

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

ORIGINAL

Amendment #: 2

CFMS #: 708339

DOA #: 305-200574

DHH #: 057770

MVA _____
(Regional/ Program/ Facility) Medical Vendor Administration

Original Contract Amt \$11,888,545.00

AND

Original Contract Begin Date 11-01-2011

MAXIMUS Health Services, Inc.
Contractor Name

Original Contract End Date 10-31-2014

AMENDMENT PROVISIONS

Change Contract From: _____ Maximum Amount: \$12,503,919.00

CF-1 Block 11 Termination Date 10/31/2014
CF-1 Block 13 Maximum Contract Amount \$12,503,919 FY12 \$3,407,809, FY13 \$4,361,976, FY14 \$3,558,603, FY15 \$1,175,531
Statement of Work - see changes attached

Change To: _____ Maximum Amount: \$19,385,285.00

CF-1 Block 11 Termination Date 10/31/2016
CF-1 Block 13 Maximum Contract Amount \$19,385,285 FY12 \$3,407,809, FY13 \$4,361,976, FY14 \$3,558,603, FY15 \$3,500,519, FY16 \$3,425,856, SFY17 \$1,130,522
Statement of Work - see changes attached

Justification:

Contractor provides support services to facilitate enrollment and disenrollment of citizens in a Bayou Health Plan. This includes choice counseling, facilitating proactive choice by new enrollees, and conducting annual open enrollment activities, as well as maintaining a member call center and website. MAXIMUS also distributes Bayou Health plan materials to members. DHH is satisfied with the performance of MAXIMUS and seeks to extend the contract through 10/31/2016 to avoid disruption to the enrollment and disenrollment processes. The references to work for the GNOCHC program have also been removed as GNOCHC enrollees are excluded from Bayou Health. JLCB approval obtained 11/22/13.

This Amendment Becomes Effective: 10-31-2014

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

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

CONTRACTOR

MAXIMUS Health Services, Inc.

[Signature] _____
CONTRACTOR SIGNATURE DATE 5/25/14

PRINT NAME Adam Polatnick

CONTRACTOR TITLE Vice President, Contracts

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

Secretary, Department of Health and Hospital or Designee

[Signature] _____
SIGNATURE DATE 6-3-14

NAME W. Jeff Reynolds

TITLE Undersecretary

OFFICE Bureau of Health Services Financing

APPROVED
Office of the Governor
Office of Contractual Review

AUG - 4 2014

[Signature]
DIRECTOR

PROGRAM SIGNATURE _____ DATE _____

NAME

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

Amendment #: 1
 CFMS #: 708339
 DOA #: 305-200574
 DHH #: 057770
 Original Contract Amt: \$11,888,545.00
 Original Contract Begin Date: 11-01-2011
 Original Contract End Date: 10-31-2014

(Regional/ Program/ Facility) Medical Vendor Administration
AND
MAXIMUS Health Services, Inc.
Contractor Name

AMENDMENT PROVISIONS

Change Contract From: Maximum Amount: \$11,888,545.00

CF-1 Block 11 Termination Date 10/31/2014
CF-1 Block 13 Maximum Contract Amount \$11,888,545 FY12 \$3,407,809, FY13 \$4,361,976, FY14 \$3,171,891, FY15 \$946,869
CF-1 Block 14 - see attached addendum
Statement of Work - see changes attached

Change To: Maximum Amount: \$18,214,975.00

CF-1 Block 11 Termination Date 10/31/2016
CF-1 Block 13 Maximum Contract Amount \$18,214,975 FY12 \$3,407,809, FY13 \$4,361,976, FY14 \$3,171,891, FY15 \$3,071,932, FY16 \$3,155,796, SFY17 \$1,045,572
CF-1 Block 14 - see attached addendum
Statement of Work - see changes attached

Justification:

MAXIMUS Health Services, Inc. provides support services to facilitate enrollment and disenrollment of citizens in a Bayou Health Plan. This includes providing choice counseling, facilitating proactive choice by new enrollees, and conducting annual open enrollment activities, as well as maintaining a member call center and website. MAXIMUS also distributes Bayou Health Plan materials to members. DHH is satisfied with the performance of MAXIMUS and seeks extend the contract through 10/31/2016 to avoid disruption to the enrollment and disenrollment process for enrollees. The references to work for the GNOCHC program have also been removed as GNOCHC enrollees are excluded from Bayou Health.

