seek NCQA New Health Plan accreditation at the earliest possible date allowed and once achieved, will maintain NCQA accreditation throughout the life of the Contract. Many of LHC's affiliates and subcontractors currently hold or are seeking NCQA and URAC accreditation, as described below.

- **Nurtur Health, Inc. (Nurtur)**

Nurtur is a fellow Centene subsidiary and LHC subcontractor and was recently re-accredited by NCQA for Patient and Practitioner Oriented Disease Management, the most comprehensive disease management accreditation available and offers the most automatic credit towards accreditation for health plans contracting for their services. The current term of this accreditation runs from November 2008 through November 2011. Nurtur also holds full Disease Management accreditation from URAC, which was renewed in May 2009 and runs for three years. Both NCQA and URAC have accredited the following Nurtur disease management programs:

- Asthma
- Cardiovascular Disease
- Congestive Heart Failure
- Chronic Obstructive Pulmonary Disease
- Diabetes

Nurtur also recently received the Population Health Impact Institute's Methods Evaluation Process (MEP) accreditation, which denotes data measurement transparency and an efficient continuous quality improvement process.

- **NurseWise, LP (NurseWise)**

NurseWise, a Centene subsidiary and LHC subcontractor, is a nurse advice phone service that provides 24-hour nurse advice and assistance. NurseWise is URAC accredited as a Health Call Center; this accreditation is valid through May 2012.

- **US Script, Inc.**

US Script, a Centene subsidiary and LHC affiliate is a Pharmacy Benefits Management Administrator that provides pharmacy benefit management services. US Script is URAC accredited for Pharmacy Benefit Management; this accreditation is valid through March 2014.

- **Cenpatico Behavioral Health, LLC (Cenpatico)**

Cenpatico, a Centene subsidiary and LHC subcontractor, received full NCQA accreditation in June 2010 for Managed Behavioral Healthcare Organization, which is valid through March 2013. Cenpatico's accreditation ensures the health plan member receive the highest level of quality and care for the members mutually served.

- **Buckeye Community Health Plan**

Buckeye, an affiliate health plan of LHC, is a Medicaid managed care plan in Ohio managing services for CFC (TANF and CHIP) and ABD populations. Buckeye Community Health Plan (Buckeye) achieved NCQA New Health Plan accreditation in January 2007, which was valid through January 2010. Buckeye received full NCQA Health Plan accreditation in March 2010 with a Commendable status that will be valid through March 2013.

- **Managed Health Services (Coordinated Care Corporation Indiana, Inc)**
Managed Health Services, an affiliate of LHC, a Medicaid managed care plan in Indiana serving TANF and CHIP populations, received NCQA Health Plan accreditation in October 2010 with a Commendable status that will be valid through October 2013.
- **Peach State Health Plan**
Peach State Health Plan, an affiliate health plan of LHC, provides managed care services for Medicaid and SCHIP (PeachCare for Kids) programs in Georgia. Peach State Health Plan achieved NCQA New Health Plan accreditation in December 2008, which is valid through September 2011. Peach State Health Plan is in the process of Health Plan accreditation status under the 2010 NCQA standards with expected results in July 2011.
- **Sunshine State Health Plan**
Sunshine State Health Plan, a Medicaid plan based in Florida and affiliate of LHC, received NCQA New Health Plan accreditation in December 2009 which is valid through December 2012.
- **Absolute Total Care**
Absolute Total Care, a Medicaid plan based in South Carolina and affiliate of LHC, received NCQA New Health Plan accreditation in August 2010 which is valid through August 2013.
- **Managed Health Services - Wisconsin**
Managed Health Services, a Medicaid plan in Wisconsin received Full URAC Health Plan and Case Management accreditation in August 2010 that is valid through August 2013.

In addition, the following LHC affiliate Centene subsidiary health plans have accreditation surveys scheduled for later this year:

- **Superior HealthPan**, Centene's Texas health plan, is scheduled for an NCQA Health Plan survey in November 2011.
- **CelticCare Health Plan**, Centene's Massachusetts health plan servicing beneficiaries of the Commonwealth Bridge Program, is scheduled for an NCQA New Health Plan survey in June 2012.

Question B.22

Adjustment Down, Suspension, or
Revocation of Accreditation Status

B.22 Have you ever had your accreditation status (e.g., NCQA, URAC,) in any state for any product line adjusted down, suspended, or revoked? If so, identify the state and product line and provide an explanation. Include your organization's parent organization, affiliates, and subsidiaries.

Neither LHC, its parent organization, affiliates, nor subsidiaries have ever had their accreditation status in any state for any product line adjusted down, suspended, or revoked.

