

## SECTION E: QUALIFICATIONS AND EXPERIENCE

### E.1 Publicly-Funded Managed Care Contracts for Medicaid, CHIP, and Other Low-Income Individuals

*E.1 Provide a listing of, 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 (including your parent organization, affiliates, and subsidiaries); or*

*If your organization has not had any publicly-funded managed care contracts for Medicaid/CHIP 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.*

*The listing of contracts should be provided in a table format. For each contract identified, provide each of the following items as a column in the table: 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.*

#### Louisiana Experience

Amerigroup Louisiana (Amerigroup) brings a combination of strong and experienced local leadership and national best practices to every member we serve. Our knowledge of Louisiana, where we currently serve approximately 127,000 members through the Louisiana Bayou Health program, has provided us with valuable insight into the health challenges that our members and providers face. Over the past two years, Amerigroup has proven that we are nimbly responsive to the needs of Medicaid enrollees and DHH during times of transition.

Together with DHH, we successfully completed the Bayou Health implementation in 2012, and we have demonstrated our capabilities to meet DHH goals and objectives throughout the duration of this contract. For example, in September 2013, we became the *first* MCO in Louisiana to be awarded New Health Plan Accreditation status from the NCQA.



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## **Publicly-Funded Managed Care Contracts in Other States**

In addition to our local Louisiana presence, our strong national infrastructure offers additional support and stability. We are backed by our parent company, WellPoint, Inc., (WellPoint) whose subsidiary health plans, including Amerigroup, serve approximately 4.3 million members in Medicaid and other state-sponsored programs across 19 states, as depicted in the map below. Together with its subsidiary health plans, WellPoint is the leading national company focused on meeting the health care needs of Medicaid members. Our organizational experience serving these programs spans more than 23 years.

Specific information about each of Amerigroup's affiliates' publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five years is provided in Table E.1-2. The information is listed by state, in alphabetical order.



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## E.2 Current Louisiana Medicaid/CHIP Managed Care Contracts

***E.2 Identify whether your organization currently has a Louisiana Medicaid/CHIP managed care contract.***

Amerigroup was founded with the sole purpose of administering managed care programs for underserved populations in Louisiana. ***We have been successfully providing services to Medicaid and CHIP participants in the Bayou Health program under a managed care contract with the Department of Health and Hospitals (DHH) since 2012 under the Prepaid Coordinated Care Network program model executed in 2011.*** As a current managed care organization (MCO) in Louisiana, Amerigroup has been providing a vast majority of the physical health services and administration functions required by this Request for Proposal (RFP) for more than two years. We have established a well-respected and caring presence in Louisiana and currently serve approximately 127,000 members. Amerigroup strives to provide the most appropriate services at the right time, in the right amount, for the appropriate duration, and in the best location for our Bayou Health members.

In addition, Amerigroup's parent organization, WellPoint, Inc., (WellPoint) and its subsidiary health plan organizations have more than 23 years of experience providing physical and behavioral health care services and benefits administration in state-sponsored programs across the country. Amerigroup's dedication and comprehensive experience in Louisiana uniquely positions us to understand, implement, and successfully perform the medically necessary integrated services and benefits administration described in the RFP. We recognize the important role we play as a responsible steward of State and federal funds. We have built a solid reputation and maintained our high level of commitment and performance to Bayou Health members. ***We are the right choice for Louisiana in this next evolution of the Bayou Health program.***

## E.3 Incidents of Non-Compliance with Contract Terms

*E.3 For any of your organization's contracts listed in response to E.1, has the other contracting party notified the Proposer that it has found your organization to be non-compliant with the terms of your contract? If yes: (1) provide a description of the events concerning the non-compliance, 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 in this response.*

Amerigroup and our affiliate health plans with publicly funded managed care contracts have received notices of non-compliance from the state Medicaid agencies with which we contract. Based on the clarification DHH provided in the response to Question 123 in Addendum #8, Questions & Answers to Replace Addendum #5, our response addresses notices of non-compliance received by Amerigroup and our affiliate health plans with publicly funded contracts referenced in our response to Section E.1.

### Amerigroup Incidents of Non-Compliance

As a partner to DHH since 2011, Amerigroup fully understands the requirements and obligations of our Contract and the operational commitment necessary to meet them. Compliance is an essential part of our culture, and we work continuously to meet DHH's expectations, requirements, and standards.