This Amendment Becomes Effective: 01-01-2014

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

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

CONTRACTOR

MAXIMUS Health Services, Inc.

**STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS**

Secretary, Department of Health and Hospital or Designee

CONTRACTOR SIGNATURE	DATE
<u>Adam Pocatnock</u>	
CONTRACTOR TITLE	
<u>Vice President, Contracts</u>	

SIGNATURE	DATE
<u>Jerry Phillips</u>	
TITLE	
<u>Undersecretary</u>	
OFFICE	
<u>Bureau of Health Services Financing</u>	

Approved by Jt. Legislative Comm. on the Budget
Date: 11-22-13

PROGRAM SIGNATURE	DATE
NAME	

Statement of Work

MAXIMUS Health Services, Inc

Goal/Purpose

To provide support services and further the general welfare of Louisiana Medicaid eligible citizens through choice counseling, enrollment, and disenrollment into Medicaid's Coordinated Care Network (CCN) Program and the ~~Greater New Orleans Community Health Connection (GNOCHC) Patient Centered Medical Home (PCMH) Program~~, consistent with federal Medicaid and state requirements.

Deliverables

The Contractor shall provide all deliverables required in the Request for Proposals issued April 29, 2011 (which includes subsequent written responses to written comments and all Addendums) within the specified timeframes. The Contractor shall provide deliverables included in the Contractor's Technical Proposal received on June 17, 2011, by the dates specified in the proposal.

DHH accepts the schedule for deliverables and recommended timeframes as provided in the "Work Plan" included in the Contractor's Technical Proposal. With the prior written approval of DHH, the time frames may be adjusted based on the implementation status and revisions to timelines for other DHH CCN-related contracts.

The major deliverables include, but are not limited, to the following:

1. Enrollment of Medicaid Recipients into Managed Care

The Contractor shall be prepared to assist all Louisiana Medicaid and CHIP mandatory and voluntary managed care enrollees in initially enrolling into a Medicaid managed care program no later than November 1, 2011.

The Contractor will inform all Medicaid and CHIP potential enrollees of managed care options available in their geographic service area (GSA). The Contractor shall ensure that, before enrolling, the potential enrollee has information he or she needs to make an informed decision. This information shall be provided in an objective, non-biased fashion that neither favors nor discriminates against any managed care provider.

The Contractor shall provide and mail an enrollment packet to all new CCN eligibles within the timeframes specified in the RFP. The enrollment packet will include a flyer or brochure, which will be provided to the Contractor by each CCN in the Geographic Service Area (GSA), a Welcome Letter, a detailed comparison sheet outlining the unique features of each CCN in the GSA, an Enrollment Form, and a business reply envelope

The Contractor shall generate a Confirmation Letter indicating the name of the CCN to which enrollees are assigned within two (2) business days of receipt of the 834 file if it includes a CCN indicator, or the date of receipt of pro-active selection, or the date of automatic assignment, whichever is applicable. During the transition of existing members to CCNs, the letter shall be mailed within five (5) business days. After the transition of existing members is complete the letter shall be mailed within two (2) business days.

The Contractor shall offer multilingual enrollment materials and materials in alternative format such as large print, and/or Braille when requested.

The Contractor shall offer multiple approaches to CCN enrollment. The Contractor must support the following methods of enrollment:

- a) Enrollment by mail with inclusion of postage paid return envelope;
- b) Web based enrollment;
- c) Telephone enrollment via a toll-free number;

- d) Face-to-face enrollment assistance, if such assistance is specifically requested by the potential enrollee or enrollee; and
- e) Smart phone or tablet device capabilities (may be limited number of applications).

The Contractor shall accept eligibility files identifying CCN eligibles from the Medicaid Fiscal Intermediary and generate a mail file for mailing of the Enrollment Packet (see above) within two (2) business days of receiving the eligibility file. The Welcome Letter must clearly state the deadline to enroll. If the enrollment file contains the name of a preferred CCN, or the enrollee contacts the Contractor and chooses a CCN prior to receipt of the Enrollment File, mailing the Welcome Packet is not required.

The Contractor shall identify Enrollment Forms received from potential CCN enrollees that cannot be processed due to incomplete information or illegible information the same day forms are received or no later than the next business day, and generate a mail file for mailing of the Missing Information (MI) letter. The Contractor shall first attempt to contact the potential enrollee by phone to obtain missing information and if the Contractor is unable to reach the potential enrollee by phone, missing enrollment information shall be requested by mail.

