

2.h. Business continuity, disaster recovery and emergency preparedness. Describe the Proposer's business continuity, disaster recovery and emergency preparedness plans. Address how the Proposer will participate in disaster recovery when a disaster occurs and a state of emergency is declared by the Governor or designee.

Suggested number of pages: 2

Cenpatico along with our parent company, Centene Corporation (Centene), view Emergency Response, Disaster Recovery (DR) and Business Continuity Planning (BCP), which we collectively refer to as our BCP Program, as more than a prudent business practice – it is an integral component of being a responsible employer, a responsive business partner, and a service-oriented organization. Centene has a dedicated Business Continuity Department reporting through Information Technology's Information Security Group up to the Chief Information Officer.

Business Continuity Plans covering Emergency (Crisis) Management, Business Continuity, and Disaster Recovery exist for all of Centene's 11 health plans. Our BCP Program and Information Technology Infrastructure is designed for high availability and incorporates multiple strategies to mitigate risks associated with events that could impact our ability to serve our members, providers and state partners, including (but not limited to) an epidemic (pandemic), disaster or manmade emergency localized acts of nature (hurricane, flood, etc.), accidents, and technological and/or attack-related emergencies. For more information on our technology infrastructure design, please see our response to question 2.g.xxxv; and question 2.g.xiv for information on disaster recovery. In the event of a complete systems failure or environmental catastrophe that would prevent normal operations, our Business Continuity Plans provide direction for sustaining operations during the disaster, and are designed to provide a prompt return to normal operations. We will tailor our BCP to ensure the ongoing provision of health services to our members, on-going coordination of service with our providers, and continuing responsibility to DHH-OBH.

A central tenet of our BCP is *proactive continuity management*, which is realized both by **anticipating** emergency events and by **managing** events that affect operations so they do not escalate into major crises. Our BCP is designed to:

- Protect the health and safety of all Cenpatico and Centene employees
- Ensure continuity of services to members and providers
- Ensure essential business operations are restored in a timely manner
- Enable appropriate and prompt communication with staff, suppliers, DHH-OBH, etc.
- Minimize any adverse financial effects of a disaster
- Provide a proper work environment for displaced Cenpatico employees
- Provide a regularly tested business continuity system

Business Continuity Plans. We maintain extensive documentation of targeted information on our BCP to ensure sufficient detail relative to the business area recovery and overall coordination of recovery efforts. The table below shows the categories of our BCP documents with a brief description of each:

Cenpatico Louisiana Business Continuity and Disaster Recovery Plan	
Documentation Categories	Description
Centene Corporate Crisis Management Plan / Emergency Response Procedures	Who, what, when, where and how with respect to an organized and consolidated approach for response and recovery activities at our corporate location following any unplanned incident or systems interruption to data or telecommunications.
Local Health Plan Management Team / Emergency Response Procedures	Details on considerations, assignments and tasks necessary for Local Health Plan Management Teams to respond, declare, manage and recover from an incident following any unplanned incident or systems interruption at their location. The plans detail the relationship, roles and responsibilities for the local plan (e.g. Cenpatico) working with the Corporate Crisis Management

Cenpatico Louisiana Business Continuity and Disaster Recovery Plan	
Documentation Categories	Description
	Team.
Business Unit Continuity Plans by Local Health Plan	Business Unit recovery plans detail the specific steps to be taken by the Business Unit teams after an incident has been declared. Plans detail the processes, tasks, contacts, vital records, and work space requirements needed by the local health plan team including relocation of physical site as may be required.
Centene Corporation Pandemic Operations Plan	Procedures to recover the business following a disruption due to a pandemic.
Employee Awareness Training	Presentation to new hires available on the Intranet to educate employees about BCP at Centene Corporation, Local Health Plans and Subsidiaries.
Disaster Recovery Plan	Procedures and prioritization to recover Information Technology services, including relocation or repair of physical site and equipment.
System Recovery Plans	Outline the detailed steps needed to recover the IT and Telecommunications infrastructure, data, systems and tools needed by the business.

Each BCP provides extensive and detailed information on the specific activities to undertake to restore business operations in a safe, quick and effective manner. For example, the BCP includes call lists, alternate location instructions, key vendor listings and necessary special supplies to provide local resources with all relevant information they need in an emergency. In addition, the BCP explicitly details step-by-step processes in a prioritized manner to ensure those services most directly impacting members are restored first. The prioritized restoration of services allows our health plans to not only continue meeting member needs throughout an emergency, but also provides the necessary structure to restore business processes in the most feasible, reliable and consistent manner. Each department will also receive a detailed plan specifically for their team which outlines the recovery steps for their specific business processes. Our BCP software, LDRPS, through SunGard, allows our teams to attach specific documentation, policies and procedures, contact information, etc. This software is accessible through SunGard's externally hosted website, so they are always available to Cenpatico in the event the own Centene systems were not available.

Essential Communication

Cenpatico Employees. In the event of an emergency, all impacted team members are notified immediately using SunGard's Emergency Notification Service, NotiFind™. NotiFind is an externally hosted program that can be used to contact employees by phone and email during emergency and non-emergency events. We use NotiFind throughout any event management activity, including our BCP exercises, to communicate instructions to employees.

Continuity of Call Center Services to Providers, Members and DHH-OBH. In the event of a natural disaster or pandemic, all business functions that rely on our telecommunications system have *top priority*, specifically our member and provider call centers. If an emergency event were to disable any of our offices, including Cenpatico offices, our Business Continuity Plans call for phone lines to be transferred to Cenpatico National Service Center or NurseWise, Centene's afterhours call center, to ensure continuity of service. In the event of an emergency phone transfer, all staffing needs at the call center are reviewed at the time of the emergency and, if needed, additional staff are called in to address any increase in call volumes.

Local Response Team (LRT). This team will be established at the Cenpatico Louisiana office and will be activated as required to ensure successful management of all emergency and disaster events that impact Cenpatico. This includes state of emergencies declared by the Governor or designee. In addition, in case a local office is hit by a disaster the LRT supported by Centene's Corporate Crisis Management Team

will work together to execute the recovery plan. This team will be responsible for ensuring that critical Cenpatico business functions are operational under emergency and post-emergency conditions. As with all Centene health plans, the LRT will *lead* all efforts to successfully manage emergency and disaster events that might impact Cenpatico with the *full support* of the teams mentioned above, as needed. The LRT will:

- Report the incident impact, resumption actions, and recovery status to the Emergency Response Team as required
- Establish contact with DHH-OBH and activate communications plan
- Coordinate local actions to safeguard associates, information, and facilities
- Manage local response and recovery efforts in coordination with DHH-OBH
- Perform damage assessment of all sites impacted by the disaster
- Coordinate the activation of the business recovery procedures
- Coordinate salvage and/or reconstruction of the damaged facilities if appropriate
- Coordinate the acquisition and outfitting of new permanent sites if necessary
- Identify and coordinate procurement for emergency equipment and services
- Manage preparation of migration plans
- Coordinate migration and move-in logistics to alternate or primary sites
- Review emergency and evacuation plans with members and providers to ensure they are current.

Communication Protocols with Our State Partners: Working with DHH-OBH

Local Cenpatico emergency management staff will be responsible for notifying DHH-OBH and will do so within the timeframes required by DHH-OBH. We will also provide DHH-OBH with contact information for all our key personnel both at Cenpatico local offices and Centene Corporate so that DHH-OBH is able to reach out to Cenpatico Louisiana in the event of a large scale emergency. In crisis situations, the Cenpatico CEO and President will be the key contact person. If the CEO cannot be reached, the Vice President (VP) of Compliance and Regulatory Affairs will serve as DHH-OBH's primary contact. Cenpatico's CEO or Compliance Officer will notify DHH-OBH of any event negatively affecting health plan operations as required by DHH-OBH. For incidents affecting Information Technology Services, we will systematically program in our ServiceNow Service Desk tool, notification and updates to Cenpatico's Compliance Officer and CEO for all critical IT issues affecting Louisiana operations. This will allow Cenpatico to reach out to DHH-OBH as quickly as possible. If DHH-OBH cannot reach these key contacts via our dedicated line, or alternate contact number published on the list, DHH-OBH can call our Centene Service Desk which is available 24/7, or the Senior IT Executive who will be assigned to represent the health plan at IT Senior Leadership meetings. The Service Desk will initiate the appropriate event notification tasks through the Crisis Management Team. In most cases, the Centene Service Desk will already be aware of an event that has threatened service interruption because of our monitoring efforts, emergency identification, and notification procedures. We will adjust these communication protocols as necessary to meet the needs of DHH-OBH.

Cenpatico, along with Centene, will be responsible for the Local Emergency Response, Continuity of Operations, and Disaster Recovery Plans, which we collectively refer to as our BCP. We will tailor our BCP for the specific requirements of DHH-OBH, and Louisiana to specify the actions Cenpatico and Centene will take to ensure ongoing provision of health services to our Louisiana members, ongoing coordination of service with our providers, and continuing responsibility to DHH-OBH in the event of an emergency/ disaster, manmade emergency, or epidemic (pandemic).

Experience Responding to Natural and Manmade Disasters – A Treatment Approach

We have extensive experience collaborating with local communities to prepare for and respond to natural and manmade disasters. In Arizona, we collaborate with our Intake and Care Coordination providers to

ensure they have Disaster Recovery Plans in place and the Plans are updated annually and consistently tested. We have established Memorandums of Understanding with each County served that specifically outlines roles and responsibilities and clearly articulates our mutual understanding of Cenpatico's role in responding to disasters. We have helped counties complete their "All Hazards Plan", providing the behavioral health portion of the Plan. We participate in local "table top exercises" to assess our readiness and responsiveness. In 2005 and again in 2011, Arizona experienced the worst wild fires the state had ever endured. Many people were displaced from their homes by the fires and community shelters were full. In both instances, we identified all enrolled members in "harm's way" of the rapidly moving fires, ensured each member was alerted to the danger and was taken to or able to get to a safe environment. We ensured all members had access to medications and support services as needed to meet their individual mental health needs during the disaster. In addition, we collaborated with each community to ensure the needs of each community were met. We collaborating with first responders, local health and human services departments, and local disaster recovery departments to establish an effective disaster recovery response, outreach community members effected by the fire and connect community members with community services. We coordinated mobile crisis team responses, provided professional staff to offer counseling and support in shelters set up by Red Cross, put ads in local media outlets offering crisis services, and reached out to non-enrolled persons in each community. In addition, we set up daily calls to monitor crisis phone and crisis mobile team activity, emerging crisis response needs, and changes in the path of the fires. In 2010, one community experienced a flood that destroyed many homes. Again, Cenpatico brought in crisis mobile teams to work with Red Cross in the shelters. In each incident, we received high praises from the Arizona Department of Behavioral Health Services and the Red Cross for our quick responses, careful coordination, and collaborative community interventions.

Annual Business Continuity Planning Reviews.

Our entire BC program undergoes a formal review on an annual basis and the Cenpatico team in Louisiana will go through the planning and annual review process as do all our locations. All departments and Senior Management participate in these reviews which include a read through of our current plan, an update of all materials, and a read through of the final plan after all changes have been made. Following this, we conduct a scenario-based exercise to assure the plan addresses all factors related to both short- and long-term emergencies that could cause an interruption in the flow of our operations. Additional BCP changes are made based on the scenario exercise to ensure the plan reflects the ideal response to an event. These activities are overseen by our Corporate Business Continuity Department.

All of our crisis mobile teams are trained in Critical Incident Stress Management (CISM) debriefing.

2.i. Implementation Plan.

Provide an Implementation Plan that addresses the requirements of this RFP, including but not limited to establishing a Louisiana site, recruitment, hiring and training personnel, network development, and IT. The Implementation Plan should include tasks, milestones, due dates, and parties responsible. Provide a narrative that d

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describes the Proposer's approach to implementation, highlighting tasks identified in the implementation plan.

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2. The Proposer should articulate an understanding of, and ability to effectively implement services as outlined within Section II of the RFP. The Proposer should address the following areas consistent with the RFP requirements:

2.j. Subcontracting.

Describe the Proposer's plan to mandate subcontractors' acceptance of all contract requirements and monitoring protocol to ensure that subcontractors' accounting and financial controls are adequate to permit the effective administration of the contract. **Suggested number of pages: 2**

Cenpatico will effectively implement all services as outlined within Section II of the RFP and facilitate subcontractor compliance with all contract requirements, and federal and state laws.

Subcontractor Contract Requirements: Cenpatico will establish contracts with subcontractors that mirror the language in the Proposer's contract with DHH-Office of Behavioral Health.

Specifically, subcontractor agreements will include language that requires subcontractors meet all applicable requirements outlined in the DHH-Office of Behavioral Health contract with the Proposer, including all applicable requirements articulated in Section II of the RFP, Scope of Work. We will provide training and technical assistance to all providers to ensure they understand the requirements of the Contract, conduct readiness assessments to ensure they have processes in place to execute the requirements outlined in the contract and conduct annual administrative audits to ensure providers are meeting the requirement outlined in the contract. Corrective Action Letters will be issued for deficiencies and providers will be required to develop Corrective Action plans to address the deficiencies. (See also Provider Monitoring below.)