Throughout the course of our Bayou Health contract, **Amerigroup has never been issued a monetary sanction.** However, Amerigroup has received three notices of non-compliance from DHH since beginning operations on February 1, 2012. In each of these three situations, DHH imposed a corrective action plan (CAP). The details of the issue and the CAP are detailed in Table E.3-1. Amerigroup completed each CAP, and performance in these areas has continued to meet DHH requirements.

Amerigroup believes that regulatory actions support a meaningful dialogue with DHH and help strengthen the Bayou Health Program through efficiency of administration and oversight. We continue to educate employees, develop policies and procedures, implement monitoring and audit mechanisms, and enforce strict guidelines to comply with all DHH program requirements. Our commitment to compliance is evident throughout our organization. When we learn of any deficiency, whether identified by DHH, our providers, or internally, we investigate the root cause of the problem and develop an action plan to prevent a recurrence.

Transparency via open communication and dialogue across our health plan and with DHH is at the core of our ability to meet the expectations of DHH, our providers, and our members.

**Amerigroup has never been issued a monetary sanction in Louisiana.** 🌸

*Table E.3-1. Amerigroup has Received Three Notices of Non-Compliance from DHH*

Description	CAP Completion Status, Steps, and Timeframes	Sanction Imposed	Subject of Litigation
<p><b>February 26, 2013</b> — In Q3 2012, Amerigroup did not meet prompt payment standards for emergency medical transportation and an inpatient hospital. In Q4 2012, Amerigroup did not meet prompt payment standards for home health and professional claims. The events were not due to factors beyond our control.</p>	<p><b>CAP completed on 4/8/2013.</b></p> <p>Emergency medical transportation and inpatient hospital claims</p> <ul style="list-style-type: none"> <li>Developed weekly report to monitor performance and quickly identify and address issues — completed 3/18/2013</li> <li>Communicated with internal business leads to reinforce standards and emphasize the need to manage aged claims — completed 2/26/2013</li> </ul> <p>Professional claims</p> <ul style="list-style-type: none"> <li>Reviewed data to identify problem. Found a calculation error, and actual performance was 100% — completed 2/28/2013</li> <li>Re-communicated the required data elements for completion of the template to vendor — completed 3/1/2013</li> <li>Submitted corrected Q4 Prompt Payment report — completed 3/4/2013</li> </ul> <p>Home health claims</p> <ul style="list-style-type: none"> <li>Notified vendor, and vendor took immediate steps to hire and train additional staff and improve management process — completed 3/1/2013</li> <li>Developed monthly report to proactively monitor performance and quickly identify and address issues — completed 3/15/2013</li> </ul>	No	No
<p><b>January 14, 2013</b> — DHH identified deficiencies between encounters claims volumes and the Cash Disbursement Journal. The result was an encounters acceptance rate that was too low and did not meet contract requirements. The event was not due to factors beyond our control.</p>	<p><b>CAP completed on 5/28/2013</b></p> <ul style="list-style-type: none"> <li>Reviewed Myers &amp; Stauffer (M&amp;S) report against our internal monitoring and reconciliation data — completed 1/16/2013</li> <li>Worked with M&amp;S to understand reconciliation data requirements and process — completed 2/27/2013</li> <li>Reviewed data files Molina provided to M&amp;S — completed 2/22/2013</li> <li>After understanding how supplemental file data were being used against Molina data, provided a revised file to M&amp;S — completed 2/27/2013</li> <li>Reviewed May M&amp;S report to confirm that new supplemental file encounters are no longer dropped from the reconciliation process — completed 5/17/2013</li> </ul>	No	No