Question B.23
NCQA Health Plan Report Cards

B.23 If you are NCQA accredited in any state for any product line, include a copy of the applicable NCQA health plan report cards for your organization. Include your organization's parent organization, affiliates, and subsidiaries.

Please see the following attachments for the applicable NCQA health plan report cards for LHC affiliate health plans:

Attachment B.23 A_ATC Report Card

Attachment B.23 B_BCHP Report Card

Attachment B.23 C_MHS-IN Report Card

Attachment B.23 D_PSHP Report Card

Attachment B.23 E_SSHP Report Card

Question B.24

External Quality Review Report for Largest Medicaid Contract

B.24 Provide (as an attachment) a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item B.16 that had the largest number of enrollees as of January 1, 2011. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (including your organization's parent organization, affiliates, and subsidiaries) in response to the report.

Please see *Attachment B.24-A.: FY2008 Texas Medicaid Managed Care STAR Quality of Care Measures*, *Attachment B.24-B.: FY2007 Texas Medicaid Managed Care STAR+PLUS Quality of Care Measures*, and *Attachment B.24-C.: FY2007 Texas Medicaid Managed Care CHIP Quality of Care Measures* for copies of the most recent external quality review reports for our largest affiliate Medicaid contract. Please note that in Texas, these reports are produced separately for each product (TANF, SSI and CHIP), therefore, we have provided each of the three reports.

There were no corrective action plans requested in response to these reports.

Question B.25
Regulatory Actions and Sanctions

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B.25 Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and subsidiaries.

PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE



REDACTED

PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE



REDACTED

PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE



REDACTED

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REDACTED

Question B.26

Criminal or Civil Investigations

B.26 Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item B.6. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. Include your organization's parent company, affiliates and subsidiaries.

Neither LHC, our parent company Centene Corporation, our parent company's joint venture partner Louisiana Partnership for Choice & Access, our affiliates, nor our affiliated subsidiaries are currently or have been the subject of a criminal or civil investigation by a state or federal agency within the past five years.

Question B.27
Client References

REDACTED

B.27 Submit client references (minimum of three, maximum of five) for your organization for major contracts; with at least one reference for a major contract have had with a state Medicaid agency or other large similar government or large private industry contract. Each reference must be from contracts within the last five (5) years. References for your organization shall be submitted to the State using the questionnaire contained in RFP Appendix PP. You are solely responsible for obtaining the fully completed reference check questionnaires, and for submitting them sealed by the client providing the reference, with your Proposal, as described herein. You should complete the following steps:

a. Make a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Appendix PP (for your organization or for subcontractors, adding the following customized information:

- Your/Subcontractor's name;
- Geographic Service Area(s) for which the reference is being submitted;
- Reference organization's name; and
- Reference contact's name, title, telephone number, and email address.

b. Send the form to each reference contact along with a new, sealable standard #10 envelope;

c. Give the contact a deadline that allows for collection of all completed questionnaires in time to submit them with your sealed Proposal;

d. Instruct the reference contact to:

- Complete the form in its entirety, in either hard copy or electronic format (if completed electronically, an original should be printed for submission);
- Sign and date it;
- Seal it in the provided envelope;
- Sign the back of the envelope across the seal; and
- Return it directly to you.

e. Enclose the unopened envelopes in easily identifiable and labeled larger envelopes and include these envelopes as a part of the Proposal. When DHH opens your Proposal, it should find clearly labeled envelope(s) containing the sealed references.

THE STATE WILL NOT ACCEPT LATE REFERENCES OR REFERENCES SUBMITTED THROUGH ANY OTHER CHANNEL OF SUBMISSION OR MEDIUM, WHETHER WRITTEN, ELECTRONIC, VERBAL, OR OTHERWISE.

Each completed questionnaire should include:

- Proposing Organization/Subcontractor's name;
- GSA (s) for which the reference is being submitted;
- Reference Organization's name;
- Name, title, telephone number, and email address of the organization contact knowledgeable about the scope of work;
- Date reference form was completed; and
- Responses to numbered items in RFP Attachment # (as applicable).

DHH reserves the authority to clarify information presented in questionnaires and may consider clarifications in the evaluation of references. However DHH is under no obligation to clarify any reference check information.

PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
B. QUALIFICATIONS AND EXPERIENCE

REDACTED



Question B.28

Websites and Social Media Presence

B.28 Indicate the website address (URL) for the homepage(s) of any website(s) operated, owned, or controlled by your organization, including any that the Proposer has contracted to be run by another entity as well as details of any social media presence (e.g. Facebook, Twitter). If your organization has a parent, then also provide the same for the parent, and any parent(s) of the parent. If no websites and/or social media presence, so state.