Financial Controls Related to Financial Position: We understand that a successful system of care requires a financially stable and diverse network of providers. We will provide technical assistance, guidance and regular monitoring to ensure providers in the network have the financial resources and business acumen to provide the services and meet the requirements outlined in Section 2 of the RFP. We will require that providers follow Generally Accepted Accounting Procedures. Cenpatico will require subcontractors with contract dollar amounts in excess of \$500,000 to submit financial reports on a quarterly basis, which comply with Title 31 of the US Codes and Executive Orders 8248 and 11541; including, *Statement of Financial Activities (Income Statement), Statement of Cash Flow, Statement of Retained Earnings, Statement of Changes in Net Assets/Equity and Statement of Financial Position (Balance Sheet), Other Financial, Claims, and Utilization Reports and Data to monitor performance and contract compliance.* Cenpatico's CFO will audit the financial statements monthly and require a Corrective Action Plan from providers with contract dollar amounts in excess of \$500,000 who fail to meet minimum net equity and cash reserve requirements. The Corrective Action Plan will be required to include a detailed analysis of the subcontractor's cash position, assets, line of credit, twelve month cash flow and a Plan to correct any deficiencies. Regular meetings will be scheduled with providers with contracts in excess of \$500,000 to provide technical assistance and monitor corrective action plans as appropriate. In addition, Cenpatico will require subcontractors complete an annual independent audit. The audit results will be analyzed by Cenpatico's CFO and any significant audit findings will be addressed by Cenpatico's CFO with the subcontractor. Cenpatico's CFO will report results of Cenpatico's analysis of subcontractor's financial position into the Network Adequacy Subcommittee of the Quality Improvement Committee (QIC) on a quarterly basis. The Network Adequacy Committee will review the results and make recommendation to the QIC. This provides for an extra layer of accountability to ensure the Cenpatico Network of providers is financially sound and adequate to meet the needs of Louisiana residents.

Financial Controls Related to Encounter Reporting and Claims Adjudication: We understand that management of the system requires the timely and accurate submission of claims and encounter data. These data are critical to verifying that services are provided as expected, ensuring encounter values support prospective payments and ensuring providers receive appropriate reimbursement for services.

We will require under contract that providers submit claims at least twice a month and submit all initial claims within 45 days of the delivery of the service. We will provide technical assistance to providers to ensure they are encountering services correctly, submitting claims accurately, fixing and resubmitting denied claims files as appropriate, and ensuring documentation supports the submission of claims. We will conduct data validation audits, report the results to providers and require them to correct any errors. In addition, we will run monthly encounter value reports by provider and use these data to trend service delivery by provider. The trended data will help us identify changes in service delivery patterns, identify providers experiencing billing problems, and identify areas of over and underutilization of services. These data will also help us make decisions related to the distribution of contract dollars among providers and between service types. We will compare these data with authorization information to assess speed to which encounters are being submitted on-time, percentage of authorizations resulting in claims and forecasting future service utilization. In addition, we will educate and train providers on avoiding fraud and abuse and report all incidents of *fraud and abuse* observed in the system.

Provider Monitoring: Provider Coaches will meet twice a month with providers and provide technical assistance to address any contract compliance issues, including issues related to financial position, encounter reporting and claims adjudication. We will review Corrective Action Plans during these visits to ensure providers are following through on the action and to provide technical assistance and training as needed. The Provider Mentors will update the Cenpatico CFO regarding any financial or claims corrective actions and the provider's progress in addressing the issues. Providers who fail to make appropriate corrections will be reviewed by the QIC. The QIC will review the data and make a recommendation to the Executive Team for follow up action which could include recommending the provider be placed on an Administrative Process Improvement Plan, be sanctioned or be terminated from the Network. Providers placed on an Administrative Process Improvement Plan receive bi-weekly site visits by a team of Cenpatico employees tasked with helping the provider overcome a specific problem which is impacting or could impact the quality of care to members.

Cenpatico will establish contracts with subcontractors that mirror the language in the Proposer's contract with DHH-Office of Behavioral Health.

Data Integrity: We will conduct data integrity audits to verify the accuracy, timeliness, completeness, logic, consistency and completeness of data and reports received from providers. Our Data Integrity Subcommittee of the Quality Improvement Committee will review data collection processes and formats for collecting data, monitor the integrity of data collected and reported, and take corrective action to address issues and problems identified.

2.k. Insurance Requirements and Risk and Liability

i. Describe the Proposer's corporate policy regarding risk and liability insurance coverage. Provide declaration page for each policy that illustrates compliance with the risk and liability insurance requirements of the RFP (not included in suggested number of pages). **Suggested number of pages: 2**

Cenpatico of Louisiana, Inc.'s policy is to meet or exceed the risk and liability insurance requirements of our contracts. In addition, should Cenpatico of Louisiana, Inc. have any material subcontractor, the material subcontractor will also be required to meet or exceed the minimum requirements of our contract. Cenpatico of Louisiana, Inc. under the auspices of our parent company, Cenpatico Behavioral Health, LLC, maintains the following coverage to insure against loss and liability:

Type of Insurance	Each Occurrence	General Aggregate	Carrier	A.M. Best Rating
General Liability	\$1,000,000	\$2,000,000	Hartford	A
Automobile Liability	\$1,000,000		Hartford	A
Umbrella Liability	\$15,000,000	\$15,000,000	RSUI	A
Workers Compensation	\$1,000,000		Hartford	A
Managed Care Liability	\$15,000,000	\$15,000,000	Darwin	A
Crime	\$5,000,000		Hartford	A

Prior to commencement of the contract, Cenpatico of Louisiana, Inc. will submit our Certificates of Insurance and those of our material subcontractors to DHH-OBH for approval.

Appendix 2.k.i Insurance Declarations contains the declarations pages for Cenpatico Behavioral Health, LLC's insurance policies.

2.k. Insurance Requirements and Risk and Liability

ii. If there is no current coverage or coverage does not cover all RFP requirements, provide an explanation on how the Proposer will meet the risk and liability insurance requirements of this RFP. **Suggested number of pages: 2**

Cenpatico of Louisiana, Inc.'s policy is to meet or exceed the risk and liability insurance requirements of our contracts. As stated in response to section 2.k.i., in the event that Cenpatico of Louisiana, Inc. have cause to engage a material subcontractor, that material subcontractor will also be required to meet or exceed the minimum requirements of our contract. Further, as stated in section 2.k.i. Cenpatico of Louisiana, Inc. under the auspices of our parent company, Cenpatico Behavioral Health, LLC. maintains the coverage to insure against loss and liability, declarations of which are presented in Section 5, as Appendix 2.k.i Insurance Declarations.

Prior to commencement of the contract, Cenpatico of Louisiana, Inc. will secure and submit our Certificates of Insurance and those of our material subcontractors to DHH-OBH for approval.

2.1. Transition Planning

Describe a

Contract that either the Proposer of a government client cancelled or terminated and the Proposer's approach to transition planning particularly in relation to assuring that member services were not interrupted. Provide a client reference to verify this experience. **Suggested number of pages: 2**

Cenpatico has never had a contract terminated or canceled. This being said, we take seriously the importance of ensuring continuity of care with minimal disruption for members during times of transition.

Overview

Cenpatico understands the importance of ensuring behavioral health (BH) services continue without interruption during the transition from one managed care provider to another; one provider to another; or a fragmented delivery system to a complete system of care. Our approach for the Louisiana Behavioral Health Partnership includes early assessment of the behavioral health delivery system, which we have begun through relationship building with major BH providers in every region of Louisiana and outreach to agencies and facilities. Upon contract award we will engage all providers, stakeholders and government agencies in our Implementation Team to ensure continuity of care during service transitions. We have initiated this process by meeting with key entities such as all five of the existing Local Governing Entities (LGE): Capital Area Human Services District, Jefferson Parish Human Services Authority, Metropolitan Human Services District, South Central Human Services Authority and Florida Parishes Human Services Authority. We have also met with several Regional Administrators or their staff across the five regions not yet designated as LGE.

Our Regional Care Teams, which include care management and network management staff, will be located throughout Louisiana. Our policies and procedures are designed to expedite transitions between providers with minimal disruption for individuals currently receiving BH services.

We focus on reducing barriers to care and making transitions in care transparent for members with no disruption to their services.

Our approach includes early identification of new members who are receiving treatment, automatically authorizing current treatment plans until we are able to complete our own assessment and care plan, and individual transition planning to ensure members' needs are met without interruption during transfer to a different provider. Cenpatico will outreach and offer contracts to all current BH providers, including the Local Governing Entities, Mental Health Clinics and other traditional Medicaid BH providers; we will contract with and develop the WAA/ FSO agencies as they are identified. This Network strategy ensures that members have the least disruption in service. Our Regional Care Team model will promote a seamless integration of existing treatment plans and, when necessary and safe, transitions to new providers.

We use an interdisciplinary care management team model, comprehensive member assessment and person-centered service planning to ensure seamless transition of critical BH services. Members with identified BH needs and vulnerable populations such as children in the foster care program, members with co-morbid medical and BH conditions and members with serious mental illness (SMI) frequently have multiple providers and service agencies that are actively engaged in their care and treatment planning. Our Regional Care Team, a multi-disciplinary team, offers the expertise of a team delivered through central point of contact to provide care management services, and manage transitions and ongoing member care to ensure all providers and support services are coordinated. Our Regional Care Team staff who will be employed locally in Louisiana, will facilitate individual member BH transitions.

Prior to enrollment of our first members, our staff will reach out to the local LGE, Federally Qualified Health Centers (FQHCs), providers in non-LGE regions and local stakeholder agencies including school districts and child serving agencies. In our experience, these community providers deliver the majority of BH services for members, and during the transition to the LBHP/SMO we will establish processes for transfer of information regarding current treatment plans. Where possible, we will work with providers and members to encourage use of electronic health records streamline this transition. On an ongoing basis, our clinical staff will coordinate with individual providers to gather the information necessary, including necessary authorizations for release of information, to ensure uninterrupted Mental Health/Substance Abuse (MH/SA) services. Our network strategy focuses on inclusion of these traditional providers, which already know and serve the population, so that new members are less likely to need to transfer to another provider. Our ability to maintain current providers of care will be the key to a smooth transition of active MH/SA treatment plans.

Managing Transition of Care

Identification of Members in Treatment. Cenpatico will identify our new members that are currently engaged in BH services from a variety of sources. Prior claim history as provided by the DHH-OBH would accommodate the timeliest identification, however, would not serve as our only source of identification. We also will identify members receiving BH services from partnerships developed with local LGE, the initial Health Risk Assessments (HRA) completed by new members, incoming communication from providers requesting information and service authorizations, and phone calls or communications from members who are in active care.

LGE. We anticipate the majority of BH services will be provided by the Community Mental Health Centers. Our CC has begun already to build a relationship with these facilities prior to the operational start date, so that we can collaboratively begin identification and integration of care plans for these Members in a most timely and clinically effective manner.

Health Risk Assessment (HRA). The HRA is often our first notification that a Member is in an active course of care. The HRA helps the CC identify Members with health risks, those in active care, and/or those who may be in need of additional services and provides a baseline assessment of Member care needs. The HRA form may be completed during the welcome call or through the mail after received in the New Member Packet. Results of any HRA that indicates active or potential need for BH services will be forwarded to the CC for follow-up and outreach to the Member.

Provider or FFS Administrator Contact. We may identify Members receiving behavioral health services when Providers contact Provider Services to request service authorization for treatment currently being provided to the Member. We may also identify these Members if LGE/HSDs case managers, facility utilization review nurses or Providers contact Cenpatico Care Coordinators about a Member who will be transitioning to Cenpatico services after discharge from their facility or program.

Contact from New Members. Member Services Representatives (MSRs) identify Members needing transition assistance when new Members call our Member Services Hotline to inquire about participating Providers, covered benefits, or previously authorized services or care. Members indicating need for BH services will be warm-transferred to the CC who will work with the Member to obtain further information about the services needed or currently being accessed.

Assessment of On-going BH Needs. Members who are actively engaged in BH services through LGE or other contracted network providers will experience no disruption in service. These behavioral health service providers will be required to submit updated treatment plans to request additional services. Treatment plans and service requests are submitted using the Outpatient Treatment Report form, which is reviewed by our BH outpatient Utilization Review team. These clinicians work specifically to ensure that treatment plans and services are person-centered, include appropriate engagement of the individual and family, offer services in the least restrictive setting and adhere to clinical practice guidelines. For children

and youth engaged in the child welfare/foster care system our clinicians review for a focus on ensuring services are delivered with an understanding of Trauma Informed Care principles, that services and supports have included all parties involved in the member's care and that all services focus on permanency as an outcome.

When members are identified as high risk or with a need for increased service needs our Regional Care Teams provide outreach and individualized assessment to engage these members in Care Management. Our staff will reach out to members identified as having high risk for inpatient admission or other out of home placement, co-morbid medical and behavioral conditions including substance abuse, and serious emotional disturbance or serious mental illness. Our outreach and assessment process empowers members to participate and direct in their care. Once engaged in Care Management, our staff works with members to help them define what functional outcomes they use to benchmark their recovery. Additionally, we include the member's caregiver/family members as indicated and authorized by the member in the assessment process and plan development. The comprehensive assessment will include member's functional abilities; medical conditions; BH status; social, environmental and cultural considerations; medications and informal support systems. Staff will authorize the types and amounts of services in the existing care plan, including for non-participating providers, until all necessary assessments are complete and the Cenpatico plan of care is developed. For members that are receiving intensive outpatient, partial hospitalization or inpatient services, Utilization Managers will assess member needs according to medical necessity criteria and clinical practice guidelines, and ensure appropriate discharge planning.

Our locally hired and based staff will be knowledgeable about available resources within the community and understand how to locate those resources and coordinate covered services, while maintaining Member choice. If services need to be transitioned to another provider, we educate the member about choices and will support the member in selecting an appropriate provider, by working with the member, their PCP and existing BH provider to identify appropriate network providers and facilitate transition of care including transition of current medical records and treatment plans. If we are unable to identify an available network provider, we will execute a single case agreement with an appropriate out-of-network provider. A single case agreement allows a non-network provider to care for a specific member for a single episode of care. We will communicate the gap to our network management and development team to be addressed.

Managing Transfer through Network Development

Our network management team has prioritized contract negotiations and will establish contracts with LGE and traditional behavioral health service providers who already know and serve the population. As our provider network will include providers that currently serve members, the need to transfer to a different provider should be rare.

We will capitalize on our broad network development experience to build a comprehensive network of mental health providers of the type, specialty and experience necessary to meet members' needs. Cenpatico's primary focus when entering a new market is to avoid disrupting existing member/provider relationships. Cenpatico's network team, in partnership with our network team, have obtained provider listings from state licensing boards and target the significant traditional providers (STP) that are critical to the network. We will obtain and/or develop listings of the providers with open authorizations or a high number of claims submitted for BH services, as they are actively providing services to the members. We will expand the target listing of providers to also include all critical providers of typical core services; hospitals for acute care services, community mental health centers for community-based services, physicians for medication management services and federally qualified health centers that offer BH services as appropriate.

