

COPY

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

Amendment #: 1

CFMS #: 708106

DOA #: 305-200571

DHH #: 057751

(Regional/ Program/
Facility) Medical Vendor Administration
Bureau of Health Services Financing
AND
Amerigroup Louisiana, Inc
Contractor Name

Original Contract Amt 925792432
Original Contract Begin Date 02-01-2012
Original Contract End Date 01-31-2015

AMENDMENT PROVISIONS

Change Contract From: _____ Maximum Amount: 925792432

Change To: _____ Maximum Amount: 925792432

See Addendum to Actuarial Certification of Bayou Health Capitation Rates for Periods Ending December 31, 2012 - Appendix G of Exhibit E

Justification:

Revising the PMPM rates to adjust for the inclusion of state licensing tax mandate by the Department of insurance (premium tax) and additional services to the Medicaid program.

This Amendment Becomes Effective: 02-01-2012

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

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

CONTRACTOR

Amerigroup Louisiana, Inc

CONTRACTOR SIGNATURE C. Brian Shipp DATE 4.10.12
PRINT NAME C. Brian Shipp
CONTRACTOR TITLE President and Chief Executive Officer

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
Secretary, Department of Health and Hospital or Designee

SIGNATURE Jerry Phillips DATE 5/11/12
NAME Jerry Phillips
TITLE Undersecretary, DHH
OFFICE

PROGRAM SIGNATURE _____ DATE _____
NAME _____

APPROVED
Office of the Governor
Office of Contractual Review

JUN 29 2012

Andrea S. Giller
DIRECTOR

Bayou Health – Prepaid Contract Amendment Attachment A-1

		Change From:	Change To:	Justification:
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	N/A	(NEW) 7.6.8 Within thirty (30) days after implementation of the Bayou Health Program in each GSA and monthly thereafter, the CCN shall provide on or before the first of each month the PCP with a report (electronic or hard copy) of all members linked to their practice.	Provide information to network providers.
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	7.7.8.3 All pregnant members should choose a pediatrician, or other appropriate PCP, for the care of their newborn baby before the beginning of the last trimester of gestation. In the event that the pregnant member does not select a pediatrician, or other appropriate PCP, the CCN shall assign one. If the CCN was not aware that the member was pregnant until she presented for delivery, the CCN shall assign a pediatrician or a PCP to the newborn baby within one (1) business day after birth	7.7.8.3 The CCN shall assist all pregnant members in choosing a pediatrician, or other appropriate PCP, for the care of their newborn babies before the beginning of the last trimester of gestation. In the event that the pregnant member does not select a pediatrician, or other appropriate PCP, the CCN shall provide the member with a minimum of fourteen (14) calendar days after birth to select a PCP prior to assigning one. The CCN shall cover all newborn care rendered by contracted network providers within the first month of life regardless if rendered by the designated PCP or another network provider.	Provide members more flexibility in choosing a PCP for their child.
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	11.10.4. Newborn Enrollment 11.10.4.1. The CCN shall contact members who are expectant mothers sixty (60) calendar days prior to the expected date of delivery to encourage the mother to choose a CCN and a PCP for her newborn. 11.10.4.2. The CCN shall be responsible for assuring that hospital subcontractors report the	11.10.4 Newborn Enrollment 11.10.4.1 The CCN shall contact members who are expectant mothers sixty (60) calendar days prior to the expected date of delivery to encourage the mothers to choose a PCP for their newborns. In the event that the pregnant member does not select a PCP, the CCN shall provide the member with a minimum of fourteen	Provide clarification.