Description	CAP Completion Status, Steps, and Timeframes	Sanction Imposed	Subject of Litigation
<p><b>July 11, 2012</b> — A DHH audit revealed that Amerigroup failed to meet concurrent review turnaround time for one of 10 concurrent review cases and that our systems were not able to track turnaround times for service authorization. Amerigroup disclosed its awareness of the system limitation to DHH in March 2012 and indicated use of a 20-percent random sampling method to prepare the report until systems changes were implemented. The event was not due to factors beyond our control.</p>	<p><b>CAP completed on 7/31/2013</b></p> <p>Training</p> <ul style="list-style-type: none"> <li>• Re-educated staff on turnaround time metrics — completed 8/17/2012</li> <li>• Hired and trained newly allocated staff — completed 9/21/2012</li> <li>• Educated staff on improved processes — completed 9/1/2012</li> <li>• Educated staff on entering delivery notifications — completed 9/30/2012</li> </ul> <p>Restructure</p> <ul style="list-style-type: none"> <li>• Realigned staff between regions — completed 8/17/2012</li> <li>• Designated staff to streamline notification of normal delivery process — completed 8/13/2012</li> <li>• Developed/implemented new processes to capture fields in computer software — completed 9/1/2012</li> </ul> <p>Report Development</p> <ul style="list-style-type: none"> <li>• Developed an automated turnaround report with drill down on outliers — completed 10/15/2012</li> </ul> <p>Quality Monitoring</p> <ul style="list-style-type: none"> <li>• Implemented monthly validation of results and attestation prior to report submission — completed 10/15/2012</li> <li>• Implemented weekly audits for inpatient utilization staff to measure adherence to performance standards — completed 8/17/2012</li> <li>• Reported outcomes of audits in weekly team meeting to collaborate on resolution of outliers — completed 8/22/2012</li> </ul>	<p>No</p>	<p>No</p>

## Amerigroup's Investment in Compliance

*Amerigroup has one of the most proactive regulatory compliance programs in the industry.* Founded in the principles of the U.S. Department of Justice's (USDOJ) Seven Fundamental Elements of an Effective Compliance Program, we maintain a robust system of processes and controls to prevent, identify, and mitigate potential risks. Our commitment to compliance and establishing a culture that encourages our employees to embrace this commitment is reflected in one of our company's core values: **Trustworthy**. At Amerigroup, we believe that being **trustworthy** and fostering open communication and dialogue across our health plan and with DHH are at the core of our ability to meet the expectations and goals of DHH, our providers, and our members.



In support of our commitment to being **trustworthy**, our Louisiana health plan invests in dedicated compliance resources that maintain a singular focus on education, monitoring and oversight, and risk identification and mitigation. Our Louisiana compliance resources are supported by national compliance resources that provide oversight, guidance, and the sharing of best practices across all affiliate health plans. The components of our Louisiana compliance program and national support resources are outlined below, using the USDOJ framework.

### Trustworthy

- We do the right thing.
- We keep our commitments.
- We are transparent in words and deeds. 

## 1. Implementing written policies, procedures, and standards of conduct.

**Policies and Procedures.** Amerigroup maintains a robust library of policies and procedures that address our regulatory, contractual, and other program obligations and requirements. Policies are developed by functional managers throughout the organization, in consultation with our dedicated Contract Compliance Coordinator and the Louisiana Plan Compliance Officer. These policies play a major role in guiding health plan activities and operations. We monitor and review policies and procedures regularly and publish them on an internal SharePoint site accessible to all employees.

**Standards of Ethical Business Conduct (Code).** All Amerigroup employees must acknowledge and agree to comply with the Code as a condition of employment. The Code is applicable to Amerigroup and all of its affiliates and is designed to help employees understand and comply with our legal, regulatory, and contractual responsibilities and act in a way that supports our national principles.

## 2. Designating a compliance officer and compliance committee

**Louisiana Plan Compliance Officer.** Amerigroup maintains a full-time, dedicated Plan Compliance Officer. This individual partners with our health plan leadership to provide more extensive and focused engagement across the Louisiana health plan on issues, including compliance education and training, risk identification and mitigation, and the development and oversight of corrective actions. The Plan Compliance Officer provides Amerigroup with executive-level compliance oversight and management and works collaboratively across all functional areas to infuse compliance into everything we do.

**Louisiana Contract Compliance Coordinator.** We maintain a dedicated Contract Compliance Coordinator for the Bayou Health program. This individual serves as our primary liaison with DHH for day-to-day contract management and oversight issues, manages the submission of all required regulatory reporting, and is our internal subject matter expert and resource regarding Amerigroup's contractual and regulatory obligations under the Bayou Health program.