Our network development team will continually monitor the network build through ongoing GeoAccess[®] proximity reporting to ensure there are no gaps from a geographic or specialty perspective. In addition to

ongoing GeoAccess reporting, it is our practice to establish a transition period for out of network providers in new markets. With approval of DHH, we will define a transition period to allow non-participating providers a defined timeframe to join the network, complete the episode of care, or transition the member to an in-network provider. In the event a transition is necessary, we will coordinate with the member and their current providers to ensure no break in service occurs.

Our BH network development methodology targets providers who see the highest number of members for contracting first. With utilization data provided by the state, we are able to analyze which traditional providers are delivering the most care for program members and provide targeted outreach to those providers. Doing this ensures that we are focusing our contracting efforts where it will have the biggest immediate impact for members' access to care.

3. Relevant Corporate Experience

3.a. The Proposer should describe how its corporate experience will assist DHH-OBH with implementation and management of the BH services program and the CSoC. **Suggested number of pages: 2**

Corporate Experience

Cenpatico's long-standing corporate experience in working with state Medicaid agencies and Medicaid health plans demonstrates our flexibility and adaptability in meeting both the needs of underserved populations and those of our public sector customers. Our proven locally-driven implementation approach and our integrated information management systems serve to assure the Department of Health and Hospitals-Office of Behavioral Health (DHH-OBH) that we will implement the Statewide Management Organization timely and efficiently. The success we have achieved in providing adult and children's behavioral health programs for public sector contracts with comparable scopes of work to those required in RFP #305PUR-DHHRFP-SMO-OBH demonstrates our ability to assist DHH-OBH in effectively managing and operating a quality-driven, innovative Behavioral Health services program and Coordinated System of Care (CSoC) for Louisiana.

Cenpatico began operations in 1994 under the name Group Practice Affiliates (GPA). GPA was incorporated in California in October 2000. In 2003, GPA joined CenCorp Health Solutions™, a division of Centene Corporation® (Centene). This alliance enabled GPA to begin providing managed behavioral health services for Centene's Medicaid plans in Indiana, Ohio, Texas, and Wisconsin. GPA completed all four of these successful implementations within aggressive timeframes during FY 2003 and 2004. In September of 2004, GPA officially changed its name to Cenpatico Behavioral Health™ LLC.

For more than 17 years, we have provided comprehensive behavioral health care services to Medicaid and other underserved populations. We currently operate programs in Arizona, Florida, Georgia, Illinois, Indiana, Kansas, Massachusetts, Ohio, South Carolina, Texas, and Wisconsin, serving approximately 1.7M public sector child and adult members. We are in the process of implementing behavioral health management in Kentucky for a go-live of October 1, 2011. (*For additional detail concerning our current behavioral health contracts, see our response to 3.b and 3.c.*)

Contract Implementation Expertise

Our implementation process accesses corporate wide resources and is based on Six Sigma principles for thoughtful program and product design with *exceptional* recipient service and value to state customers. Through our proven experience with implementing complex managed behavioral health programs, we are confident that we can develop and implement a timely, efficient and effective transition to behavioral health managed care for Louisiana.

Cenpatico undertakes each new contract with an individualized, locally-oriented approach and dedicates sufficient knowledgeable and well-trained resources to provide compliance with all contract deliverables and individualized service.

Since 2003, we have implemented 21 managed behavioral health programs in timeframes as short as one month and as generous as 12 months. Over 80% were implemented in three months or less.

Integrated Management System Capabilities

Management Information Systems Implementations. A key ingredient in our ability to deliver new health plan start-ups is our *MIS organizational focus* on implementations. We have a *dedicated* MIS implementation team led by our Senior Director of IT Implementations, who reports directly to Centene's Chief Information Officer (CIO). Our team of implementation specialists is multi-disciplined to handle start-ups from proposal preparation (many of our implementation staff were directly involved with the

preparation of this proposal) through business analysis, design, system configuration, testing, training, deployment, and smooth hand-off to ongoing operations staff. Since 2007, Cenpatico business management at our corporate headquarters in Texas and our IT and dedicated claims counterparts in Missouri, have *successfully expanded or implemented behavioral health* plan operations in *seven* states. Our prior experience continuously shapes the ongoing quality of our implementations and this implementation heritage will inform where appropriate our implementation of the Louisiana Behavioral Health Partnership program. Further, our MIS components all feature configuration utilities that are *table driven* and *parameter based*, with *very little* need for custom software development and thus *minimal* implementation risk. As a result, our IT Implementation Team can focus our project efforts on detail analysis, precise definitions of business rules and Cenpatico and DHH-OBH specific requirements for data processing, from receipt of enrollment files, through submission of data and reporting to DHH-OBH. Finally, where MIS needs require new development, for example for the unique requirements to support the CSoC referral process, or the on-line assessment process, we have MIS and business experts in-house who are experienced with these processes and the technology to deliver them.

Scope of Work Proficiency

Our experience in developing and managing specialty programs, creating systems of care, and developing provider networks for targeted populations directly corresponds with the expectations of the Louisiana Behavioral Health Partnership. Policies and procedures guide our processes. Outcomes measures are established and tracked for each program. Performance improvement processes are used to support our continuous quality improvement efforts. Below, we have provided a few examples of specialty experiences that highlight the benefits that the Cenpatico integrated CM/UM program bring to the Partnership. They are followed by a table that describes the pertinent expertise that we have developed through the operations of 11 of our public sector contracts.

Child and Family Teams

Our *Arizona* Children's System of Care experience will serve us in meeting those responsibilities of the SMO that are needed to develop a state-wide regionally-based Coordinated System of Care (CSoC) and to promote a family and youth-driven practice model. We use Regional Child Family Team Practice (CFT) Improvement Task Forces that focus on improving CFT practice. We invite clients, families, and stakeholders to participate. Five years ago, Cenpatico regions had few children with an assigned or functioning CFT assigned, in May 2007 Cenpatico had 45% (average) of children with a CFT. ***As a result of improvement efforts by January 2008, 98% of all children had a CFT with a certified CFT Facilitator.***

Foster Care Service Coordination

In *Texas*, where we oversee managed behavioral health services for approximately 34,000 youth who are in Foster Care, our care management model is designed to decrease length of stay and the number of placement stays associated with inpatient admissions.

Over-Utilization of Psychotropic Medications

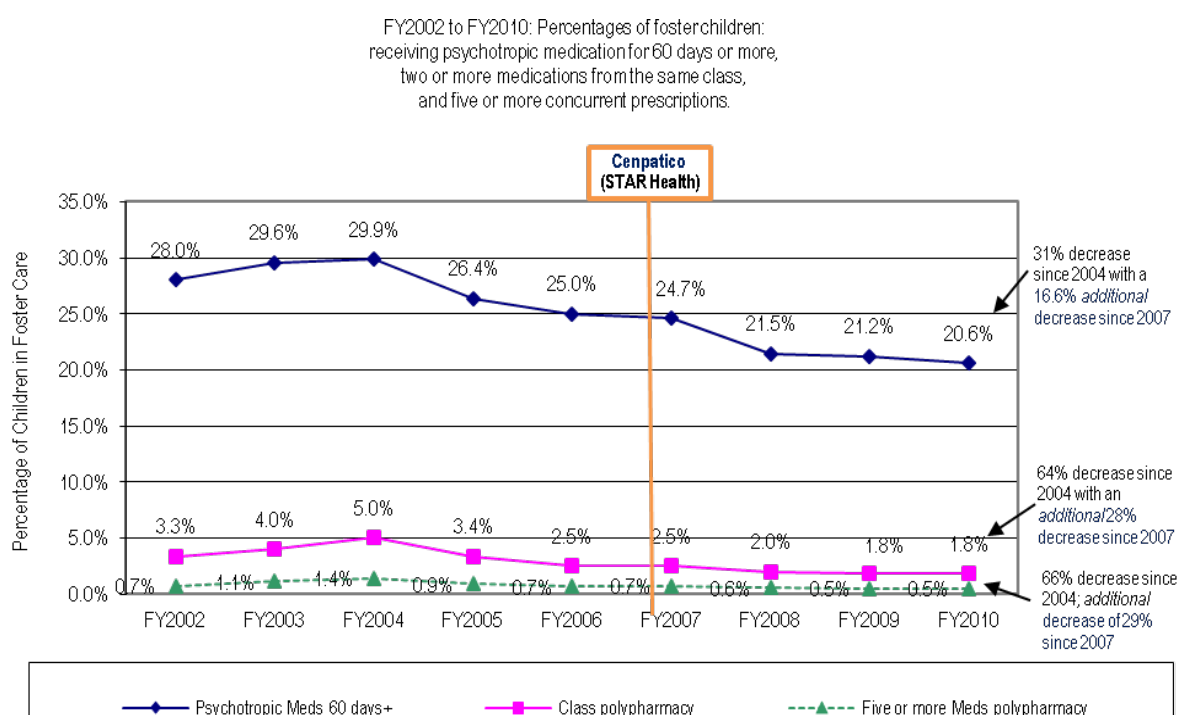
In *Texas*, we launched a program specifically designed to target over-utilization of psychotropic medications coupled with assertive outreach training and education campaigns to address the concerns of policymakers, judges, case workers, parents, and providers individually. Our team

Outcomes data indicate that through implementation of a first generation electronic community health record and Service Coordination model of care management there was a 21.7% decline in the average length of inpatient stay for Foster Children from 2008 (the first year of the contract) to 2010 which translated into a \$4.3million savings to the State of Texas.

understood the lack of information present as children were first brought into the system and the potential hazards related to real trauma being misunderstood or misdiagnosed as long term behavioral disorders. Cenpatico worked with each stakeholder group to introduce positive change in the initial screening and overall data sharing processes. As a result of our efforts:

- **16.6% decline** in the number of foster children prescribed **psychotropic medications overall and specifically a 29% decline in polypharmacy;**
- Today **only 0.5%** of children in foster care are on multiple medications and those have been deemed clinically necessary.

The graph below depicts our trending of the improvements.



Internal Integration – UM and Provider Training

In *Georgia*, our outpatient UM teams noticed that family therapy often was not requested, although it was clinically appropriate. *Cenpatico funded a two-day, on-site training for three Georgia outpatient providers called Strengthening Families Program (SFP) to improve the use of evidence-based-practices for youth and families. SFP* is a 14-week evidence-based skills training program designed to increase resilience and reduce risk factors and school failure in high-risk, 6-17 year-old children and their parents. This training enables the provider agencies to offer services that teach parents how to increase desired behaviors in their children while the children learn effective communication skills.

Attributes & Experience	States									Additional Products (Medicare/ Medicaid)		Key Benefits	
	AZ	KS	FL	GA	OH	SC	TX	WI	IN	ABD / LTC	Uninsured	Experience Details	Substantial Benefit to DHH-OBH
BH Management – IP, OP, Physician Svcs, TCM, Community MH, Crisis, Other	X	X	X	X	X	X	X	X	X	AZ IL	MA	<ul style="list-style-type: none">BH management across the care continuumDevelopment of new programs like CAT or community based step-down programs	<ul style="list-style-type: none">Ongoing quality including timeliness and access with efficiency and cost savingsHigh stakeholder satisfaction
Multi-Agency Coordination: (e.g., BMS, DCF, SAMH)	X	X	X	X	X		X			AZ IL	MA	<ul style="list-style-type: none">Multiple funding streams and data exchangeStaff expertise	<ul style="list-style-type: none">Program integrityResponsivenessImproved communication
Child Welfare System laws re: Foster Care experience	X						X - all 30k					<ul style="list-style-type: none">PMUR product focused on Rx mgtChild and Family Teams / FSO contractsTrauma focusSkilled staff, established processesRehabilitation services/ Waiver program evaluations / Crisis Stabilization	<ul style="list-style-type: none">Best-in-Class service delivery model for Foster CareTrauma-informed careHigh penetration of child and family teamsFSO practice supportsImproved outcomes and placementsRegional approach to Care Management

Attributes & Experience	States									Additional Products (Medicare/ Medicaid)		Key Benefits	
	AZ	KS	FL	GA	OH	SC	TX	WI	IN	ABD / LTC	Uninsured	Experience Details	Substantial Benefit to DHH-OBH
Systems for the SMI population	X											<ul style="list-style-type: none"> Housing/ Community living programs Psychosocial rehab Peer Supports Assertive Treatment Crisis Services 	<ul style="list-style-type: none"> Care coordination and reporting Care Management for high-cost Cost savings
Education System experience	X							X	X			<ul style="list-style-type: none"> School administration for children with special needs Integration facilitation 	<ul style="list-style-type: none"> Cost containment Best-in-Class integration activities

Corporate Experience

3.b. Provide the number of government/public sector customers for which the Proposer has managed BH care services of persons eligible for Medicaid in the most recent five (5) calendar years (i.e., 2006, 2007, 2008, 2009, 2010), including the following information:

- i. Customer Name;
- ii. Number of eligibles;
- iii. Approximate revenue in most recent year of the contract;
- iv. Payment type (e.g., administrative services only fee, full capitation, etc.);
- v. Direct contract with Agency or via health plan;
- vi. Populations served (e.g., Title XIX, XXI, State only, CHIP, SAPT, CMHS block grants);
- vii. Number of years Proposer has held contract; and
- viii. Contract active or terminated.