Bayou Health – Prepaid Contract Amendment Attachment A-1

		Change From:	Change To:	Justification:
		<p>births of newborns within twenty-four (24) hours of birth for enrolled members using DHH’s web-based Request for Newborn Manual system. (See Appendix S). If the mother has made a CCN and/or PCP selection, this information shall be reported. If no selection is made, the newborn will be automatically enrolled in the mother’s CCN. Enrollment of newborns shall be retroactive to the date of the birth.</p>	<p>(14) days after birth to select a PCP prior to assigning one. The CCN shall cover all newborn care rendered by contracted network providers within the first month of life regardless if provided by the designated PCP or another network provider.</p> <p>11.10.4.2 The CCN shall be responsible for assuring that hospital subcontractors report the births of newborns within twenty-four (24) hours of birth for enrolled members using DHH’s web-based Request for Newborn Manual system. (See Appendix S) If the member makes a network PCP selection during the hospital stay and one was not already identified, this information shall be reported to the plan. If no selection is made, the CCN shall provide the member with a minimum of fourteen (14) days after birth to select a network PCP prior to assigning one. Enrollment of newborns shall be retroactive to the date of the birth.</p>	
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	N/A	<p>(New)</p> <p>11.11.1.4 If the member does not make a selection of a network PCP for a newborn within fourteen (14) calendar days of birth. The effective date of a PCP selection or assignment of a newborn will be no later than the first month of enrollment subsequent to the</p>	Provide clarification.

Bayou Health – Prepaid Contract Amendment Attachment A-1

		Change From:	Change To:	Justification:
			birth of the child.	
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	12.1.1 Marketing, for purposes of this RFP, is defined in 42 CFR §438.104 (a) as any communication from a CCN to a Medicaid eligible who is not enrolled in that CCN that can reasonably be interpreted to influence the recipient to 1) enroll in that particular CCN's Medicaid product, or 2) either not enroll in, or disenroll from, another CCN's Medicaid product.	12.1.1 Activities involving distribution and completion of a CCN enrollment form during the course of enrollment activities is an enrollment function and is the primary responsibility of DHH's Enrollment Broker or DHH's designee.	Provide clarification.
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	12.3.14 Making reference to any health-related rewards offered by the plan (such as monetary rewards for participation in smoking cessation) in pre-enrollment marketing materials;	12.3.14 REMOVED	
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	12.6.3.1 DHH will review the submitted marketing and member education events and activities and either approve or deny within thirty (30) calendar days from the date of submission.	12.6.3.1. DHH will review the submitted marketing and member education events and activities and either approve or deny within seven (7) business days from the date of submission.	Provide clarification.
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	12.6.3.2 DHH will review the submitted community/ health education events and activities and either approve or deny within seven (7) calendar days from the date of submission.	12.6.3.2. DHH will review the submitted community/health education events and activities and either approve or deny within seven (7) business days from the date of submission.	Reducing Department's timeframe to review.
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P-	12.6.3.4 Marketing and member education events and activities, except for those included in the original CCN marketing and member education plan, are deemed approved if a	12.6.3.4 Marketing and member education events and activities, except for those included in the original CCN marketing and member education plan, are deemed approved if a	Reducing Department's timeframe to review.

Bayou Health – Prepaid Contract Amendment Attachment A-1

		Change From:	Change To:	Justification:
	MVA	response from DHH is not returned within thirty (30) calendar days following notice of event to DHH.	response from DHH is not returned within seven (7) business days following notice of event to DHH.	
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	12.6.3.5 Community/health education events and activities except for those included in the original CCN marketing and member education plan, are deemed approved if a response from DHH is not returned within seven (7) calendar days following notice of event to DHH.	12.6.3.5 Community/health education events and activities except for those included in the original CCN marketing and member education plan, are deemed approved if a response from DHH is not returned within seven (7) business days following notice of event to DHH.	Reducing Department's timeframe to review.
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	N/A	<p>(NEW)</p> <p>20.6.3 In order to ensure that members have access to a broad range of health care providers, and to limit the potential for disenrollment due to lack of access to providers or services, the CCN shall not have a contract arrangement with any service provider in which the provider represents or agrees that it will not contract with another CCN or in which the CCN represents or agrees that it will not contract with another provider. The CCN shall not advertise or otherwise hold itself out as having an exclusive relationship with any service provider.</p> <p>If DHH determines the CCN or its subcontractors has steered potential members to join the CCN, DHH may impose the following sanctions:</p> <p>a. The member(s) shall be disenrolled from</p>	Ensure compliance with federal law.