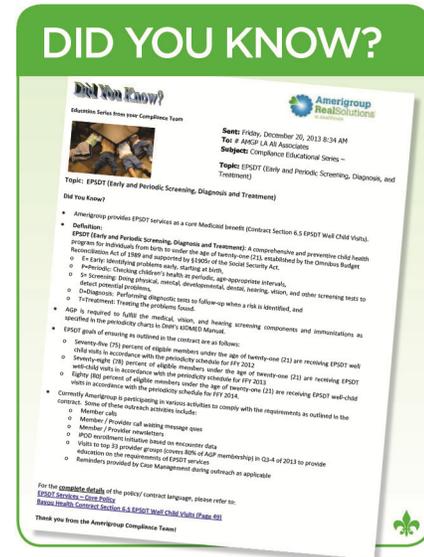
**Louisiana Medicaid Health Plan Compliance Committee.** Chaired by our Plan Compliance Officer, our local Louisiana Medicaid Compliance Committee is comprised of our executive-level leadership, including our Administrator/CEO, Sonya Nelson; COO, Jeffrey Jones; and Medical Director/Chief Medical Officer, Dr. Marcus Wallace. Additional members include the Contract Compliance Coordinator and a management representative from our Government Relations, Medical Management, Quality Management, Provider Relations, Operations, Marketing, and Finance departments. The Compliance Committee meets monthly and provides a forum for health plan leadership to review and discuss emerging issues and upcoming activities, assess potential compliance risks, and provide input into mitigation activities and corrective action plans. The Compliance Committee receives and reviews reporting about compliance monitoring activities and provides necessary oversight for our Louisiana Compliance Program.

### 3. Conducting effective training and education

**Extensive Compliance Training.** All employees within the WellPoint family of companies receive mandatory compliance training, including two hours of initial compliance training and annual required compliance training, which incorporate education on the requirements of any current agreements or corrective action; fraud, abuse, and waste; HIPAA; and other aspects of the compliance program (including the Code and policies and procedures). Additionally, Louisiana health plan employees must participate in annual Medicaid-specific compliance training. We track and monitor completion of all required training through our online learning systems.

**Ongoing Education and Awareness.** We conduct additional education and awareness activities throughout the year to reinforce the role that all Louisiana health plan employees play in compliance. Our “Did You Know?” program, shown in Figure E.3-1, delivers information directly to employees’ e-mail and is posted to our internal intranet site and in break rooms and copy rooms. Our Plan Compliance Officer participates in our regular Town Hall meetings to provide ongoing education on compliance and contractual requirements, often by using scenarios and a “Jeopardy-like” question and answer format to gain interactive participation. Additionally, we participated in the “Ethics and Compliance Week” celebration held in June 2014 and sponsored by our national Medicaid Compliance Department. Activities and information highlighted how employee commitment to compliance supports our overall success.

Figure E.3-1. “Did You Know?” Updates Deliver Compliance Education



### 4. Conducting internal monitoring and auditing

**Louisiana Medicaid Compliance Program and Work Plan.** Our Plan Compliance Officer develops and maintains a Louisiana Medicaid Compliance Program and Work Plan. The Compliance Committee reviews and approves the Work Plan each year and receives regular progress updates. The core functions of the Work Plan track the seven elements of an effective compliance program: written standards, structured compliance program, training and education, auditing and monitoring, reporting and investigation, enforcement and discipline, and response and prevention.

**National Medicaid Compliance Officer.** As part of WellPoint’s National Medicaid Division, Amerigroup has access to the resources of our national Medicaid Compliance Officer and the Medicaid Compliance Program Services department. Collectively, this team manages and assures the ongoing operation and effectiveness of national Medicaid Compliance Program initiatives, including compliance program effectiveness reviews, standardized risk identification, prioritization and mitigation framework, and providing overall direction and guidance through the sharing of best practices to local Medicaid health plan compliance officers and committees.

**Partnership with Internal Audit.** Our compliance resources partner with our national Internal Audit department to ensure that master audit plans include key compliance issues and risks for detailed review, evaluation, monitoring, and corrective action as needed.

## 5. Reporting and investigating

**Speaking Up.** In our Louisiana health plan and nationally across our affiliate companies, we work to establish a culture of compliance that encourages employees to “speak up” to identify any potential compliance concerns or issues through multiple reporting avenues. We maintain a strict and highly publicized policy of non-retaliation for any employee who proactively comes forward to identify potential compliance risks and/or concerns.

**Confidential Compliance Hotline.** Our national compliance hotline supports confidential (and anonymous as requested) and secure reporting of potential violations. All hotline reports are investigated and results reported to the National Medicaid Compliance Officer.