Arizona Bridgeway Health Solutions, LLC																												
i.	Government Customer Name: Arizona Health Care Cost Containment System (AHCCCS), Division of Health Care Management Cenpatico Customer Name: Bridgeway Health Solutions, LLC Bridgeway Health Solutions LLC, a Centene Corporation health plan subsidiary, has a direct contract with the Arizona Health Care Cost Containment System (AHCCCS), Division of Health Care Management for the provision of Acute Care services for TANF and SSI/ABD Members and a second contract with AHCCCS for the delivery of long-term managed care services (LTSS) for SSI/ABD Members. Bridgeway contracts with Cenpatico Behavioral Health, LLC for the coordination of behavioral health services which are carved-out of the Bridgeway Acute Care contract and contracts with Cenpatico for the provision of Behavioral Health services which are carved-into the LTSS contract.																											
ii.	Number of Eligibles: <table><tr><th>Population</th><th>YTD 2011</th><th>2010</th><th>2009</th><th>2008</th><th>2007</th><th>2006</th></tr><tr><td>Acute Care</td><td>17,695</td><td>17,552</td><td>17,339</td><td>14,900</td><td>N/A</td><td>N/A</td></tr><tr><td>LTSS</td><td>3,112</td><td>3,059</td><td>2,604</td><td>2,100</td><td>1,600</td><td>N/A</td></tr></table>							Population	YTD 2011	2010	2009	2008	2007	2006	Acute Care	17,695	17,552	17,339	14,900	N/A	N/A	LTSS	3,112	3,059	2,604	2,100	1,600	N/A
Population	YTD 2011	2010	2009	2008	2007	2006																						
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LTSS	3,112	3,059	2,604	2,100	1,600	N/A																						
iii.	Most Recent Contract Revenue: <table><tr><th>Population</th><th>2010</th></tr><tr><td>Acute Care</td><td>\$105,000</td></tr><tr><td>LTSS</td><td>\$210,000</td></tr></table>							Population	2010	Acute Care	\$105,000	LTSS	\$210,000															
Population	2010																											
Acute Care	\$105,000																											
LTSS	\$210,000																											
iv.	Payment Type Acute Care: ASO LTSS: ASO																											
v.	Contract type: Cenpatico, LLC has a direct contract with Bridgeway Health Solutions, LLC for the coordination of carved-out Behavioral Health services for the acute care contractor and is the sub-contractor for provision of managed behavioral health services for the LTSS contract.																											
vi.	Populations Served: Acute Care: Medicaid TANF, SSI, ABD LTSS: SSI, ABD																											
vii	Number of Years Contract Held: Acute Care: October 2008 to September 2011																											

	LTSS: October 2006 to September 30, 2011
viii.	Contract Status: Acute Care: Active LTSS: Active

Arizona Bridgeway Health Solutions, LLC																					
i.	Government Customer Name: Department of Health and Human Services Centers for Medicare and Medicaid Cenpatico Customer Name: Bridgeway Health Solutions, LLC Bridgeway Health Solutions, a Centene Corporation health plan subsidiary, has a direct contract with the U.S. Department of Health and Human Services Centers for Medicare and Medicaid for the provision of the Bridgeway Health Solutions Special Needs Plan (SNP) for Full Dually Eligible Members. Bridgeway contracts directly with Cenpatico Behavioral Health, LLC for the delivery of managed behavioral health services.																				
ii.	Number of Eligibles: <table border="1"> <thead> <tr> <th>Population</th> <th>YTD 2011</th> <th>2010</th> <th>2009</th> <th>2008</th> <th>2007</th> <th>2006</th> </tr> </thead> <tbody> <tr> <td>SNP Full Dual Eligible</td> <td>1,760</td> <td>1,773</td> <td>716</td> <td>193</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>							Population	YTD 2011	2010	2009	2008	2007	2006	SNP Full Dual Eligible	1,760	1,773	716	193	N/A	N/A
Population	YTD 2011	2010	2009	2008	2007	2006															
SNP Full Dual Eligible	1,760	1,773	716	193	N/A	N/A															
iii.	Most Recent Contract Revenue: <table border="1"> <tbody> <tr> <td>2010</td> </tr> <tr> <td>\$336,695</td> </tr> </tbody> </table>							2010	\$336,695												
2010																					
\$336,695																					
iv.	Payment type: ASO																				
v.	Contract type: Cenpatico, LLC has a direct contract with Bridgeway Health Solutions, LLC for the provision of the SNP's managed behavioral health services.																				
vi.	Populations Served: Full Medicaid/Medicare Dully eligible Members, Medicare Part A, Part B, Part D																				
vii.	Number of Years Contract Held: Jan. 2008 - present, renewed yearly, indefinitely																				
viii.	Contract status: Active																				

Arizona Cenpatico Behavioral Health of Arizona																					
i.	State Customer Name: Arizona Department of Health Services (ADHS) Cenpatico Behavioral Health of Arizona is contracted directly with the Arizona Department of Health Services to function as the Regional Behavioral Health Authority (RHBA) for three of the state's six Geographic Services Areas. As a RBHA, Cenpatico oversees the delivery of a full continuum of adult and children behavioral health and substance abuse services, including inpatient, outpatient, step-down, and community mental health center services; as appropriate, services may be provided at home or in member's natural setting through community-based services. Cenpatico of Arizona is a wholly owned subsidiary of Cenpatico Behavioral Health, LLC.																				
ii.	Number of Eligibles: <table border="1"> <thead> <tr> <th>Year</th> <th>YTD 2011</th> <th>2010</th> <th>2009</th> <th>2008</th> <th>2007</th> <th>2006</th> </tr> </thead> <tbody> <tr> <td>Population</td> <td>172,750</td> <td>174,650</td> <td>120,100</td> <td>105,000</td> <td>99,900</td> <td>94,200</td> </tr> </tbody> </table>							Year	YTD 2011	2010	2009	2008	2007	2006	Population	172,750	174,650	120,100	105,000	99,900	94,200
Year	YTD 2011	2010	2009	2008	2007	2006															
Population	172,750	174,650	120,100	105,000	99,900	94,200															
iii.	Most Recent Contract Revenue: <table border="1"> <tbody> <tr> <td>2010</td> </tr> <tr> <td>\$124 M</td> </tr> </tbody> </table>							2010	\$124 M												
2010																					
\$124 M																					
iv.	Payment type: Capitated																				
v.	Contract type: Cenpatico of Arizona is directly contracted with the Arizona Department of Behavioral Health Services to act as the Regional Behavioral Health Authority for Geographic Service Areas (GSA) 2, 3, and 4.																				
vi.	Populations Served: TANF and SCHIP, SSI/ABD, SMI and low-income uninsured.																				
vii.	Number of Years Contract Held: GSA 2 and 4: 2004 through Present GSA 3: 2010 through Present																				
viii.	Contract status: Active																				

Florida Sunshine State Health Plan																								
i.	State Customer Name: Florida Agency for Health Care Administration (AHCA) Cenpatico Customer Name: Sunshine State Health Plan Sunshine State Health Plan, a Centene Corporation health plan subsidiary, has a direct contract with the AHCA for the provision of Medicaid Managed Care and Long Term Care Services for TANF and SSI members. Sunshine State Health Plan contracts with Cenpatico Behavioral Health, LLC for the provision of behavioral health and substance abuse managed care services.																							
ii.	Number of Eligibles: <table><tr><th>Population</th><th>YTD 2011</th><th>2010</th><th>2009</th><th>2008</th><th>2007</th></tr><tr><td>TANF and SSI</td><td>187,000</td><td>192,900</td><td>102,600</td><td>N/A</td><td>N/A</td></tr><tr><td>LTSS</td><td>1,800</td><td>2,000</td><td>N/A</td><td>N/A</td><td>N/A</td></tr></table>						Population	YTD 2011	2010	2009	2008	2007	TANF and SSI	187,000	192,900	102,600	N/A	N/A	LTSS	1,800	2,000	N/A	N/A	N/A
Population	YTD 2011	2010	2009	2008	2007																			
TANF and SSI	187,000	192,900	102,600	N/A	N/A																			
LTSS	1,800	2,000	N/A	N/A	N/A																			
iii.	Most Recent Contract Revenue: <table><tr><th>Population</th><th>2010</th></tr><tr><td>TANF and SSI, LTSS</td><td>\$40 M</td></tr></table>						Population	2010	TANF and SSI, LTSS	\$40 M														
Population	2010																							
TANF and SSI, LTSS	\$40 M																							
iv.	Payment type: Capitated																							
v.	Contract type: Sunshine State Health Plan is directly contracted with the AHCA. Cenpatico Behavioral Health, LLC is the Behavioral Health Sub-contractor for Sunshine State Health Plan.																							
vi.	Populations Served: TANF and SSI																							
vii.	Number of Years Contract Held: TANF/SSI: December 2008 to August 2012; renewable through the state's recertification process; Membership operations began in February 2009. LTSS: December 2010 to August 2011; option to renew the contract for up to three years.																							
viii.	Contract Status: Active																							

Georgia Peach State Health Plan, Inc.																					
i.	State Customer Name: Georgia Department of Community Health Cenpatico Customer Name: Peach State Health Plan Peach State Health Plan, a Centene Corporation health plan subsidiary, has a direct contract with the Georgia Department of Community Health for the provision of Medicaid Managed Care Services for TANF and SCHIP members. Peach State Health Plan contracts with Cenpatico Behavioral Health, LLC for the provision of behavioral health and substance abuse managed care services.																				
ii.	Number of Eligibles: <table border="1"> <thead> <tr> <th>Population</th> <th>YTD 2011</th> <th>2010</th> <th>2009</th> <th>2008</th> <th>2007</th> <th>2006</th> </tr> </thead> <tbody> <tr> <td>TANF and SCHIP</td> <td>303,300</td> <td>305,800</td> <td>309,700</td> <td>288,300</td> <td>287,900</td> <td>287,300</td> </tr> </tbody> </table>							Population	YTD 2011	2010	2009	2008	2007	2006	TANF and SCHIP	303,300	305,800	309,700	288,300	287,900	287,300
Population	YTD 2011	2010	2009	2008	2007	2006															
TANF and SCHIP	303,300	305,800	309,700	288,300	287,900	287,300															
iii.	Most Recent Contract Revenue: <table border="1"> <thead> <tr> <th>Population</th> <th>2010</th> </tr> </thead> <tbody> <tr> <td>TANF and SCHIP</td> <td>\$23.1 M</td> </tr> </tbody> </table>							Population	2010	TANF and SCHIP	\$23.1 M										
Population	2010																				
TANF and SCHIP	\$23.1 M																				
iv.	Payment type: Capitated																				
v.	Contract type: Peach State Health Plan is directly contracted with the Georgia Department of Community Health. Cenpatico Behavioral Health, LLC is the Behavioral Health Sub-contractor for Sunshine State Health Plan.																				
vi.	Populations Served: TANF and SCHIP																				
vii.	Number of Years Contract Held: July 2005 to present; renewable for two additional one-year terms Membership coverage began in 2006.																				
viii.	Contract Status: Active																				

Illinois IlliniCare Health Plan																					
i.	State Customer Name: Illinois Department of Health and Family Services Cenpatico Customer Name: IlliniCare Health Plan IlliniCare Health Plan, a Centene Corporation health plan subsidiary, has a direct contract with the Illinois Department of Health and Family Services for the provision of Medicaid Managed Care Services for ABD members. IlliniCare contracts with Cenpatico Behavioral Health, LLC for the provision of behavioral health and substance abuse managed care services.																				
ii.	Number of Eligibles: <table><tr><td>Population</td><td>YTD 2011</td><td>2010</td><td>2009</td><td>2008</td><td>2007</td><td>2006</td></tr><tr><td>ABD</td><td>18,000</td><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td></tr></table>							Population	YTD 2011	2010	2009	2008	2007	2006	ABD	18,000	N/A	N/A	N/A	N/A	N/A
Population	YTD 2011	2010	2009	2008	2007	2006															
ABD	18,000	N/A	N/A	N/A	N/A	N/A															
iii.	Most Recent Contract Revenue: \$21M estimated																				
iv.	Payment type: Capitated																				
v.	Contract type: IlliniCare Health Plan is directly contracted with the Illinois Department of Health and Family Services. Cenpatico Behavioral Health, LLC is the behavioral health and substance abuse managed care sub-contractor for IlliniCare Health Plan.																				
vi.	Populations Served: ABD																				
vii.	Number of Years Contract Held: May 2011 to Present																				
viii.	Contract Status: Active																				

Indiana Coordinated Care Corporation Indiana, Inc. (d/b/a Managed Health Services (MHS))																		
i.	State Customer Name: Indiana Department of Adult and Child Services Cenpatico Customer Name: Managed Health Services MHS, a Centene Corporation health plan subsidiary, has a direct contract with the Indiana Department of Adult and Child Services for the provision of Medicaid Managed Care Services for TANF and SCHIP members and uninsured adults. MHS contracts with Cenpatico Behavioral Health, LLC for the provision of behavioral health and substance abuse managed care services.																	
ii.	Number of Eligibles: <table><tr><td>YTD 2011</td><td>2010</td><td>2009</td><td>2008</td><td>2007</td><td>2006</td></tr><tr><td>209,400</td><td>215,800</td><td>208,100</td><td>175,300</td><td>154,600</td><td>N/A</td></tr></table>						YTD 2011	2010	2009	2008	2007	2006	209,400	215,800	208,100	175,300	154,600	N/A
YTD 2011	2010	2009	2008	2007	2006													
209,400	215,800	208,100	175,300	154,600	N/A													
iii.	Most Recent Contract Revenue: <table><tr><td>2010</td></tr><tr><td>\$19.9 M</td></tr></table>						2010	\$19.9 M										
2010																		
\$19.9 M																		
iv.	Payment type: Capitated																	
v.	Contract type: MHS is directly contracted with the Indiana Department of Adult and Child Services. Cenpatico Behavioral Health, LLC is the behavioral health and substance abuse managed care Sub-contractor for MHS.																	
vi.	Populations Served: TANF, SCHIP, Uninsured Adults																	
vii.	Number of Years Contract Held: May 1995 to December 2014 with two one year renewals.																	
viii.	Contract Status: Active																	