The Contractor shall request verification of federal tribe affiliation for any member who requests to opt out from the CCN Program on the basis of Native American or Alaskan Native status.

2. Promoting Pro-active Choice of CCN

The Contractor shall implement operational procedures and provide written materials to all Medicaid and CHIP CCN enrollees that are designed to encourage potential enrollees to proactively select a CCN, rather than be automatically assigned, to achieve a pro-active choice percentage of 51% or greater.

The Contractor shall, beginning January 2012 and quarterly thereafter, survey 20% of **new** CCN eligibles who failed to choose a managed care entity to determine the reason a pro-active selection was not made and submit a report to DHH including the name of enrollee, Medicaid ID #, effective date of CCN enrollment and reason given for not pro-actively selecting a CCN.

3. Systems

The Contractor shall provide the systems necessary to successfully exchange files with the Medicaid Fiscal Intermediary Contractor and CCNs, including but not limited to membership files and network provider listings.

The Contractor shall provide the computer and networking equipment required to exchange data as specified by the Medicaid Fiscal Intermediary and approved by DHH.

See Section §9 of the Request for Proposals for the comprehensive list of system related deliverables.

4. Enrollee Call Center

The Contractor shall establish a "user friendly" toll-free telephone line for Members, Potential Members and their caregivers that is staffed at a level sufficient to answer ninety-five percent (95%) of calls received from 8:00 a.m. – 5:00 p.m (Central Standard Time) Monday through Friday, excluding state holidays to ensure no more than a two (2) minute wait time for callers. After a two (2) minute wait, calls must be rolled over to an automatic attendant for messaging.

An automated phone system must be maintained for telephone calls received after hours with response to messages occurring the next business day.

Refer to Section §4.4.6 of Request for Proposals for additional Call Center Requirements

5. Annual Open Enrollment

The Contractor shall inform every CCN member in writing that they may select a different CCN no less frequently than twelve months after initial enrollment or last reenrollment in the CCN. The Contractor shall design and submit for DHH approval by April 1, 2012, a methodology for conducting required annual Open Enrollment that allows for an even flow of enrollees throughout the year.

6. Processing Disenrollment Requests

The Contractor shall receive and timely process requests for disenrollment of members from CCNs which may be initiated by either the CCN or the member. The Contractor shall investigate and determine if requests for member disenrollment meet the For Cause criteria as specified in the Request for Proposals. The Contractor shall develop written criteria for Disenrollment Request resolutions that do and do not require prior DHH approval and submit to DHH for approval by January 1, 2012.

7. CCN Administrative Performance Measure Verification Calls

The Contractor shall perform a monthly random telephone sample beginning January 2012, of 20 unduplicated PCP practices within each CCN network to determine whether the DHH 24/7 phone access requirement requiring a PCP practice clinician be available to speak with a member within 30 minutes of member's initial contact is met. The Contractor shall submit a quarterly report beginning May 2012 that details findings for the previous three (3) months and an annual summation report for each CCN beginning in January 2013.

8. Reporting to DHH

The Contractor shall provide timely and accurate reports to DHH in formats and timeframes as specified in the RFP. For specifics see Section § 5.1.1.3 -5.1.1.9.

9. Complaint Tracking and Reporting

By November 1, 2011, the Contractor will development and implement a web-based Master Member and Provider Complaint Tracking System for the Medicaid Coordinated Care Section (MCCS) which can be utilized via secure access by DHH staff and/or and other parties designated by DHH such as the CCN Consumer Ombudsman by November 1, 2011.

The system shall maintain a record of complaints, investigation efforts, and resolution, including whether the complaint is justified and contain an indicator for who input the complaint into the system. The Contractor shall propose written criteria to DHH for what constitutes a justified complaint and a classification system for level of severity of complaints by October 1, 2011.

The Contractor shall accept member complaints, investigate complaints, determine if the complaint is justified and document complaint investigation activities for all complaints made directly to the Contractor.

The Contractor shall provide a monthly Master Complaint Tracking Report to DHH beginning December 2011 for activity in November 2011.

10. Member Related Materials

All member-related materials shall adhere to the requirements in the RFP

11. Build and Maintain CCN Enrollment Website

The Contractor shall develop, implement by November 1, 2011, and provide ongoing maintenance for the official website for the Louisiana Medicaid CCN Program. Refer to RFP for specifics.