Bayou Health – Prepaid Contract Amendment Attachment A-1

		Change From:	Change To:	Justification:
			<p>the CCN at the earliest effective date allowed;</p> <p>b. PMPMs for the months(s) the member(s) was enrolled in the CCN will be recouped;</p> <p>c. The CCN shall be assessed an additional \$5,000 monetary sanction per member; and</p> <p>d. The CCN shall submit a letter to each member notifying the member of their imposed sanction and of their right to choose another CCN.</p> <p>20.6.4 If DHH determines the CCN has violated any of the marketing and/or outreach activities outlined in the Contract, the CCN may be subject to remedial sanctions specified in Section 20.7 and/or a monetary sanction of up to \$10,000 per violation/incident. The amount and type of sanctions shall be at the sole discretion of DHH.</p>	
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	23.43. Release of Records - The CCN shall release medical records of members as may be authorized by the member, as may be directed by authorized personnel of DHH, appropriate agencies of the state of Louisiana, or the United States Government. Release of medical records shall be consistent with the provisions of confidentiality as expressed in this Contract. The ownership and procedure for release of medical records shall be controlled by the Louisiana revised statutes, including but not	23.43. Release of Records - The CCN shall release medical records upon request by members or authorized representative, as may be directed by authorized personnel of DHH, appropriate agencies of the State of Louisiana, or the United States Government and subject to reasonable charges. Release of medical records shall be consistent with the provisions of confidentiality as expressed in this Contract. The ownership and procedure for release of medical records shall be controlled by the Louisiana revised	Ensure compliance with state law.

Bayou Health – Prepaid Contract Amendment Attachment A-1

		Change From:	Change To:	Justification:
		limited to, La.R.S. 40:1299.96, La.R.S. 13:3734, and La.C.Ev. Art. 510; and the 45 CFR, Parts 160 and 164 (HIPAA Privacy Rule).	statutes, including but not limited to, La.R.S. 40:1299.96, La.R.S. 13:3734, and La.C.Ev. Art. 510; and the 45 CFR Parts 160 and 164 (HIPAA Privacy Rule) The Health Plan shall not charge DHH/BHSF or their designated agent for any copies requested.	
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA Appendix G	Appendix G – Mercer Certification, Rate Development Methodology and Rates	Appendix G – Mercer Certification, Rate Development Methodology and Rates – Add to Appendix G – Addendum dated 1/25/2012.	Ensure compliance with and federal law.

Appendix G of Exhibit E

Nicholas J. Simmons, FIA, FSA, MAAA



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nick.simmons@mercer.com
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Ms Ruth Kennedy
Deputy Director of Medicaid
Louisiana Department of Health and Hospitals
628 North 4th Street
Baton Rouge, LA 70821

January 25, 2012

Subject: Addendum to Actuarial Certification of BAYOU HEALTH Capitation Rates for Periods Ending December 31, 2012

Dear Ruth:

This is an addendum to my June 15, 2011 letter providing our actuarial certification of capitation rates for State of Louisiana's BAYOU HEALTH Program - Prepaid Model. At the time of my June 15, 2011 letter, the program was referred to as Louisiana Coordinated Care Networks – Prepaid Program. The name of the program has since been changed to BAYOU HEALTH and the Prepaid Program is now known as the Prepaid Model.

This addendum is to reflect:

- Several minor modifications to benefit provisions, including coverage of fluoride varnishes for children and disease management fees for diabetes education; and
- Guidance from The Louisiana Department of Insurance to the effect that Prepaid Model Plans would be subject to a broad-based tax on their premiums at the rate of 2.25%.

Apart from these changes, all substantive plan provisions remain the same and all significant actuarial assumptions and methods are unchanged from those set out in the June 15, 2011 letter. This addendum should be read in conjunction with our June 15, 2011 certification and all of the opinions and caveats expressed therein remain in effect except to the extent they are specifically amended herein.

The revised capitation rates attached to this addendum replace the "Final rates (Net of GME)" from Attachment A to the June 15, 2011 letter.

Mercer certifies that the rates attached to this addendum were developed in accordance with generally accepted actuarial practices and principles and are appropriate for the Medicaid covered populations and services under the managed care contract. The undersigned actuary is a member of the American Academy of Actuaries and meets its qualification standards to certify to the actuarial soundness of Medicaid managed care capitation rates.