Kansas Cenpatico Behavioral Health, LLC																		
i.	State Customer Name: Kansas Health Policy Authority Cenpatico Behavioral Health, LLC is directly contracted with the Kansas Health Policy Authority (now part of Kansas Department of Health and Environment) to oversee the delivery of a full continuum of behavioral health managed care services for SCHIP including inpatient, outpatient, step-down, and community mental health center services. When appropriate, services may be provided at home or in member’s natural setting through community-based services.																	
ii.	Number of Eligibles: <table><tr><td>YTD 2011</td><td>2010</td><td>2009</td><td>2008</td><td>2007</td><td>2006</td></tr><tr><td>44,050</td><td>36,020</td><td>37,900</td><td>41,100</td><td>39,000</td><td>38,000</td></tr></table>						YTD 2011	2010	2009	2008	2007	2006	44,050	36,020	37,900	41,100	39,000	38,000
YTD 2011	2010	2009	2008	2007	2006													
44,050	36,020	37,900	41,100	39,000	38,000													
iii.	Most Recent Contract Revenue: <table><tr><td>2010</td></tr><tr><td>\$4 million</td></tr></table>						2010	\$4 million										
2010																		
\$4 million																		
iv.	Payment type: Capitated																	
v.	Contract type: Cenpatico Behavioral Health, LLC is directly contracted with the Kansas Health Policy Authority to oversee the delivery of a full continuum of behavioral health managed care services for SCHIP and CSHCN.																	
vi.	Populations Served: SCHIP and CSHCN																	
vii.	Number of Years Contract Held: May 2006 - June 2012, renewal options (the renewal options have all been exercised, a new procurement is required).																	
viii.	Contract Status: Active																	

Massachusetts CeltiCare Health Plan of Massachusetts, Inc.																												
i.	State Customer Name: Commonwealth Care Managed Care Services (CommCare), Health Connector Program Cenpatico Customer Name: CeltiCare Health Plan of Massachusetts, Inc. CeltiCare a Centene Corporation health plan subsidiary, is contracted with CommCare: A health insurance program for low-income, working adults (up to 300% of the Federal Poverty Level) who are not eligible for Medicaid or employer-sponsored insurance. Cenpatico Behavioral Health, LLC is contracted with CeltiCare to provide managed behavioral health and substance abuse services. CeltiCare is also contracted with CommCare Bridge: A true public/private partnership that provides comprehensive coverage to approximately 27,000 legal immigrants who were previously eligible for CommCare, but lost eligibility due to budgetary cutbacks effective September 1, 2009. Cenpatico Behavioral Health, LLC is contracted with CeltiCare to provide managed behavioral health and substance abuse services.																											
ii.	Number of Eligibles: <table><tr><th>Population</th><th>YTD 2011</th><th>2010</th><th>2009</th><th>2008</th><th>2007</th><th>2006</th></tr><tr><td>CommCare: Low-Income, Working Adults</td><td>14,649</td><td>14,308</td><td>1,656</td><td>N/A</td><td>N/A</td><td>N/A</td></tr><tr><td>CommCare Bridge: Legal Immigrants (no longer eligible for CommCare)</td><td>19,214</td><td>21,609</td><td>26,127</td><td>N/A</td><td>N/A</td><td>N/A</td></tr></table>							Population	YTD 2011	2010	2009	2008	2007	2006	CommCare: Low-Income, Working Adults	14,649	14,308	1,656	N/A	N/A	N/A	CommCare Bridge: Legal Immigrants (no longer eligible for CommCare)	19,214	21,609	26,127	N/A	N/A	N/A
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CommCare: Low-Income, Working Adults	14,649	14,308	1,656	N/A	N/A	N/A																						
CommCare Bridge: Legal Immigrants (no longer eligible for CommCare)	19,214	21,609	26,127	N/A	N/A	N/A																						
iii.	Most Recent Contract Revenue: <table><tr><th>Population</th><th>2010</th></tr><tr><td>CommCare: Low-Income, Working Adults and CommCare Bridge: Legal Immigrants (no longer eligible for CommCare)</td><td>\$165,000</td></tr></table>							Population	2010	CommCare: Low-Income, Working Adults and CommCare Bridge: Legal Immigrants (no longer eligible for CommCare)	\$165,000																	
Population	2010																											
CommCare: Low-Income, Working Adults and CommCare Bridge: Legal Immigrants (no longer eligible for CommCare)	\$165,000																											
iv.	Payment type: Capitated																											
v.	Contract type: CommCare- Low-Income, Working Adults: ASO CommCare Bridge: Legal Immigrants (no longer eligible for CommCare): ASO																											
vi.	Populations Served: Non-Medicaid eligible low-income, working adults and legal immigrants.																											
vii.	Number of Years Contract Held: CommCare: July 2009 to June 30, 2012; Renewable through the state’s recertification process CommCare Bridge: October 2009 to June 30, 2012; Renewable through the state’s recertification process																											
viii.	Contract Status: Active																											

Ohio Buckeye Community Health Plan, Inc.																												
i.	State Customer Name: Ohio Department of Job and Family Services Cenpatico Customer Name: Buckeye Community Health Plan, Inc. Buckeye Community Health Plan, Inc. Centene Corporation health plan subsidiary, has a direct contract with the Ohio Department of Job and Family Services for the provision of Medicaid Managed Care Services for TANF, SCHIP and ABD members. Buckeye Community Plan contracts with Cenpatico Behavioral Health, LLC for the provision of limited behavioral health managed care services.																											
ii.	Number of Eligibles: <table><tr><th>Population</th><th>YTD 2011</th><th>2010</th><th>2009</th><th>2008</th><th>2007</th><th>2006</th></tr><tr><td>TANF and SCHIP</td><td>141,500</td><td>140,700</td><td>132,500</td><td>117,454</td><td>107,729</td><td>106,000</td></tr><tr><td>SSI/ABD</td><td>18,900</td><td>19,000</td><td>18,100</td><td>N/A</td><td>N/A</td><td>N/A</td></tr></table>							Population	YTD 2011	2010	2009	2008	2007	2006	TANF and SCHIP	141,500	140,700	132,500	117,454	107,729	106,000	SSI/ABD	18,900	19,000	18,100	N/A	N/A	N/A
Population	YTD 2011	2010	2009	2008	2007	2006																						
TANF and SCHIP	141,500	140,700	132,500	117,454	107,729	106,000																						
SSI/ABD	18,900	19,000	18,100	N/A	N/A	N/A																						
iii.	Most Recent Contract Revenue: <table><tr><th>Population</th><th>2010</th></tr><tr><td>TANF and SCHIP</td><td>\$7.5 M</td></tr><tr><td>SSI/ABD</td><td>\$11.9 M</td></tr></table>							Population	2010	TANF and SCHIP	\$7.5 M	SSI/ABD	\$11.9 M															
Population	2010																											
TANF and SCHIP	\$7.5 M																											
SSI/ABD	\$11.9 M																											
iv.	Payment type: Capitated																											
v.	Contract type: Buckeye Community Health Plan is directly contracted with the Ohio Department of Job and Family Services. Cenpatico Behavioral Health, LLC is the behavioral health and substance abuse managed care sub-contractor for Buckeye Community Health Plan.																											
vi.	Populations Served: TANF, SCHIP, ABD																											
vii.	Number of Years Contract Held: TANF and SCHIP: January 2004 to present SSI/ABD: January 2007 to present																											
viii.	Contract Status: Active																											

Ohio Buckeye Community Health Plan, Inc.																		
i.	State Customer Name: U.S. Department of Health and Human Services Centers for Medicare and Medicaid Cenpatico Customer Name: Buckeye Community Health Plan, Inc. Buckeye Community Health Plan, Inc. a Centene Corporation health plan subsidiary ,contracts with the U.S. Department of Health and Human Services Centers for Medicare and Medicaid for the provision of a Special Needs Plan (SNP) for full dual eligible members. Buckeye contracts with Cenpatico Behavioral Health LLC for the provision of managed behavioral health care services for plan members.																	
ii.	Number of Eligibles: <table><tr><td>YTD 2011</td><td>2010</td><td>2009</td><td>2008</td><td>2007</td><td>2006</td></tr><tr><td>500</td><td>500</td><td>200</td><td>101</td><td>N/A</td><td>N/A</td></tr></table>						YTD 2011	2010	2009	2008	2007	2006	500	500	200	101	N/A	N/A
YTD 2011	2010	2009	2008	2007	2006													
500	500	200	101	N/A	N/A													
iii.	Most Recent Contract Revenue: <table><tr><td>2010</td></tr><tr><td>\$17,320</td></tr></table>						2010	\$17,320										
2010																		
\$17,320																		
iv.	Payment type: Capitated																	
v.	Contract type: Cenpatico, LLC has a direct contract with Buckeye Community Health Plan for the provision of the SNP’s managed behavioral health services.																	
vi.	Populations Served: SNP Full Dually Eligible																	
vii.	Number of Years Contract Held: Jan. 2008 - present, renewed yearly, indefinitely																	
viii.	Contract Status: Current																	

South Carolina Absolute Total Care																																		
i.	State Customer Name: South Carolina Department of Health and Human Services Cenpatico Customer Name: Absolute Total Care Absolute Total Care, a Centene Corporation health plan subsidiary, has a direct contract with the South Carolina Department of Health and Human Services for the provision of Medicaid Managed Care Services for TANF, SCHIP and ABD members. Absolute Total Care contracts with Cenpatico Behavioral Health, LLC for the provision of inpatient behavioral health managed care services.																																	
ii.	Number of Eligibles: <table><tr><th>Population</th><th>YTD 2011</th><th>2010</th><th>2009</th><th>2008</th><th>2007</th><th>2006</th></tr><tr><td>SCHIP</td><td>N/A</td><td>6,491</td><td>2,123</td><td>N/A</td><td>N/A</td><td>N/A</td></tr><tr><td>TANF</td><td>72,814</td><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td></tr><tr><td>ABD</td><td>10,998</td><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td></tr></table>						Population	YTD 2011	2010	2009	2008	2007	2006	SCHIP	N/A	6,491	2,123	N/A	N/A	N/A	TANF	72,814	N/A	N/A	N/A	N/A	N/A	ABD	10,998	N/A	N/A	N/A	N/A	N/A
Population	YTD 2011	2010	2009	2008	2007	2006																												
SCHIP	N/A	6,491	2,123	N/A	N/A	N/A																												
TANF	72,814	N/A	N/A	N/A	N/A	N/A																												
ABD	10,998	N/A	N/A	N/A	N/A	N/A																												
iii.	Most Recent Contract Revenue: <table><tr><th>2010</th></tr><tr><td>\$149,352</td></tr></table>						2010	\$149,352																										
2010																																		
\$149,352																																		
iv.	Payment type: ASO for SCHIP through 2010 (benefit was removed by the State in 2010) Risk for TANF and SSI beginning 2011																																	
v.	Contract type: Absolute Total Care is directly contracted with the South Carolina Department of Health and Human Services. Cenpatico Behavioral Health, LLC is the behavioral health and substance abuse managed care sub-contractor for Absolute Total Care.																																	
vi.	Populations Served: TANF, SCHIP, ABD																																	
vii.	Number of Years Contract Held: December 2007- December 2011; renewed annually for successive 12-month periods																																	
viii.	Contract Status: Active																																	

Texas Superior Health Plan Network																																			
i.	State Customer Name: Texas Health and Human Services Commission (HHSC) Cenpatico Customer Name: Superior Health Network Superior Health Network a Centene Corporation health plan subsidiary, has a direct contract with the Texas Health and Human Services Commission for the provision of the CHIP Exclusive Provider Organization (EPO), CHIP EPO Perinate, CHIP EPO Perinate Rural Service Area (RSA) Program, Children with Special Health Care Needs (CSHCN), and Medicaid Foster Care members. Superior contracts with Cenpatico Behavioral Health, LLC for the provision of behavioral health and substance abuse managed care services for these members.																																		
ii.	Number of Eligibles: <table><tr><th>Population</th><th>YTD 2011</th><th>2010</th><th>2009</th><th>2008</th><th>2007</th><th>2006</th></tr><tr><td>CHIP EPO and CHIP EPO Perinate (including CSHCN)</td><td>N/A</td><td>N/A</td><td>120,411</td><td>113,938</td><td>90,745</td><td>75,500</td></tr><tr><td>CHIP and CHIP Perinate Rural Service Area (RSA), including CSHCN</td><td>71,248</td><td>72,659</td><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td></tr><tr><td>STAR Health Foster Care</td><td>31,823</td><td>31,138</td><td>28,988</td><td>29,566</td><td>N/A</td><td>N/A</td></tr></table>							Population	YTD 2011	2010	2009	2008	2007	2006	CHIP EPO and CHIP EPO Perinate (including CSHCN)	N/A	N/A	120,411	113,938	90,745	75,500	CHIP and CHIP Perinate Rural Service Area (RSA), including CSHCN	71,248	72,659	N/A	N/A	N/A	N/A	STAR Health Foster Care	31,823	31,138	28,988	29,566	N/A	N/A
Population	YTD 2011	2010	2009	2008	2007	2006																													
CHIP EPO and CHIP EPO Perinate (including CSHCN)	N/A	N/A	120,411	113,938	90,745	75,500																													
CHIP and CHIP Perinate Rural Service Area (RSA), including CSHCN	71,248	72,659	N/A	N/A	N/A	N/A																													
STAR Health Foster Care	31,823	31,138	28,988	29,566	N/A	N/A																													
iii.	Most Recent Contract Revenue: <table><tr><th>Population</th><th>2010</th></tr><tr><td>CHIP EPO and CHIP EPO Perinate (including CSHCN)</td><td>\$1.1 million</td></tr><tr><td>CHIP and CHIP Perinate Rural Service Area (RSA), including CSHCN</td><td>\$35,000</td></tr><tr><td>STAR Health Foster Care</td><td>\$85 million</td></tr></table>							Population	2010	CHIP EPO and CHIP EPO Perinate (including CSHCN)	\$1.1 million	CHIP and CHIP Perinate Rural Service Area (RSA), including CSHCN	\$35,000	STAR Health Foster Care	\$85 million																				
Population	2010																																		
CHIP EPO and CHIP EPO Perinate (including CSHCN)	\$1.1 million																																		
CHIP and CHIP Perinate Rural Service Area (RSA), including CSHCN	\$35,000																																		
STAR Health Foster Care	\$85 million																																		
iv.	Payment type: CHIP EPO and CHIP EPO Perinate (including CSHCN): Capitated CHIP and CHIP Perinate Rural Service Area (RSA), including CSHCN: ASO through 12/10 then capitated. Foster Care: Capitated																																		
v.	Contract type: Superior Health Plan Network is directly contracted with the Texas HHSC to provide managed care services. Cenpatico Behavioral Health, LLC is the behavioral health and substance abuse managed care sub-contractor for Superior.																																		
vi.	Populations Served: CHIP EPO, CHIP EPO Perinate including CSHCN, Medicaid members in Foster Care																																		
vii.	Number of Years Contract Held: CHIP EPO and CHIP EPO Perinate: September 2004 to August 2010. CHIP Rural Service Area (RSA) Programs: January 2010 to August 2013. The Operational Start Date was September 1, 2010. Foster Care: 2007 to August 2010; coverage began April 2008; contract may be extended for up to four and a half additional years.																																		