PERFORMANCE MEASURES

The Contractor shall provide to DHH or maintain the following to document deliverables:

1. Enrollment of Medicaid Recipients into CCNs

- Submit Draft Enrollment Packet (Welcome Letter, CCN Comparison Chart, *et.al.*)
- Submit monthly Enrollment Report

- Maintain electronic copies of all enrollment files exchanged with Medicaid Fiscal Intermediary and all contract Coordinated Care Networks

2. Promoting Pro-active Choice of CCNs

- Submit monthly report of number of CCN potential enrollees who do **not** make a pro-active choice and must be automatically assigned to a CCN
- Submit survey plan to DHH for approval, for survey of enrollees who fail to pro-actively choose a CCN
- Maintain copies of surveys
- Submit to DHH quarterly reports with survey results for enrollees who fail to pro-actively choose a CCN
- Submit written proposals for changes to written materials and protocols to increase pro-active selection percentage that are submitted by the Contractor to DHH for approval
- Submit corrective action plan if 51% pro-active choice rate is not achieved for the contract year.

3. Systems

- Maintain evidence of successful exchange of files as verified by CCN entities and Medicaid Fiscal Intermediary.

4. Enrollee Call Center

- Submit draft training materials for telephone agents
- Submit monthly reports

5. Annual Open Enrollment

- Submit written recommendation for Open Enrollment that complies with federal Medicaid requirements and allows for open enrollment in an even flow throughout the year.
- Submit draft materials to be used in open enrollment packets.
- Submit Open Enrollment statistical reports.

6. Processing Member Disenrollment Requests from CCNs and Members

- Submit report with the number of members who are automatically disenrolled from the CCN because the Contractor fails to act timely on the request for disenrollment
- Submit monthly Disenrollment Report
- Submit Disenrollment Request Forms
- Maintain documentation of reason for approval or disapproval of Disenrollment Requests

7. CCN Calls to Verify 24/7 Access to Clinician

- Submit script and draft plan for placing monthly calls to PCPs to verify availability of 24/7 access to clinician within 30 minutes.
- Submit required quarterly and annual reports of Verification Calls
- Maintain notes from calls

8. Required Reporting to DHH

- Maintain minutes from meeting with DHH to finalize report contents
- Submit draft technical reports for DHH review and approval
- Submit completed checklist of required reports
- Maintain logs of submission of all contractually required reports

9. CCN Complaint Tracking and Reporting

- Submit to DHH for approval the template for complaint tracking
- Timely submit monthly Complaint Tracking Reports, containing all required information.
- Maintain electronic records of all complaints, investigations, and resolutions

10. Member Materials

- Submit to DHH for approval all member materials
- Maintain copies of all member materials including obsolete versions
- Maintain documentation that reading level software was utilized, including indicator used and reading level of the item

11. Build and Maintain Enrollment Website

- Submit website screenshots to DHH for approval
- Maintain documentation that reading level software was utilized, including indicator used and reading level of the web page

Monitoring

The individual assigned as the DHH Contract Monitor and point of contact between the DHH and the Contractor is Ruth Kennedy or her designee.

Ongoing monitoring of the Contractor's performance will include the following:

Thorough review and analysis of required monthly, quarterly and annual written reports, updates to work plans, and correspondence submitted by the Contractor, and if required, review, analysis, approval and follow-up of any Corrective Action Plan required by DHH from the Contractor.

Weekly status calls between Contractor's staff and the DHH Contract Monitor and other Medicaid staff to discuss issues as warranted;

Face-to-face meetings between Contractor's staff and the DHH Contract Monitor and other Medicaid staff to discuss issues as warranted;

Solicitation of feedback on Contractor's performance from CCNs, ~~GNOCHC PCMHs~~, and the Medicaid Fiscal Intermediary, with whom the Contractor interacts;

Real time monitoring telephone hotline calls;

Investigation of complaints regarding the Contractor received from Medicaid enrollees, DHH employees, CCN staff, ~~GNOCHC staff~~, other DHH Contractors, and legislators;

Spot checking that complaints made directly to the Contractor to verify investigation and resolution

Using Literacy Tools software package to independently test reading level of written member materials and website

Random checks of member disenrollment requests processed by the Contractor to verify validity of decision

Periodic navigation of enrollee website and smart phone application and testing on-line enrollment feature;

Spot checking that provider listings for CCNs on enrollee website accurately reflect information reported to the Contractor by CCNs;

ATTACHMENT 2

Unannounced as well as scheduled visits to Contractor's Baton Rouge administrative office; and
"Secret shopper" calls to Enrollee Hotline.

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