## 6. Enforcing standards through well-publicized disciplinary guidelines

**National Ethics and Compliance Office.** The national Ethics and Compliance Office administers and advises employees on the Standards of Ethical Business Conduct (described previously), serves as an independent resource to receive and investigate allegations of employee misconduct, provides employees with training on ethics and compliance issues, and provides high-level oversight of compliance programs across the WellPoint enterprise.

## 7. Responding promptly to detected offenses and undertaking corrective action

**Corrective Action.** When we learn of any deficiency, whether identified by the State, a provider, or internally, our Plan Compliance Officer, in collaboration with other internal stakeholders and business owners, investigates the root cause of the problem and develops an action plan to prevent a recurrence.

Taken together, these components represent a comprehensive and proactive approach to program monitoring and enforcement that helps promote full compliance with all State and federal requirements, provides the fullest protection of our members’ rights, and fully supports the goals and objectives of DHH’s mission in providing high-quality health care services at a reasonable and predictable cost.

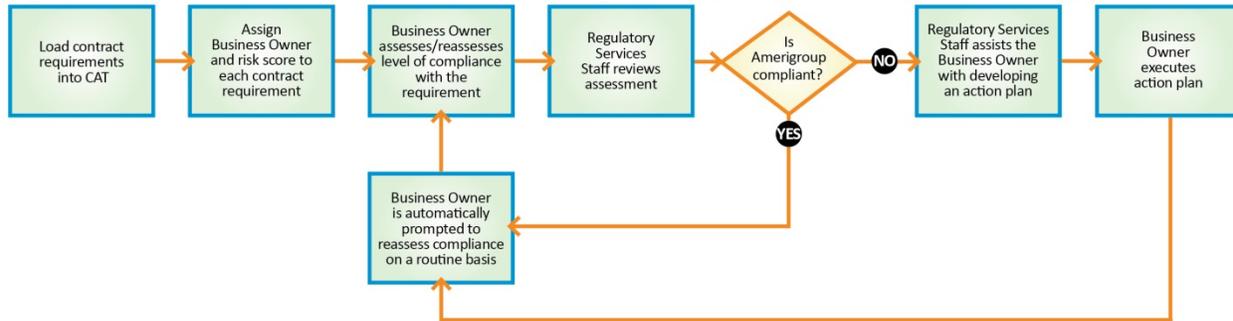
## Compliance Assessment Tool and Compliance 360

Amerigroup is committed to maintaining high performance and compliance with the State’s expectations and requirements under our current contract and the new Bayou Health contract.

To augment our compliance program and activities, Amerigroup maintains a systematic approach to assessing, tracking, and reporting compliance with our contractual obligations. Our Compliance Assessment Tool (CAT) is collaboratively managed by our Contract Compliance Coordinator and Plan Compliance Officer to capture each contractual requirement under our Bayou Health program. As shown in Figure E.3-2, we load each contract requirement into CAT and assign each one a senior-level business

owner who is responsible for the functional area(s) associated with the requirement. Business owners must periodically, but at least annually (as determined by the Contract Compliance Coordinator and Plan Compliance Officer), assess Amerigroup’s compliance with their assigned contractual requirements. CAT currently contains 516 Louisiana contract requirements and 52 unique business owners.

*Figure E.3-2. We use CAT to Assess, Track, and Report Compliance with Contractual Obligations*



CAT subsequently automates and tracks communications related to the business owner’s compliance assessments and the Plan Compliance Officer’s review of those assessments. CAT generates automatic prompts for business owners to respond within specific timeframes. CAT also calculates an assessment score as a combination of compliance and monitoring—the higher the score, the greater the risk. The Plan Compliance Officer receives notification of all responses with a non-compliant status for follow-up and resolution. The CAT process helps us identify any contractual compliance gaps and provides a system of documenting and tracking action plans that addresses such gaps so that we continue to meet the requirements and expectations of DHH.

### Compliance 360

Amerigroup uses the Compliance 360 application as a way to comply with new or revised regulatory requirements. Whenever there is a new or revised regulatory or contractual requirement, such as a health plan advisory or informational bulletin issued by DHH, our Contract Compliance Coordinator creates an alert and disseminates it to all affected employees and stakeholders who serve as “assessors.” Assessors must evaluate alerts to determine whether their unit is affected by the regulatory content. If the alert content affects the assessor’s unit, the assessor must list planned tasks to comply and document the completion of such tasks. Our Plan Compliance Officer monitors timely assessments and task completion. Assistance from a dedicated project management team within the national Medicaid Compliance Program Services department is available for medium- to large-scope Compliance 360 alerts, such as large, cross-functional Contract amendments.