viii.	Contract Status: CHIP EPO and CHIP EPO Perinate: Expired CHIP Rural Service Area (RSA) Programs: Active Foster Care: Active

Texas Superior Health Plan, Inc.																												
a.	State Customer Name: Texas Health and Human Services Commission (HHSC) Cenpatico Customer Name: Superior Health Plan, Inc. Superior Health Plan Inc., a Centene Corporation health plan subsidiary, has a direct contract with the Texas Health and Human Services Commission for the provision of managed care services for TANF, ABD/SSI Voluntary, CHIP/CHIP Perinate, STAR+ Plus Medicaid programs in several of the state’s regions. Superior contracts with Cenpatico Behavioral Health, LLC for the provision of behavioral health and substance abuse managed care services for members enrolled in these programs.																											
b.	Number of Eligibles: <table><tr><th>Population</th><th>YTD 2011</th><th>2010</th><th>2009</th><th>2008</th><th>2007</th><th>2006</th></tr><tr><td>TANF, CHIP</td><td>350,854</td><td>326,027</td><td>300,724</td><td>431,700</td><td>354,400</td><td>325,000</td></tr><tr><td>SSI STAR PLUS</td><td>37,000</td><td>37,183</td><td>36,075</td><td>34,621</td><td>33,054</td><td>0</td></tr></table>							Population	YTD 2011	2010	2009	2008	2007	2006	TANF, CHIP	350,854	326,027	300,724	431,700	354,400	325,000	SSI STAR PLUS	37,000	37,183	36,075	34,621	33,054	0
Population	YTD 2011	2010	2009	2008	2007	2006																						
TANF, CHIP	350,854	326,027	300,724	431,700	354,400	325,000																						
SSI STAR PLUS	37,000	37,183	36,075	34,621	33,054	0																						
c.	Most Recent Contract Revenue: <table><tr><th>Population</th><th>2010</th></tr><tr><td>STAR TANF, CHIP</td><td>\$13.9M</td></tr><tr><td>STAR PLUS – ABD, SSI</td><td>\$13. 5M</td></tr></table>							Population	2010	STAR TANF, CHIP	\$13.9M	STAR PLUS – ABD, SSI	\$13. 5M															
Population	2010																											
STAR TANF, CHIP	\$13.9M																											
STAR PLUS – ABD, SSI	\$13. 5M																											
iii.	Payment type: STAR TANF, CHIP and STAR Plus: Capitated																											
iv.	Contract type: Superior Health Plan is directly contracted with the Texas HHSC to provide managed care services. Cenpatico Behavioral Health, LLC is the behavioral health and substance abuse managed care sub-contractor for Superior.																											
vi.	Populations Served: TANF and CHIP/CHIP; ABD and SSI																											
vii.	Number of Years Contract Held: STAR -TANF, CHIP: December 2004 to present STAR Plus - ABD and SSI Long-term care: December 2002 to present																											
viii.	Contract Status: TANF, ABD/SSI Voluntary and CHIP: Active																											

Texas Superior Health Plan, Inc.																					
i.	State Customer Name: U.S. Department of Health and Human Services Centers for Medicare and Medicaid Cenpatico Customer Name: Superior Health Plan, Inc. Superior Health Plan, Inc. contracts with the U.S. Department of Health and Human Services Centers for Medicare and Medicaid for the provision of a Special Needs Plan (SNP) for full dual eligible members. Superior contracts with Cenpatico Behavioral Health LLC for the provision of managed behavioral health care services for plan members.																				
ii.	Number of Eligibles: <table><tr><td>Population</td><td>YTD 2011</td><td>2010</td><td>2009</td><td>2008</td><td>2007</td><td>2006</td></tr><tr><td>SNP Full Dual Eligible</td><td>1,034</td><td>892</td><td>169</td><td>45</td><td>N/A</td><td>N/A</td></tr></table>							Population	YTD 2011	2010	2009	2008	2007	2006	SNP Full Dual Eligible	1,034	892	169	45	N/A	N/A
Population	YTD 2011	2010	2009	2008	2007	2006															
SNP Full Dual Eligible	1,034	892	169	45	N/A	N/A															
iii.	Most Recent Contract Revenue: <table><tr><td>2010</td></tr><tr><td>\$8,129</td></tr></table>							2010	\$8,129												
2010																					
\$8,129																					
iv.	Payment type: Capitated, based on individual Member																				
v.	Contract type: Cenpatico Behavioral Health, LLC has a direct contract with Superior Health Plan Inc. for the provision of the SNP’s managed behavioral health and substance abuse services.																				
vi.	Populations Served: Full Dual Eligible Medicaid and Medicare																				
vii.	Number of Years Contract Held: Dates of the Contract Jan. 2008 - present, renewed yearly, indefinitely																				
viii.	Contract Status: Active																				

Wisconsin Managed Health Services Insurance Corporation (MHS)																												
i.	State Customer Name: Wisconsin Department of Health Services, Medicaid Division Cenpatico Customer Name: Managed Health Services Insurance Corporation (MHS) MHS a Centene Corporation health plan subsidiary, is directly contracted by the Wisconsin Department of Health Services for the provision of medically necessary Medicaid managed care services for the TANF, SCHIP SOBRA, refugees, children in state care and custody, MC+ poverty children, SSI/ABD, and waiver uninsured parent population. MHS contracts with Cenpatico Behavioral Health, LLC for the provision of managed behavioral health and substance abuse services.																											
ii.	Number of Eligibles: <table><tr><th>Population</th><th>YTD 2011</th><th>2010</th><th>2009</th><th>2008</th><th>2007</th><th>2006</th></tr><tr><td>TANF, SCHIP, SOBRA, refugees, children in state care and custody, MC+ poverty children, and waiver uninsured parent population</td><td>73,986</td><td>67,070</td><td>127,294</td><td>117,361</td><td>125,004</td><td>125,000</td></tr><tr><td>SSI/ABD</td><td>7,834</td><td>7,852</td><td>7,529</td><td>7,483</td><td>6,939</td><td>6,525</td></tr></table>							Population	YTD 2011	2010	2009	2008	2007	2006	TANF, SCHIP, SOBRA, refugees, children in state care and custody, MC+ poverty children, and waiver uninsured parent population	73,986	67,070	127,294	117,361	125,004	125,000	SSI/ABD	7,834	7,852	7,529	7,483	6,939	6,525
Population	YTD 2011	2010	2009	2008	2007	2006																						
TANF, SCHIP, SOBRA, refugees, children in state care and custody, MC+ poverty children, and waiver uninsured parent population	73,986	67,070	127,294	117,361	125,004	125,000																						
SSI/ABD	7,834	7,852	7,529	7,483	6,939	6,525																						
iii.	Most Recent Contract Revenue: <table><tr><th>Population</th><th>2010</th></tr><tr><td>TANF, SCHIP, SOBRA</td><td>\$6.1M</td></tr><tr><td>SSI/ABD</td><td>\$3.4M</td></tr></table>							Population	2010	TANF, SCHIP, SOBRA	\$6.1M	SSI/ABD	\$3.4M															
Population	2010																											
TANF, SCHIP, SOBRA	\$6.1M																											
SSI/ABD	\$3.4M																											
iv.	Payment type: Capitated																											
v.	Contract type: Cenpatico Behavioral Health, LLC has a direct contract with MHS for the provision of the SNP’s managed behavioral health and substance abuse services.																											
vi.	Populations Served: Medicaid TANF, SCHIP, SOBRA, refugees, children in state care and custody, MC+ poverty children, waiver uninsured parent population and SSI/ABD																											
vii.	Number of Years Contract Held: TANF, SCHIP, SOBRA etc.: July 2003 to current (Recertification occurs every two years.) SSI/ABD: Started April 2005 to current (Recertification occurs every two years)																											
viii.	Contract Status: TANF, SCHIP, SOBRA etc.: Active SSI/ABD: Active																											

3. Relevant Corporate Experience

3.c. Provide the percentage of the Proposer's managed BH care revenue attributed to government/public sector customers in fiscal years 2006, 2007, 2008, 2009 and the third quarter of 2010.

Cenpatico specializes in government/public sector service. The table below illustrates our commitment serving vulnerable populations for government/public sector customers.

Year	Percentage
2006	100%
2007	100%
2008	100%
2009	100%
2010	100%

3. Relevant Corporate Experience

3.d. For all current government/public sector customers for whom the Proposer currently manages Medicaid BH care services provide the following information for a state contact:

- i. Name;
- ii. Address;
- iii. City, State, Zip;
- iv. Telephone number; and
- v. Email address.

Cenpatico Behavioral Health, LLC. has direct contracts with the State of Arizona and the State of Kansas to provide managed behavioral health services, see below for the contact information for these state clients. Cenpatico also manages behavioral health care services for health plans in ten states through a subcontracted arrangement with the health plans. The health plans have the direct contract with the State to provide Medicaid managed care services. For those contracts we have included the health plan contact as a reference. In Texas, Cenpatico manages the behavioral health services for foster children through a contract with Superior Health Plan, Inc. Even though the contract is with Superior and not the State entity, Cenpatico does have a direct relationship with the State and therefore has included the state contact information.

Arizona: Bridgeway Health Solutions	
	Health Plan Contact:
i.	Rick Fredrickson
	Chief Executive Officer
ii.	1501 E. Fountainhead Pkwy., #295
iii.	Tempe, AZ 85282
iv.	866-475-3129
v.	rfredrickson@centene.com
Arizona: Bridgeway Health Solutions -SNP	
	Health Plan Contact:
i.	Rick Fredrickson
	President and Chief Executive Officer
ii.	1501 E. Fountainhead Pkwy., #295
iii.	Tempe, AZ 85282
iv.	866-475-3129
v.	rfredrickson@centene.com
Arizona: Cenpatico of Arizona (Includes: Geographic Service Areas 2, 3 & 4)	
	State contact:
i.	Laura Nelson, M.D.
	Deputy Director, Arizona Department of Health Services
ii.	150 N. 18th Street, 2nd Floor
iii.	Phoenix, AZ 85007
iv.	(602) 364-4558
v.	laura.nelson@azdhs.gov

Florida: Sunshine State Health Plan	
	Health Plan Contact:
i.	Chris Paterson
	President and Chief Executive Officer
ii.	400 Sawgrass Corp. Parkway, Suite 100
iii.	Sunrise, Florida 33325
iv.	cpaterson@centene.com
v.	954-514-1700
Georgia: Peach State Health Plan	
	Health Plan Contact:
i.	Patrick M. Healy
	President and Chief Executive Officer
ii.	3200 Highlands Parkway#300
iii.	Smyrna, Georgia 30062
iv.	866-874-0633
v.	phealy @centene.com
Illinois: IlliniCare Health Plan	
	Health Plan contact:
i.	Michael Kinne
ii.	999 Oakmont Plaza Drive
	President and Chief Executive Officer
iii.	Westmont, Illinois 60559
iv.	312-330-2919
v.	mkinne@centene.com
Indiana: MHS Indiana Coordinated Care Corporation Indiana, Inc. (d/b/a Managed Health Services)	
	Health Plan contact:
i.	Patrick Rooney
	President and Chief Executive Officer
ii.	1099 N. Meridian Street, Suite 400
iii.	Indianapolis, Indiana 46204
iv.	317-684-9478
v.	prooney@centene.com

Kansas: Cenpatico Behavioral Health, LLC	
	State contact:
i.	Ms. Fran Seymour-Hunter
	Interagency Liaison, Kansas Health Policy Authority
ii.	900 SW Jackson
iii.	Topeka, Kansas 66612
iv.	(785) 296-2212
v.	Fran.Seymour-Hunter@khpa.ks.gov
Massachusetts: CeltiCare Health Plan	
	Health Plan contact:
i.	Richard Lynch
	President and Chief Executive Officer
ii.	1380 Soldiers Field Road, Suite 300
iii.	Brighton, Massachusetts 02135
iv.	617-779-5101
v.	rlynch@centene.com
Ohio: Buckeye Community Health Plan	
	Health Plan contact:
i.	Steven White
	President and Chief Executive Officer
ii.	17 S. 3 rd Street, Suite 1200
iii.	Columbus, Ohio 43215
iv.	614-220-4900
v.	stwhite@centene.com
Ohio: Buckeye Community Health Plan -SNP	
	Health Plan contact:
i.	Steven White
	President and Chief Executive Officer
ii.	17 S. 3rd Street, Suite 1200
iii.	Columbus, Ohio 43215
iv.	614-220-4900
v.	stwhite@centene.com

South Carolina: Absolute Total Care	
	Health Plan contact:
i.	Aaron Brace
	President and Chief Executive Officer
ii.	1441 Main Street, Suite 900
iii.	Columbia, South Carolina 29201
iv.	866-433-6041
v.	abrace@centene.com
Texas: Superior Health Plan (Includes: STAR and STAR Plus Bexar; STAR Health, STAR CHIP and SSI El Paso; SSI Lubbock; STAR Health; STAR Nueces; STAR TRAVIS)	
	State contact:
i.	Mr. Billy Millwee
	Deputy Director of Health Services Operations, HHSC
ii.	11209 Metric Boulevard, Building H
iii.	Austin, Texas 78704
iv.	(512) 491-1869
v.	Billy.Millwee@hhsc.state.tx.us
	Health Plan contact:
i.	Tom Wise
	President and Chief Executive Officer
ii.	2100 South I H 35
iii.	Austin, Texas 78704
iv.	1-800-218-7453
v.	twise@centene.com
Texas: Superior Health Plan - SNP	
	Health Plan contact:
i.	Tom Wise
	President and Chief Executive Officer
ii.	2100 South I H 35
iii.	Austin, Texas 78704
iv.	1-800-218-7453
v.	twise@centene.com

Wisconsin: MHS (Managed Health Services) Wisconsin	
	Health Plan contact:
i.	Sherry B. Husa
	President and Chief Executive Officer
ii	10700 W. Research Drive, # 300,
iii.	Milwaukee, Wisconsin 53226
iv.	800-547-1647
v..	shusa@centene.com

3. Relevant Corporate Experience

3.e. For current customers listed in letter d above, provide the number of complaints per 1,000 members received during the past two (2) calendar years. Also provide the most common types of complaints ranked by order of frequency.