Please refer to the next page for a table listing the website addresses operated, owned, or controlled by LHC, our parent company Centene, and our parent company's joint venture partner LPC&A.



Louisiana Healthcare Connections

Health Plan	Home Page	Social Media Presence (If Applicable)
Louisiana Healthcare Connections	http://www.louisianahealthconnect.com	

Centene Corporation

Company	Home Page	Social Media Presence (If Applicable)
Centene Corporation	http://www.centene.com	Twitter: http://twitter.com/#!/Centene LinkedIn: http://www.linkedin.com/company/centene-corporation?goback=%2Ecps_1280851242859_1&trk=co_search_results

LHC Affiliate Health Plans

Health Plan	Home Page	Social Media Presence (If Applicable)
Absolute Total Care	http://www.absolutetotalcare.com/	
Bridgeway Health Solutions	http://bridgewayhs.com	
Bridgeway Health Solutions - Medicare	http://medicare.bridgewayhs.com	
Buckeye Community Health Plan	http://www.bchpohio.com/	Twitter: http://twitter.com/#!/Buckeye_Health
CeltiCare Health Plan	http://www.celticarehealthplan.com/	Twitter: http://twitter.com/#!/CeltiCare
IlliniCare	http://www.illinicare.com/	
Magnolia Health Plan	http://www.magnoliahealthplan.com/	Twitter: https://twitter.com/#!/magnolia_health
Managed Health Services (Indiana)	http://www.mhsindiana.com/	Twitter: http://twitter.com/#!/mhsindiana/ Facebook: http://www.facebook.com/pages/MHS-Indiana/135710303163011
Managed Health Services (Wisconsin)	http://www.mhswi.com/	Twitter: http://twitter.com/#!/MHS_Wisconsin/ Facebook: http://www.facebook.com/pages/Managed-Health-Services-MHS-Wisconsin/271308863351?ref=ts
Managed Health Services – Medicare (Wisconsin)	http://medicare.mhswi.com/	
NovaSys Health	http://www.novasyshealth.com/	
Peach State Health Plan	http://www.pshpgeorgia.com/	
Peach State Health Plan - Medicare	http://medicare.pshpgeorgia.com/	
Sunshine State Health Plan	http://www.sunshinestatehealth.com/	
Superior HealthPlan	http://www.superiorhealthplan.com/	

LHC Affiliated Specialty Companies

Specialty Company	Home Page	Social Media Presence (If Applicable)
ABA Schools	http://www.abaschools.com/	
Celtic Insurance Company	http://www.celtic-net.com/	Twitter: http://twitter.com/#!/celtichealthins Facebook: http://www.facebook.com/pages/Celtic-Insurance/151968323192
Cenpatico Behavioral Health	http://www.cenpatico.com/	Twitter: http://twitter.com/#!/cenpatico Facebook: http://www.facebook.com/ads/manage/campaigns.php?act=10150173354518994
Nurse Response/NurseWise	http://www.nurseresponse.com/	
Nurtur	http://www.nurturhealth.com/	Twitter: http://twitter.com/#!/nurturhealth Youtube: http://www.youtube.com/nurturhealth Online Newsletter: http://www.nurturhealth.com/journey/
Opticare	http://www.opticare.com/	Facebook: http://www.facebook.com/pages/OptiCare-Managed-Vision/118550331521482
ScriptAssist	http://www.cencorphealthsolutions.com/companies/scriptassist/	
US Script	http://www.usscript.com/	

Centene Programs

Specialty Program	Home Page	Social Media Presence (If Applicable)
Start Smart for Your Baby	http://www.startsmartforyourbaby.com/	
Start Smart for your Health	http://www.startsmartforyourhealth.com/	

LPC&A FQHCs – Parent Company Joint Venture Partner

FQHC	Home Page	Social Media Presence (If Applicable)
Baton Rouge Primary Care Collaborative	No Website	
Capitol City Family Health Center	http://www.ccfhc.org/	
Daughters of Charity Services of New Orleans	http://www.dcsno.org/	
David Raines Community Health Centers	http://www.davidraineschc.org/	

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FQHC	Home Page	Social Media Presence (If Applicable)
EXCELth, Inc.	http://www.excelth.com/index.php	
Iberia Comprehensive Community Health Center	http://www.icchc.org/	
Innis Community Health Center	No Website	
Jefferson Community Health Care Centers	http://www.jchhealthcare.org/	
Morehouse Community Medical Centers	http://www.mcmcinc.org/	
Outpatient Medical Center in Natchitoches	http://www.outpatientmedical.org/	
Primary Care Providers for a Healthy Feliciana	http://www.rkmcare.org/	
Primary Health Services Center	No Website	Facebook: http://www.facebook.com/group.php?gid=102695724582
Rapides Primary Health Care Center	No Website	
Southeast Community Health Systems	http://www.southeastcommunityhealthsystems.org/	
Southwest Louisiana Primary Health Care	http://www.swlphc.com/	
SWLA Center for Health Services	http://www.swlahealth.org/	
Teche Action Clinic	http://www.techeactionboard.org/	
The Medical Center	No Website	
Winn Community Health Center	http://www.winnchc.org/	