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January 25, 2012
Ms Ruth Kennedy
Louisiana Department of Health and Hospitals

Rates and ranges developed by Mercer are actuarial projections of future contingent events. Actual CCN costs will differ from these projections. Mercer has developed these rates on behalf of DHH to demonstrate compliance with the CMS requirements under 42 CFR 438.6(c) and in accordance with applicable law and regulations. Use of these rate ranges for any purpose beyond that stated may not be appropriate.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nicholas J. Simmons', written in a cursive style.

Nicholas J. Simmons, FIA, FSA, MAAA

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Attachment A – Rate Summary

			2/1/2012-12/31/2012
			Prepaid Final Rates w/ Tax (Net of GME)
Region Description	COA Description	RC Description	PMPM or Cost/Delivery
New Orleans	SSI	0-2 Months, Male and Female	\$ 13,638.40
New Orleans	SSI	3-11 Months, Male and Female	\$ 2,948.60
New Orleans	SSI	1-5 Years, Male and Female	\$ 547.33
New Orleans	SSI	6-13 Years, Male and Female	\$ 162.62
New Orleans	SSI	14-18 Years, Male and Female	\$ 167.29
New Orleans	SSI	19-44 Years, Male and Female	\$ 400.73
New Orleans	SSI	45+ Years, Male and Female	\$ 635.23
New Orleans	Family and Children	0-2 Months, Male and Female	\$ 948.53
New Orleans	Family and Children	3-11 Months, Male and Female	\$ 165.12
New Orleans	Family and Children	1-5 Years, Male and Female	\$ 71.51
New Orleans	Family and Children	6-13 Years, Male and Female	\$ 45.07
New Orleans	Family and Children	14-18 Years, Female	\$ 72.16
New Orleans	Family and Children	14-18 Years, Male	\$ 52.84
New Orleans	Family and Children	19-44 Years, Female	\$ 153.80
New Orleans	Family and Children	19-44 Years, Male	\$ 175.89
New Orleans	Family and Children	45+ Years, Female	\$ 270.93
New Orleans	Family and Children	45+ Years, Male	\$ 305.01
New Orleans	Foster Care Children	Foster Care, All Ages Male & Female	\$ 112.82
New Orleans	Breast and Cervical Cancer	BCC, All Ages Female	\$ 1,691.42
New Orleans	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 6,488.02
Mandeville	SSI	0-2 Months, Male and Female	\$ 13,638.40
Mandeville	SSI	3-11 Months, Male and Female	\$ 2,948.60
Mandeville	SSI	1-5 Years, Male and Female	\$ 547.33
Mandeville	SSI	6-13 Years, Male and Female	\$ 162.62
Mandeville	SSI	14-18 Years, Male and Female	\$ 167.29
Mandeville	SSI	19-44 Years, Male and Female	\$ 392.19
Mandeville	SSI	45+ Years, Male and Female	\$ 654.94
Mandeville	Family and Children	0-2 Months, Male and Female	\$ 940.86
Mandeville	Family and Children	3-11 Months, Male and Female	\$ 189.69
Mandeville	Family and Children	1-5 Years, Male and Female	\$ 89.17
Mandeville	Family and Children	6-13 Years, Male and Female	\$ 61.62
Mandeville	Family and Children	14-18 Years, Female	\$ 96.64
Mandeville	Family and Children	14-18 Years, Male	\$ 68.47
Mandeville	Family and Children	19-44 Years, Female	\$ 197.80
Mandeville	Family and Children	19-44 Years, Male	\$ 175.89
Mandeville	Family and Children	45+ Years, Female	\$ 270.93
Mandeville	Family and Children	45+ Years, Male	\$ 305.01
Mandeville	Foster Care Children	Foster Care, All Ages Male & Female	\$ 112.82
Mandeville	Breast and Cervical Cancer	BCC, All Ages Female	\$ 1,691.42
Mandeville	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 4,929.48

Services provided by Mercer Health & Benefits LLC.