The information provided below details the numbers of complaints initiated by members receiving services in the Cenpatico system of care stratified by their affiliated health plan. Please note that Cenpatico, which functions primarily as a delegated behavioral health vendor, is not delegated complaints for every health plan or market in which Cenpatico provides services. The tables below include 2009 and 2010 data specific to those customers detailed in 3.d above who provided a complaint during the time period in markets where Cenpatico is delegated member complaint management.

2009			
Health Plan	Total Complaints	Total Membership	Rate x 1000
Florida : Sunshine State Health Plan	2	532,572	0.003755361
Georgia: Peach State Health Plan	2	357,340	0.005596911
Kansas: Centpatico Behavioral Health, LLC	1	494,111	0.002023837
Texas: Superior Health Plan - TX STAR Health	29	353,337	0.08207462
Texas: Superior Health Plan - STAR CHIP El Paso	2	100,419	0.01991655
Texas: Superior Health Plan - STAR Travis	1	863,974	0.001157442
Texas: Superior Health Plan - STAR Bexar	2	762,238	0.002623852
Texas: Superior Health Plan - STAR Plus Bexar	5	307,537	0.016258206
Texas: Superior Health Plan - STAR Plus Nueces	2	119,958	0.016672502
Category			
Category	Total	Percentage by Category	
Quality of Service	25	54%	
Access	8	17%	
Quality of Care	5	11%	
Customer Service	4	9%	
Benefit Denial/Limitation	2	4%	
Claims	1	2%	
Utilization Management	1	2%	

As shown above, the Cenpatico member complaint category with the highest number of overall complaints is the category, Quality of Service, with 54% of Cenpatico's 2009 complaints (25 total complaints). This complaint category captures member reported concerns or dissatisfaction with the

physical appearance of a provider/practitioner site; the physical accessibility to the provider/practitioner site; reports of lengthy office wait times; record keeping; and/or feeling that provider/practitioner site administrative staff was rude or unfriendly to the member.

Cenpatico actively researches all member complaints with assistance from a Cenpatico subject matter expert, as needed, and ensures timely response back to the complainant on the findings of the complaint investigation; the outcome of the complaint; and the member's options to appeal the complaint finding at the member's discretion. When compared to the health plan membership in the markets where Cenpatico is delegated member complaint processing, the overall market to market complaint rate per 1,000 members trends consistently below the threshold of less than or equal to 1 complaint per 1000 members.

2010			
Health Plan	Total Complaints	Total Membership	Rate x 1000
Florida : Sunshine State Health Plan	3	1,437,325	0.002087211
Kansas: Centpatico Behavioral Health, LLC	4	453,959	0.008811368
Texas: Superior Health Plan - TX STAR Health	15	365,890	0.040995928
Texas: Superior Health Plan - SSI Lubbock	1	8,202	0.121921483
Texas: Superior Health Plan - STAR El Paso	1	657,727	0.001520388
Texas: Superior Health Plan - SSI El Paso	1	40,943	0.024424199
Texas: Superior Health Plan - STAR Plus Bexar	2	320,438	0.006241457
Category	Total	Percentage by Category	
Quality of Service	19	70%	
Access	4	15%	
Claims	3	7%	
Customer Service	1	4%	

Similar to complaint tracking captured in 2009, Cenpatico's 2010 complaint rate per 1000 tracks consistently below the threshold of less than or equal to 1 complaint per 1000 members. 2010 data indicates that the Quality of Service category continued to garner the highest number of complaints overall, with 70%, or 19 total, member complaints received.

Cenpatico utilizes member complaints as an integral component of the Cenpatico Quality Improvement program, as member specific and system trends are identified in the areas of service quality, access, quality of care and customer services. This member feedback on the Cenpatico service system provides valuable qualitative data to support ongoing core business monitoring activities.

Arizona

Cenpatico of Arizona is required to by the Arizona Department Health- Division of Behavioral Health Services to track duplicate categories of complaints, i.e. one complaint can be registered in more than one category. Due to the implications of this tracking difference, we have chosen to show Cenpatico's Arizona complaint data in separate tables.

2009			
Health Plan	Total Complaints	Total Membership	Rate x 1000
Arizona: Cenpatico Behavioral Health of Arizona	260	111,176	2.338634237
Category	Total Complaints	Percentage by Category	
Access to Services	132	51%	
Clinical Decision Related to Service	53	21%	
Client Rights	21	8%	
Customer Service	19	7%	
Coordination of Care	13	5%	
Financial	11	4%	
Information Sharing	11	4%	

Our 2009 Arizona data indicates that Access to Services was the major complaint category that was identified followed by Clinical Decisions and Client Rights. We identified a problem in 2009 with the methodology used by customer service representatives (CSRs) in categorizing complaints. A performance improvement process was initiated which included retraining CSRs. We believe the 2010 data more accurately reflects the frequency of complaint categories. This process is now monitored quarterly by our QI Manager to assure inter-rater reliability is maintained, no further problems have been identified.

2010			
Health Plan	Total Duplicated Complaints	Total Membership	Rate x 1000
Arizona: Cenpatico Behavioral Health of Arizona	415	110,582	0.266462650
Category	Total Duplicated Complaints	Percentage by Category	
Customer Service	136	33%	
Clinical Decision Related to Service	125	30%	
Access to Services	72	18%	
Coordination of Care	42	10%	
Financial	20	5%	
Client Rights	14	3%	
Information Sharing	6	1%	

2010 complaint data indicates that Customer Service is the most frequent complaint category, followed by Clinical Decisions and Access to Services. The Health Plan continues to monitor and trend the data in order to determine next steps.

3. Relevant Corporate Experience

3.f. Provide three (3) references from governmental/public sector clients, at least of which two (2) are from government/public sector clients with whom the Proposer currently holds contracts for management of behavioral health services. Include the following information:

- i. Name;
- ii. Address;
- iii. City, State, Zip;
- iv. Telephone number; and
- v. Email address.

Cenpatico Behavioral Health, LLC is pleased to provide three references. Two are from state clients with whom Cenpatico holds direct current contracts for the management of behavioral health and substance abuse services. The third is from Superior Health Plan, Inc., the Health Plan Prime Contractor for our Texas MBHO contracts.

Direct State Client References:

Kansas Health Policy Department Department of Medicaid Services		
Contract: Cenpatico Behavioral Health, LLC.		
i.	Name:	Fran Seymour Hunt
ii.	Address:	Room 900 N. Landon Building
iii.	City, State, Zip:	900 SW Jackson
		Topeka, KS 66612
iv.	Telephone number:	785-296-2212
v.	Email address:	Fran.Seymour-Hunter@khpa.ks.gov
Arizona Department of Health Services Division of Behavioral Health Services		
Contract: Cenpatico Behavioral Health of Arizona		
i.	Name:	Laura K. Nelson, M.D.
ii.	Address:	150N. 18th Street
iii.	City, State, Zip:	Phoenix, AZ 85007
iv.	Telephone number:	602-364-4558
v.	Email address:	laura.nelson@azdhs.gov

Health Plan Reference:

Superior Health Plan, Inc.		
i.	Name:	Tom Wise, President and CEO
ii.	Address:	2100 S IH-35, Suite 202
iii.	City, State, Zip:	Austin, TX 78704
iv.	Telephone number:	800-218-7453 ext. 22010
v.	Email address:	twise@centene.com

4. Personnel Qualifications

The Proposer should describe the qualifications of personnel as listed below:

4.a. Job descriptions including the percentage of time allocated to the project and the number of personnel should be included and should indicate minimum education, training, experience, special skills and other qualifications for each staff position as well as specific job duties identified in the proposal.

The job descriptions of key and required personnel are provided on the subsequent pages.

Key Personnel are dedicated 100% to the responsibilities of the Statewide Management Organization (SMO). They include:

- Chief Executive Officer
- Chief Financial Officer
- Chief Medical Officer
- Chief Operations Officer
- Children's System Administrator

Required Personnel, who are dedicated 100% to SMO clinical and functional activities and services include:

Corporate Compliance Administrator

- Care Management - Utilization Management Administrator
- Quality Management Administrator
- Network Development Administrator
- Network Management Administrator
- Member Services Administrator
- Information Systems Administrator
- Claims/Encounter Administrator
- Grievance and Appeals Administrator

We have also included the Job Description for the Medical Administrator who as a physician will serve as a key liaison with the State to make recommendations that will improve clinical and overall outcomes of the program and who will also present Cenpatico's clinical vision to various stakeholders within the Louisiana behavioral health system.

Please note: Please see Section 5. Additional Information, for our signed attestation outlining Cenpatico of Louisiana, Inc.'s compliance with DHH-OBH Addendum #4 regarding personnel previously engaged in a financial, contractual or employment relationship with DHH.

Position Title: Chief Executive Officer – Cenpatico of Louisiana

Reporting Relationship: Chief Executive Officer – Cenpatico

Position Purpose

This key position has decision-making authority to oversee operations for the Louisiana contract, including executing strategies to meet and exceed annual goals and objectives in the following areas:

- ☐ Membership services
- ☐ Provider contracting and services
- ☐ Clinical operations and quality of care
- ☐ General site operations and staff management

Has overall responsibility for operation of the contract and compliance with all Federal and State laws and contractual requirements. Has ultimate responsibility to ensure that the needs of members and providers served by the contract are met and that the program supports the overall improvement of the Louisiana behavioral health system. Serves as a primary liaison with State, state contacts and stakeholders. Responsible and accountable to all stakeholders for the short- and long-term outcomes of the program and overall success of the contract.

Knowledge/Experience

- Bachelor's degree in business administration, health care administration or related field. MHA, MBA or Master's degree in related field or equivalent experience.
- 10 or more years of experience with management of behavioral health services for organizations similar in size and responsibility to the Louisiana contract
- Five or more years of experience in a CEO or similar role with public sector , managed behavioral healthcare
- Previous experience with leading and coordinating business implementation activities
- Knowledge and understanding of the Louisiana Medicaid managed care market, regulations, practices and behavioral health system strongly preferred
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills, Traits and Competencies

- High degree of financial, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic organization
- Strong work ethic and ability to thrive in a fast-paced environment

Chief Executive Officer – Cenpatico of Louisiana (cont.)

Principal Functions and Accountabilities

Stewardship and Fiduciary Responsibilities:

Meet and exceed financial goals and objectives by directing all daily operations including:

- Ensure member's needs are met
- Clinical and provider program development
- Network development, contracting, provider service and provider relations
- Delivery of covered services and benefits
- Efficient operational infrastructure to support business
- Budget planning and oversight

Strategic Operations

Develop and execute strategies to enhance success and growth in the Louisiana market, including new product/program development, in collaboration with system stakeholders, the State and corporate partners

People Management and Leadership:

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles, and coach and mentor as appropriate
- Lead by example to create desired culture and motivated staff

Liaison/External and Internal Communications

- Establish a positive organization and company image within Louisiana health care community
- Serve as primary contact for the State, corporate and external vendors regarding organization's financial matters
- Establish and maintain on-going relationships with community organizations and contract stakeholders.
- Ensure that the behavioral health care needs of consumers are well served
- Actively monitor legislative and political developments affecting the organization
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials
- Accountable to the organization's Board of Directors and oversees organizational committee functions
- Oversee the organization's relations with the State government including relationships with the Medicaid agency, Legislature and Governor

Local Focus

- Lead organization's coordination of local program development, marketing efforts and financial forecasts
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Direct activities that promote the positive image of the organization and the company as an innovative model of care delivery in the marketplace

Compliance

Ensure overall regulatory and contractual compliance of the organization and compliance with applicable State and/or federal requirements

Licenses/Certifications

None required

Position Title: Chief Financial Officer – Cenpatico of Louisiana

Reporting Relationship: Chief Executive Officer – Cenpatico of Louisiana

Position Purpose

In collaboration with Centene and Cenpatico corporate Finance staff, responsible for effective implementation and oversight of the budget, accounting systems and financial operations of the contract in compliance with Federal and State laws and contractual requirements. Coordinate and oversee activities of the organization's finance, IS, data, Claims and Encounters departments and assist the CEO in formulating and administering the organization's associated policies and procedures. Serve as a key liaison with the state to make recommendations that will improve IS, financial, data and claims results of the program.

Knowledge/Experience

- Bachelors degree in accounting, finance or business; MBA or Master's degree preferred
- Current, active CPA license
- Seven or more years of experience in accounting and financial analysis, preferably in the healthcare, managed care or insurance industry.
- Five or more years of experience as a CFO or similar role in managed behavioral healthcare
- Five or more years of experience related to finance, systems and claims for Medicaid and/or other government programs
- Knowledge and understanding of the Louisiana Medicaid managed care market, regulations, practices and behavioral health system strongly preferred
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills, Traits and Competencies

- High degree of financial, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic organization
- Strong work ethic and ability to thrive in a fast-paced environment
- Proficiency in Microsoft Office and budgeting and planning software

Chief Financial Officer – Cenpatico of Louisiana (cont.)