### Amerigroup’s Medicaid Affiliates

Amerigroup has operational affiliates, as listed in our response to Section E.1, delivering services to Medicaid, CHIP, and other state-sponsored program enrollees across the country. In the regular course of business, these affiliates have received notices, sanctions, and other regulatory actions related to the numerous requirements of any public program contract. None of these affiliates will be providing services under the Bayou Health Contract. A list of incidents where one of these Medicaid affiliates was notified of non-compliance with contract terms is presented in Appendix E.3-1, Medicaid Affiliates—Non-Compliance with Contract Terms. In each of these incidents, the deficiency was not due to factors beyond our affiliate’s control.

## E.4 Contracts Terminated or Not Renewed within Past Five (5) Years

*E.4 Identify whether your organization has had any contract listed in response to E.1 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; and If the contract was terminated/non-renewed, based on your organization’s performance, describe any 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 in this response.*

Amerigroup, our parent organization WellPoint, and its affiliates and subsidiaries have never had a state-sponsored contract involuntarily terminated or not renewed for reasons related to performance. There have been a few instances in the past five years in which our affiliates have responded to reprocurement opportunities and have not been awarded a new contract through the process, as depicted in Table E.4-1.

Table E.4-1. Affiliates Not Awarded a New Contract from a Reprocurement Opportunity.

Affiliate	Type	Reason	Contact
Blue Cross of California Partnership Plan	Reprocurement Non-renewal	2012 – State restructuring of service contracts and areas; continue to have a strong relationship with the state and currently hold several contracts throughout the state	Toby Douglas, Director, California DHCS P.O. Box 997413, MS 4400 Sacramento, CA 95899-7413 Phone: 916-440-7400 E-mail: Toby.Douglas@DHCS.ca.gov
AMERIGROUP Community Care of New Mexico, Inc.	Reprocurement Non-renewal	2013 – State consolidated its Medicaid managed care programs into a single contract for all populations	Jackie Gonzales Medical Assistance Division - HSD Ark Plaza 2025 S. Pacheco St. Santa Fe, NM 87505 Phone: 505-476-7262 E-mail: JackieC.Gonzales@state.nm.us
AMERIGROUP Ohio, Inc.	Reprocurement Non-renewal	2013 – State restructuring of service contracts and areas; reduction of contracts from 8 to 5	Dale Lehmann Chief of Managed Care Contracting 50 West Town Street, Suite 400, Columbus, Ohio 43215 Phone: 614.752.4778 Dale.Lehmann@medicaid.ohio.gov

## E.5 Evidence of Current NCQA Accreditation

***E.5 Provide evidence of current accreditation by national entity – either URAC or NCQA for at least one state product line listed in response to E.1.***

***If you have national accreditation, have you ever had your accreditation status (e.g., NCQA) 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 in this response.***

Delivering high-quality services to Bayou Health members is our first priority, and the pursuit of accreditation represents a significant investment of resources. Amerigroup began serving members in Louisiana in 2012. Throughout implementation and on-going operations, we have instituted Quality Management programs and activities to comply with both NCQA standards and industry best practices.

**In September 2013, Amerigroup was the first Bayou Health MCO to be awarded New Health Plan Accreditation status from the NCQA.** 

After starting operations in February 2012, we applied for NCQA New Health Plan Accreditation review and in September 2013, ***we became the first Bayou Health MCO in Louisiana to be awarded New Health Plan Accreditation status from the NCQA.*** A copy of the accreditation certificate is located in Attachment E.5-1, NCQA Accreditation Certificate. This accreditation will remain in effect for three years, until September 11, 2016. The health plan is scheduled for its next renewal survey in June 2016. This achievement is a result of our commitment to continuously deliver quality services to

our members. The NCQA accreditation represents a significant investment of our resources, both nationally and at the plan level. Amerigroup’s parent organization, WellPoint, Inc., (WellPoint) has a national quality program goal of NCQA accreditation for all of our health plans. Our affiliate state-sponsored health program plans in California, Georgia, Indiana, Maryland, New Jersey, New York, Tennessee, Texas, Virginia, and West Virginia are fully accredited NCQA Health Plans. Our affiliate in Nevada is NCQA-accredited under the New Health Plan (NHP) Accreditation Program.