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**MARSH & MCLENNAN
COMPANIES**

Attachment A – Rate Summary

			4/1/2012-12/31/2012
			Prepaid Final Rates w/ Tax (Net of GME)
Region Description	COA Description	RC Description	PMPM or Cost/Delivery
Baton Rouge	SSI	0-2 Months, Male and Female	\$ 13,665.14
Baton Rouge	SSI	3-11 Months, Male and Female	\$ 2,955.87
Baton Rouge	SSI	1-5 Years, Male and Female	\$ 549.28
Baton Rouge	SSI	6-13 Years, Male and Female	\$ 163.26
Baton Rouge	SSI	14-18 Years, Male and Female	\$ 167.97
Baton Rouge	SSI	19-44 Years, Male and Female	\$ 437.08
Baton Rouge	SSI	45+ Years, Male and Female	\$ 621.71
Baton Rouge	Family and Children	0-2 Months, Male and Female	\$ 1,056.88
Baton Rouge	Family and Children	3-11 Months, Male and Female	\$ 182.38
Baton Rouge	Family and Children	1-5 Years, Male and Female	\$ 71.74
Baton Rouge	Family and Children	6-13 Years, Male and Female	\$ 45.43
Baton Rouge	Family and Children	14-18 Years, Female	\$ 76.85
Baton Rouge	Family and Children	14-18 Years, Male	\$ 53.84
Baton Rouge	Family and Children	19-44 Years, Female	\$ 161.15
Baton Rouge	Family and Children	19-44 Years, Male	\$ 176.60
Baton Rouge	Family and Children	45+ Years, Female	\$ 271.98
Baton Rouge	Family and Children	45+ Years, Male	\$ 306.12
Baton Rouge	Foster Care Children	Foster Care, All Ages Male & Female	\$ 113.28
Baton Rouge	Breast and Cervical Cancer	BCC, All Ages Female	\$ 1,703.05
Baton Rouge	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 5,152.56
Thibodaux	SSI	0-2 Months, Male and Female	\$ 13,665.14
Thibodaux	SSI	3-11 Months, Male and Female	\$ 2,955.87
Thibodaux	SSI	1-5 Years, Male and Female	\$ 549.28
Thibodaux	SSI	6-13 Years, Male and Female	\$ 163.26
Thibodaux	SSI	14-18 Years, Male and Female	\$ 167.97
Thibodaux	SSI	19-44 Years, Male and Female	\$ 337.15
Thibodaux	SSI	45+ Years, Male and Female	\$ 610.33
Thibodaux	Family and Children	0-2 Months, Male and Female	\$ 884.49
Thibodaux	Family and Children	3-11 Months, Male and Female	\$ 186.10
Thibodaux	Family and Children	1-5 Years, Male and Female	\$ 86.97
Thibodaux	Family and Children	6-13 Years, Male and Female	\$ 58.32
Thibodaux	Family and Children	14-18 Years, Female	\$ 105.69
Thibodaux	Family and Children	14-18 Years, Male	\$ 70.08
Thibodaux	Family and Children	19-44 Years, Female	\$ 202.30
Thibodaux	Family and Children	19-44 Years, Male	\$ 176.60
Thibodaux	Family and Children	45+ Years, Female	\$ 271.98
Thibodaux	Family and Children	45+ Years, Male	\$ 306.12
Thibodaux	Foster Care Children	Foster Care, All Ages Male & Female	\$ 113.28
Thibodaux	Breast and Cervical Cancer	BCC, All Ages Female	\$ 1,703.05
Thibodaux	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 5,046.32

Services provided by Mercer Health & Benefits LLC.