Question B.29
Louisiana Certificate of Authority

B.29 Provide evidence that the Proposer has applied to Louisiana Department of Insurance for a certificate of authority (COA) to establish and operate a prepaid entity as defined in RS 22:1016 and in accordance with rules and regulations as defined by the Department of Health and Hospitals.

Louisiana Healthcare Connections, Inc. (LHC) was approved to operate as a Health Maintenance Organization in the State of Louisiana on September 10, 2010. Please see ***Attachment B.29 Louisiana Healthcare Connections Certificate of Authority*** for a copy of the certificate and certification letter.

Question B.30

Documentation of Financial Responsibility and Stability

B.30 Provide the following as documentation of financial responsibility and stability:

- a current written bank reference, in the form of a letter, indicating that the Proposer's business relationship with the financial institution is in positive standing;

See ***Attachment B.30-A.: Current Written Bank Reference of Positive Standing.***

- two current written, positive credit references, in the form of a letters, from vendors with which the Proposer has done business or, documentation of a positive credit rating determined by a accredited credit bureau within the last 6 months;

See ***Attachment B.30-B.: Credit Reference from Cenveo & Attachment B.30-C.: Credit Reference from HMS.***

- a copy of a valid certificate of insurance indicating liability insurance in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate; and

See ***Attachment B.30-D: Certificate of Liability Insurance.***

- a letter of commitment from a financial institution (signed by an authorized agent of the financial institution and detailing the Proposer's name) for a general line of credit in the amount of five-hundred thousand dollars (\$500,000.00).

See ***Attachment B.30-E: Letter of Commitment for General Line of Credit.***

Question B.31

Documentation of Financial Strength and Resources

B.31 Provide the following as documentation of the Proposer's sufficient financial strength and resources to provide the scope of services as required:

- The two most recent independently audited financial statements and associated enrollment figures from the Proposer. Compiled or reviewed financial statements will not be accepted. The audited financial statements must be:
 - Prepared with all monetary amounts detailed in U.S. currency;
 - Prepared under U.S. generally accepted accounting principles; and
 - Audited under U.S. generally accepted auditing standards. The audited financial statements must include the auditor's opinion letter, financial statements, and the notes to the financial statements.

Centene is the parent company of Louisiana Healthcare Connections (LHC) and will be the entity guaranteeing performance of LHC, therefore we are providing audited financial statements from Centene Corporation. Please see *Attachment B.31-A: 2010 10-K for Centene Corporation*, which includes the requested audited financial statements for both 2009 and 2010.

- The Proposer's four (4) most recent internally prepared unaudited quarterly financial statements (and Year-to-Date), with preparation dates indicated. The statements must include documentation disclosing the amount of cash flows from operating activities. This documentation must indicate whether the cash flows are positive or negative, and if the cash flows are negative for the quarters, the documentation must include a detailed explanation of the factors contributing to the negative cash flows.

Louisiana Healthcare Connections Quarterly Financial Statements

- See *Attachment B.31-B: Quarterly Financial Statements for LHC*

Centene Corporation Quarterly Financial Statements

- See *Attachment B.31-C: Q1 2011 Centene 10-Q*, for period ending March 31, 2011
- See *Attachment B.31-D: Q3 2010 Centene 10-Q*, for period ending September 30, 2010
- See *Attachment B.31-E: Q2 2010 Centene 10-Q*, for period ending June 30, 2010
- See *Attachment B.31-F: Q1 2010 Centene 10-Q*, for period ending March 31, 2010

Louisiana Partnership for Choice and Access (LPC&A) Quarterly Financial Statements

- See *Attachment B.31-G: Q1 2011 LPC&A Financial Statement*, for period ending March 31, 2011
- See *Attachment B.31-H: Q4 2010 LPC&A Financial Statement*, for period ending December 31, 2010
- See *Attachment B.31-I: Q3 2010 LPC&A Financial Statement*, for period ending September 30, 2010
- See *Attachment B.31-J: Q2 2010 LPC&A Financial Statement*, for period ending June 30, 2010

- Verification of any contributions made to the Proposer to improve its financial position after its most recent audit (e.g., copies of bank statements and deposit slips), if applicable

This is inapplicable to LHC, our parent company Centene Corporation, and our parent company's joint venture partner LPC&A.