### NCQA Disease Management Accreditation

Additionally, ***Amerigroup uses our National Medicaid Division’s Disease Management programs, which are accredited by NCQA.*** The programs were initially accredited in 2006 and then re-accredited in 2009 and 2012. The patient- and practitioner-oriented accreditation is designed, as noted by NCQA, “to highlight only those programs that truly improve chronic care.” Many of our accredited Disease Management programs help our members self-manage their chronic conditions and complex needs. In 2012, this Disease Management (DM) program was awarded a three-year NCQA renewal accreditation at the highest level possible, Disease Management Accreditation with Performance Reporting. NCQA awards the status of Accredited with Performance Reporting to organizations that meet or exceed its standards for DM accreditation and report results for a specified number of DM Performance Measures. The program is scheduled for its next renewal survey in June 2015. The specific chronic conditions covered in the accreditation are detailed below:

- Asthma
- Chronic heart failure
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Diabetes
- HIV/AIDS
- Depression
- Schizophrenia

## Accreditation Status Adjustments

Amerigroup, WellPoint, and our affiliate health plans operating the state-sponsored programs listed in Section E.1 have never had an accreditation suspended or revoked. NCQA annually rescores each plan’s accreditation status based on the most recent Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) and Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) scores. Table E.5-1 lists the Amerigroup affiliate health plans operating state-sponsored programs listed in Section E.1 that have had their NCQA accreditation status adjusted down due to changes in HEDIS/CAHPS scores.

*Table E.5-1. Health Plans with an Accreditation Status Adjusted Down*

State	Health Plan	Product Line	Accreditation Change
Tennessee	AMGP Georgia Managed Care Company, Inc.	Georgia Medicaid	Adjustment from Excellent to Commendable over a one-year period
Georgia	AMERIGROUP Tennessee, Inc.	Tennessee Medicaid	Adjustment from Excellent to Commendable over a one-year period
Virginia	HealthKeepers, Inc.	Virginia Medicaid	Adjustment from Excellent to Commendable over a one-year period

## E.6 External Quality Review Report

***E.6 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 E.1 of this section that had the largest number of enrollees as of January 1, 2014. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization as a result of this review.***

### **EQRO Report for Amerigroup Texas, Inc. (Amerigroup Texas)**

Amerigroup's affiliate, Amerigroup Texas, Inc., (Amerigroup Texas) holds a contract with the Texas Human Health and Services Commission for the State's Medicaid managed care program across Texas Service Areas—as identified in E.1 of this section. This Amerigroup Texas Medicaid contract had the largest number enrollees, as of January 1, 2014, across Amerigroup and its affiliate health plans operating Medicaid contracts. ***We have included the Texas Medicaid Managed Care and Children's Health Insurance Program External Quality Review Organization (EQRO) Summary of Activities and Trends in Healthcare Quality for Contract Year 2012 as Attachment E.6-1 Texas EQRO Report.*** We have also included the Texas Medicaid Managed Care and Children's Health Insurance Program (CHIP) Quality Assessment and Performance Improvement Program MCO Evaluation Summary as Attachment E.6-2 Texas QAPI MCO Evaluation Summary. No corrective action plans were requested of Amerigroup Texas as a result of this review.

### **Amerigroup Texas' Quality Program**

Amerigroup Texas has met Texas' reporting requirements and has welcomed the feedback and information received from both the EQRO and the State. To support value-based purchasing and pay-for-performance, Amerigroup Texas has established statewide workgroups to review and analyze data, discuss root causes of identified issues and barriers to improvement, and to brainstorm and monitor implementation of improvement activities. These cross functional workgroups, started in 2013, will be enhanced in 2014 to include provider incentives, member incentives, data mining opportunities, well-child and adolescent care, obstetrics care, and diabetes.

Additionally, Amerigroup Texas was successful in moving the needle on several HEDIS accreditation measures along NCQA percentiles. In 2013, Amerigroup Texas improved in comparison to 2012's percentiles on 10 measures: Antidepressant Medication Management (Acute and Continuation); HbA1c Testing; Childhood Immunizations, Combo 4; DRE; Adult BMI; Weight Assessment, Counseling for Nutrition and Counseling for Physical Activity (all three measures); and Well-Child Visits 3-6 Years.