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**MARSH & MCLENNAN
COMPANIES**

Attachment A – Rate Summary

			4/1/2012-12/31/2012
			Prepaid Final Rates w/ Tax (Net of GME)
Region Description	COA Description	RC Description	PMPM or Cost/Delivery
LaFayette	SSI	0-2 Months, Male and Female	\$ 13,665.14
LaFayette	SSI	3-11 Months, Male and Female	\$ 2,955.87
LaFayette	SSI	1-5 Years, Male and Female	\$ 549.28
LaFayette	SSI	6-13 Years, Male and Female	\$ 163.26
LaFayette	SSI	14-18 Years, Male and Female	\$ 167.97
LaFayette	SSI	19-44 Years, Male and Female	\$ 370.35
LaFayette	SSI	45+ Years, Male and Female	\$ 557.47
LaFayette	Family and Children	0-2 Months, Male and Female	\$ 1,000.20
LaFayette	Family and Children	3-11 Months, Male and Female	\$ 195.71
LaFayette	Family and Children	1-5 Years, Male and Female	\$ 80.27
LaFayette	Family and Children	6-13 Years, Male and Female	\$ 52.88
LaFayette	Family and Children	14-18 Years, Female	\$ 85.72
LaFayette	Family and Children	14-18 Years, Male	\$ 58.93
LaFayette	Family and Children	19-44 Years, Female	\$ 172.45
LaFayette	Family and Children	19-44 Years, Male	\$ 176.60
LaFayette	Family and Children	45+ Years, Female	\$ 271.98
LaFayette	Family and Children	45+ Years, Male	\$ 306.12
LaFayette	Foster Care Children	Foster Care, All Ages Male & Female	\$ 113.28
LaFayette	Breast and Cervical Cancer	BCC, All Ages Female	\$ 1,703.05
LaFayette	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 4,495.11

Attachment A – Rate Summary

			6/1/2012-12/31/2012
			Prepaid Final Rates w/ Tax (Net of GME)
Region Description	COA Description	RC Description	PMPM or Cost/Delivery
Lake Charles	SSI	0-2 Months, Male and Female	\$ 13,691.96
Lake Charles	SSI	3-11 Months, Male and Female	\$ 2,963.18
Lake Charles	SSI	1-5 Years, Male and Female	\$ 551.23
Lake Charles	SSI	6-13 Years, Male and Female	\$ 163.90
Lake Charles	SSI	14-18 Years, Male and Female	\$ 168.66
Lake Charles	SSI	19-44 Years, Male and Female	\$ 360.26
Lake Charles	SSI	45+ Years, Male and Female	\$ 610.79
Lake Charles	Family and Children	0-2 Months, Male and Female	\$ 890.76
Lake Charles	Family and Children	3-11 Months, Male and Female	\$ 199.51
Lake Charles	Family and Children	1-5 Years, Male and Female	\$ 87.58
Lake Charles	Family and Children	6-13 Years, Male and Female	\$ 60.41
Lake Charles	Family and Children	14-18 Years, Female	\$ 97.77
Lake Charles	Family and Children	14-18 Years, Male	\$ 65.76
Lake Charles	Family and Children	19-44 Years, Female	\$ 204.32
Lake Charles	Family and Children	19-44 Years, Male	\$ 177.30
Lake Charles	Family and Children	45+ Years, Female	\$ 273.05
Lake Charles	Family and Children	45+ Years, Male	\$ 307.25
Lake Charles	Foster Care Children	Foster Care, All Ages Male & Female	\$ 113.75
Lake Charles	Breast and Cervical Cancer	BCC, All Ages Female	\$ 1,714.78
Lake Charles	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 4,650.71
Alexandria	SSI	0-2 Months, Male and Female	\$ 13,691.96
Alexandria	SSI	3-11 Months, Male and Female	\$ 2,963.18
Alexandria	SSI	1-5 Years, Male and Female	\$ 551.23
Alexandria	SSI	6-13 Years, Male and Female	\$ 163.90
Alexandria	SSI	14-18 Years, Male and Female	\$ 168.66
Alexandria	SSI	19-44 Years, Male and Female	\$ 321.10
Alexandria	SSI	45+ Years, Male and Female	\$ 581.69
Alexandria	Family and Children	0-2 Months, Male and Female	\$ 1,263.18
Alexandria	Family and Children	3-11 Months, Male and Female	\$ 208.42
Alexandria	Family and Children	1-5 Years, Male and Female	\$ 98.15
Alexandria	Family and Children	6-13 Years, Male and Female	\$ 61.99
Alexandria	Family and Children	14-18 Years, Female	\$ 101.95
Alexandria	Family and Children	14-18 Years, Male	\$ 69.29
Alexandria	Family and Children	19-44 Years, Female	\$ 192.78
Alexandria	Family and Children	19-44 Years, Male	\$ 177.30
Alexandria	Family and Children	45+ Years, Female	\$ 273.05
Alexandria	Family and Children	45+ Years, Male	\$ 307.25
Alexandria	Foster Care Children	Foster Care, All Ages Male & Female	\$ 113.75
Alexandria	Breast and Cervical Cancer	BCC, All Ages Female	\$ 1,714.78
Alexandria	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 4,758.21

Services provided by Mercer Health & Benefits LLC.

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**MARSH & MCLENNAN
COMPANIES**

Attachment A – Rate Summary

			6/1/2012-12/31/2012
			Prepaid Final Rates w/ Tax (Net of GME)
Region Description	COA Description	RC Description	PMPM or Cost/Delivery
Shreveport	SSI	0-2 Months, Male and Female	\$ 13,691.96
Shreveport	SSI	3-11 Months, Male and Female	\$ 2,963.18
Shreveport	SSI	1-5 Years, Male and Female	\$ 551.23
Shreveport	SSI	6-13 Years, Male and Female	\$ 163.90
Shreveport	SSI	14-18 Years, Male and Female	\$ 168.66
Shreveport	SSI	19-44 Years, Male and Female	\$ 385.34
Shreveport	SSI	45+ Years, Male and Female	\$ 585.83
Shreveport	Family and Children	0-2 Months, Male and Female	\$ 1,109.26
Shreveport	Family and Children	3-11 Months, Male and Female	\$ 196.08
Shreveport	Family and Children	1-5 Years, Male and Female	\$ 83.75
Shreveport	Family and Children	6-13 Years, Male and Female	\$ 49.33
Shreveport	Family and Children	14-18 Years, Female	\$ 92.59
Shreveport	Family and Children	14-18 Years, Male	\$ 55.58
Shreveport	Family and Children	19-44 Years, Female	\$ 187.08
Shreveport	Family and Children	19-44 Years, Male	\$ 177.30
Shreveport	Family and Children	45+ Years, Female	\$ 273.05
Shreveport	Family and Children	45+ Years, Male	\$ 307.25
Shreveport	Foster Care Children	Foster Care, All Ages Male & Female	\$ 113.75
Shreveport	Breast and Cervical Cancer	BCC, All Ages Female	\$ 1,714.78
Shreveport	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 5,122.81
Monroe	SSI	0-2 Months, Male and Female	\$ 13,691.96
Monroe	SSI	3-11 Months, Male and Female	\$ 2,963.18
Monroe	SSI	1-5 Years, Male and Female	\$ 551.23
Monroe	SSI	6-13 Years, Male and Female	\$ 163.90
Monroe	SSI	14-18 Years, Male and Female	\$ 168.66
Monroe	SSI	19-44 Years, Male and Female	\$ 336.82
Monroe	SSI	45+ Years, Male and Female	\$ 607.64
Monroe	Family and Children	0-2 Months, Male and Female	\$ 1,296.17
Monroe	Family and Children	3-11 Months, Male and Female	\$ 223.47
Monroe	Family and Children	1-5 Years, Male and Female	\$ 95.91
Monroe	Family and Children	6-13 Years, Male and Female	\$ 58.94
Monroe	Family and Children	14-18 Years, Female	\$ 100.75
Monroe	Family and Children	14-18 Years, Male	\$ 68.73
Monroe	Family and Children	19-44 Years, Female	\$ 175.09
Monroe	Family and Children	19-44 Years, Male	\$ 177.30
Monroe	Family and Children	45+ Years, Female	\$ 273.05
Monroe	Family and Children	45+ Years, Male	\$ 307.25
Monroe	Foster Care Children	Foster Care, All Ages Male & Female	\$ 113.75
Monroe	Breast and Cervical Cancer	BCC, All Ages Female	\$ 1,714.78
Monroe	Maternity Kickpayment	Maternity Kickpayment, All Ages	\$ 5,287.82

Services provided by Mercer Health & Benefits LLC.

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