## E.7 Regulatory Actions by Federal or State Regulatory Entity

***E.7 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 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 in your response to this question.***

Amerigroup and our affiliate health plans with publicly funded managed care contracts have been subject to regulatory actions imposed by a state Medicaid agency over the last five years, as disclosed in our response to Section E.3.

Based on the clarification provided by DHH to Question 13 in Addendum #13, Questions and Answers, Set 1 of 2, in this response we list regulatory actions or sanctions imposed by an entity other than the state Medicaid agency. Based on the clarification DHH provided in the response to Question 123 in Addendum #8, Questions & Answers to Replace Addendum #5, our response addresses notices of non-compliance received by Amerigroup and our affiliate health plans with publicly funded contracts referenced in our response to Section E.1.

### Amerigroup Regulatory Actions or Sanctions

Amerigroup has had no regulatory actions or sanctions imposed by an entity other than DHH.

### Amerigroup's Medicaid Affiliates

Two of our Medicaid affiliates have received regulatory actions or sanctions imposed by the state department of insurance. Each regulatory action and any corrective action requested are described in Attachment E.7-1, Medicaid Affiliates — Regulatory Actions.

## E.8 Criminal or Civil Investigation

*E.8 State whether or not 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 C.1 of this part. 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.*

Amerigroup affirms that it is not currently, and has never been, the subject of a criminal or civil investigation by a state or federal agency, other than investigations described in C.1.

## E.9 Client References

***E.9 Submit three (3) client references for your organization for major contracts; with at least one reference for a major contract you have had with a state Medicaid agency.***

***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 QQ. 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 QQ (for your organization or for subcontractors, adding the following customized information:***

- *Your/Subcontractor's name;*
- *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 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.***

***Each completed questionnaire should include:***

- *Proposing Organization/Subcontractor's name;*
- *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.***

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

Amerigroup has provided three required client reference questionnaires, as Attachment E.9-1 Client References. The states of Georgia, Kansas, and Tennessee have contracted with Amerigroup affiliate organizations to provide similar services as this contract within the last five years. The references, completed on the Proposal Reference Questionnaire (Appendix QQ) are being submitted in individually

sealed envelopes. These client references showcase Amerigroup affiliates' performance under publicly-funded managed care contracts similar in scope to this contract.

## Georgia

AMGP Georgia Managed Care Company, Inc., (Amerigroup Georgia) has been providing managed care services for Georgia Medicaid members, including TANF and CHIP populations, since 2006. As an original Care Management Organization in the State, Amerigroup Georgia has become a trusted partner, as evidenced by the 2013 selection to provide managed care services to 27,000 additional members under the Georgia Families 360<sup>o</sup><sub>sm</sub> program for children, adolescents, and young adults enrolled in the State's foster care, adoption assistance, and juvenile justice programs. Amerigroup Georgia implemented the new program on March 3, 2014.

## Kansas

Amerigroup Kansas, Inc., (Amerigroup Kansas) began serving TANF, CHIP, and ABD members through Kansas' new Medicaid managed care program, KanCare, on January 1, 2013. In 2014, managed care services were expanded to include individuals with intellectual and developmental disabilities. Amerigroup Kansas serves approximately 125,000 Medicaid recipients, and coordinates physical and behavioral health services, as well as long-term care and home- and community-based services through its fully integrated delivery model.

## Tennessee

Amerigroup Tennessee, Inc., (Amerigroup Tennessee) has been providing managed care services to Tennessee's Medicaid (TennCare) members, including TANF and ABD populations, in the Middle Grand Region since 2007. In January 2015, Amerigroup Tennessee will begin serving TennCare members statewide. In addition to building a strong foundation in the Middle Grand Region—evidenced by an award-winning Quality Program and HEDIS ranking—Amerigroup Tennessee has a proven track record of timely, successful, and seamless implementations of new programs, such as CHOICES, Money Follows the Person, and Duals Coordination. For example, in March 2010, Amerigroup Tennessee successfully implemented CHOICES, transitioning 3,902 elderly individuals and adults with physical disabilities living in the community or in nursing facilities to managed care. In 2011, Amerigroup Tennessee received the overall CHOICES implementation award from TennCare, citing the high quality of our processes, policies, procedures, knowledgeable approach, and implementation readiness.