Principal Functions and Accountabilities

Financial, Data and IS Oversight

- Provide day-to-day leadership to the organization's finance, IS, Data, Claims and Encounters teams
- Ensure that the policies, procedures and contract performance standards for the department are in compliance with federal, State and company policies and regulations
- Monitor business processes and systems to ensure integrity of the organization's data and systems
- Review, communicate, and present operating budgets and forecasts
- Oversee monthly business closings
- Oversee preparation of accurate and timely financial and data reporting
- Set financial targets and measures for the organization that are appropriate and are directly linked to organization and contractual requirements
- Oversee and validate cost models and lead initiatives to identify inefficiencies and areas of development and improvement.
- Drive financial initiatives to address business needs

Analysis

- Analyze financial, departmental and organizational activity reports and recommend solutions
- Provide financial and business analyses of operational performance, variances, operating alternatives, program and investment initiatives
- Develop and present recommendations for action on a wide range of financial matters
- Interpret financial reports for management team

People Management

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles
- Lead by example to create desired culture and motivated staff
- Ensure appropriate management and skills development for self and staff

Liaison/External and Internal Communications

- Serve as key contact for the State, corporate and various functions and agencies
- Actively monitor legislative and political developments affecting the organization from a financial perspective
- Actively participate and interact with other departments regarding significant issues affecting the organization's financial statements
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Direct activities that promote the positive image of the organization and the company as an innovative model of care delivery in the marketplace

Licenses/Certifications

Current, active CPA

Position Title: Chief Medical Officer – Cenpatico of Louisiana

Reporting Relationship: Chief Executive Officer – Cenpatico of Louisiana

Position Purpose

Responsible for the medical-clinical philosophy, practices and goals for Cenpatico of Louisiana. Responsible for medical management, utilization management and quality improvement programs in compliance with Federal and State laws and contractual requirements. Develop and present Cenpatico's clinical vision to various stakeholders within the Louisiana behavioral health system. Responsible for short and long-term clinical outcomes and success for the contract. Serve as a key liaison with the State to make recommendations that will improve clinical and overall outcomes of the program.

Knowledge/Experience

- Requires an active, unrestricted license as a Medical Doctor in the state of Louisiana, and Board Certification in General or Child/Adolescent Psychiatry.
- Seven or more years of experience in public sector behavioral health
- Five or more years of experience in a CMO or similar role in managed behavioral health care
- Prior experience working with the same or similar population (vulnerable children, youth and adults, chronically ill, SMI, Medicaid population).
- Prior experience working with a culturally diverse population.
- Prior experience with oversight of quality improvement activities; experience with NCQA accreditation is preferred.
- Knowledge and understanding of the Louisiana Medicaid managed care market, regulations, practices and behavioral health system strongly preferred
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills, Traits and Competencies

- Excellent leadership, team and "people" skills; strong business acumen, intelligence and capacity, think strategically and implement tactically
- Ability to successfully represent the organization externally and internally
- Creativity, flexibility and the ability to thrive in times of change
- Initiative, good judgment and ability to make decisions in a timely fashion
- Ability to work collaboratively with other clinical and non-clinical personnel within the organization
- Broad medical knowledge and ability to understand and apply medical principles across multiple specialties
- Ability to perform data analysis and communicate results to provider, the State or other key stakeholders
- Ability to constructively influence physician behavior to promote quality and efficiency in health care
- Maintain knowledge regarding trends impacting the medical field and managed care

Principal Functions and Accountabilities

Clinical, Quality and Utilization review

- Along with Medical Administrator, oversee and direct effective implementation of the Quality Improvement and Utilization Management programs and appeals for all populations in the program, including children and youth, adults with SMI and/or addictive disorders, including promoting appropriate utilization and preventive care
- Participate in development and implementation of the QM/UM plan and serve as chairperson of the QM, UM and Peer Review committees
- Provide expertise and vision to establishing goals and policies that will improve quality and cost-effectiveness of care and service for members

Chief Medical Officer – Cenpatico of Louisiana (cont.)

Principal Functions and Accountabilities (cont.)

Clinical, Quality and Utilization review

- Implement, maintain and refine quality improvement and utilization management programs in accordance with regulatory, State, corporate, and accreditation requirements
- Identify utilization management opportunities and evaluate adverse trends in utilization of health care services, unusual provider practice patterns, and adequacy of benefit/payment components
- Interface directly with the provider community regarding medical review, utilization review, and quality improvement issues and concerns
- Develop, implement and interpret clinical-medical policies and procedures
- Recruit, coordinate and oversee activities of assistant medical directors and physician advisors; recruit and use the services of medical and pharmacy consultants for reviewing complex cases and medical necessity appeals

Provider Involvement and System Shaping

- Oversee development and implementation of physician education with respect to clinical issues and company policies
- Oversee and develop alliances with the provider community through development and implementation of innovative clinical management programs
- Interface with physicians and other providers to facilitate implementation of recommendations that improve quality, continuity of care and overall health care quality
- Oversee effective implementation of performance improvement initiatives for providers
- Interface directly with the provider community regarding medical review, utilization review, and quality improvement issues and concerns

Internal and External Communications/Liaison

- Represent the organization publicly, locally and nationally, on medical philosophy, policies, and related issues
- Actively monitor legislative and political developments affecting the organization from a medical and clinical perspective
- Provide education, in-service training and orientation both internally and externally as needed
- Represent the organization on medical director committees with the State, professional associations and on other ad hoc committees as appropriate
- Attend quarterly DHH-OBH designated medical director meetings, including linkage with the CNN Medical Directors for primary care
- Oversee functioning of the organization's physician committees including committee structure, processes, and membership
- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Establish and maintain on-going relationships with community organizations and contract stakeholders
- Ensure that the behavioral health care needs of members are well served
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials

Chief Medical Officer – Cenpatico of Louisiana (cont.)

People Management

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles
- Lead by example to create desired culture and motivated staff

Provider Network

- Participate in provider network development and new market expansion as appropriate
- Participate in the review, assessment, and negotiation of provider contracts as appropriate
- Oversee provider profile design and interpretation; participate in the review, assessment, and negotiation of provider contracts as appropriate
- Oversee decision-making process for approval and denial of provider credentialing

License/Certificates

Requires an active, unrestricted license as a Medical Doctor in the state of Louisiana, and Board Certification in General or Child/Adolescent Psychiatry.

Position Title: Chief Operating Officer – Cenpatico of Louisiana

Reporting Relationship: Chief Executive Officer – Cenpatico of Louisiana

Position Purpose

Responsible for clinical program development and oversight of personnel and services related to the delivery of covered mental health and addiction services for children/youth, adults with serious mental illness and/or with addictive disorders in compliance with all Federal and State laws and contractual requirements. Oversee provider network development, network management and supporting functions to support the delivery of quality clinical programs to members. Oversee internal and external training initiatives and the system Emergency Response initiatives. Oversee Children's and Adult System Administrators. Serve as a key liaison with DHH-OBH to make recommendations that will improve results of the program.

Knowledge/Experience

- Master's degree in Behavioral Health or Registered Nurse required
- Current, unrestricted license as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must hold current license in Louisiana
- Seven or more years of experience with management of behavioral health care operations, including clinical and/or provider relations program development and management
- Five or more years of experience in a COO, Chief Clinical Officer or similar role in managed behavioral healthcare
- Knowledge and understanding of the Louisiana Medicaid managed care market, regulations, practices and behavioral health system strongly preferred
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills, Traits and Competencies

- High degree of financial, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic organization
- Strong work ethic and ability to thrive in a fast-paced environment

Chief Operating Officer – Cenpatico of Louisiana (cont.)

Principal Functions and Accountabilities

Stewardship and Fiduciary Responsibilities:

Meet and exceed financial goals and objectives by directing all daily operations including:

- Clinical and provider program development
- Network development, contracting, provider service and provider relations
- Delivery of covered services and benefits
- Ensure member's needs are met
- Efficient operational infrastructure to support business
- Budget planning and oversight

Operational Oversight

- Ensure appropriate clinical programs are developed, implemented and maintained to best service the needs of behavioral health members in a manner that results in quality outcomes and cost efficiency
- Ensure appropriate provider network is developed maintained and that the needs of the providers are met
- Ensure appropriate provider training, support and coaching is available to ensure provider success
- Develop and implement strategic and tactical plans to ensure growth and development of the organization and ensure positive financial results.
- Oversee development and execution of operating plans, including employee development, organization goals, and member and provider relations goal.
- Establish criteria for measuring and assessing the success/performance of each component of operation.
- Develop effective relationships with key stakeholders to educate providers and members on various topics.
- Develop and establish operational mission statements, philosophy, policies, goals, objectives and strategy

People Management and Leadership:

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles, and coach and mentor as appropriate
- Lead by example to create desired culture and motivated staff

Liaison/External and Internal Communications

- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Establish and maintain on-going relationships with community organizations and contract stakeholders
- Ensure that the behavioral health care needs of members are well served
- Actively monitor legislative and political developments affecting the organization
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials

Licenses/Certifications

Current, unrestricted license as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must hold current license in Louisiana

Position Title: Children's System Administrator – Cenpatico of Louisiana

Reporting Relationship: Chief Operating Officer – Cenpatico of Louisiana

Position Purpose

Oversee the development and implementation of community support programs and processes that ensure the needs of children and families of the Louisiana behavioral health system are met. Serve as key liaison State agencies including DHH-OBH, CSoc governance and the WAA to outline goals and ensure programs developed reflect the goals and values of the CSoc as well as all Federal and State regulations and contractual requirements.

Knowledge/Experience

- Master's degree in Behavioral Health or Registered Nurse required
- Current, unrestricted licensed as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must be licensed in Louisiana or be eligible to become licensed in Louisiana
- Five or more years of experience in public sector, managed behavioral health care
- Five or more years of experience Children's System Administrator or similar role for a managed behavioral health care organization overseeing collaboration with child welfare agencies and the juvenile justice system
- Knowledge and understanding of the Louisiana Medicaid managed care market, regulations, practices and behavioral health system strongly preferred
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills, Traits and Competencies

- High degree of numerical, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic plans
- Strong work ethic and ability to thrive in a fast-paced environment

Principal Functions and Accountabilities

Program Development, Oversight and Implementation

- Oversee the design and implementation of the behavioral health delivery programs to ensure the needs of children and their families in the behavioral health system are met
- Ensure collaboration with child welfare agencies and the juvenile justice system
- Coordinate with members of various State agencies to ensure that programs developed reflect the goals and values of the CSoc
- Develop and implement practice adjustments and policy and procedure revisions
- Provide training and support in an effort to provide continuous improvement in serving children and families
- Coordinate the assimilation of measures with continuous quality improvement efforts at the provider and network levels

Children's System Administrator – Cenpatico of Louisiana (cont.)

People Management and Leadership:

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles, and coach and mentor as appropriate
- Lead by example to create desired culture and motivated staff

Liaison/External and Internal Communications

- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Establish and maintain on-going relationships with community organizations and contract stakeholders
- Ensure that the behavioral health care needs of members are well served
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials

Licenses/Certifications

Current, unrestricted license as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must be licensed in Louisiana or be eligible to become licensed in Louisiana

Position Title: Corporate Compliance Administrator – Cenpatico of Louisiana

Reporting Relationship: Chief Executive Officer – Cenpatico of Louisiana

Position Purpose

Responsible for the implementation and administration of the Compliance program. Ensure organization's compliance with all Federal and State laws. Oversee contract audit process and ensure overall contractual and internal policy and procedure compliance. Act as a key liaison with DHH-OBH and other State agencies to represent the organization in all matters pertaining to the contract.

Knowledge/Experience

- Bachelor's degree in Public Policy, Government Affairs, Business Administration or equivalent; Master's or Law degree or equivalent experience preferred.
- Seven or more years of relevant experience
- Five or more years of experience as a Compliance Officer or similar role for a managed care organization
- Extensive knowledge of state administrative code and regulations, Medicare, Medicaid, state insurance laws and regulations including managed care regulations
- Experience with state and federal government agencies, accreditation bodies, participating provider agreements, HIPAA and Third Party Administration (TPA) laws, credentialing regulations and prompt pay laws
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills and Competencies

- High degree of numerical, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic plans
- Strong work ethic and ability to thrive in a fast-paced environment

*Corporate Compliance Administrator – Cenpatico of Louisiana (cont.)***Principal Functions and Accountabilities*****Leadership and Compliance Oversight***

- Ensure overall compliance with terms of the contract, including securing and coordinating necessary resources
- Oversee all audits related to the contract and collaborate with the DHH Fraud and Abuse program
- Serve as designated and recognized authority to access provider records and make independent referrals to DHH or other authorized enforcement agencies
- Oversee implementation of all DHH-approved plans, policies and timelines
- Oversee all contract-related activities for the organization and activities of all material subcontractors and other subcontractors, including coordination of activities with the organization's key personnel
- Receive and respond to all inquiries and requests made by DHH-OBH or other State agencies related to the contract and in the timeframes and formats specified
- Meet with DHH-OBH on a routine basis to discuss issues of mutual interest and concerns
- Promptly resolve issues identified by the organization or DHH-OBH; investigate areas of non-compliance and initiate corrective action
- Track all compliance requirements and deliverables of the organization using appropriate electronic tools as approved and dictated by DHH-OBH
- Develop policies, procedures and processes to comply with state law, federal law, state law and contract requirements
- Train staff on new policies, procedures and processes to comply with new state law, federal law and state contract requirements
- Oversee the privacy program

People Management and Leadership:

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles, and coach and mentor as appropriate
- Lead by example to create desired culture and motivate people in organization

Liaison/External and Internal Communications

- Serve as primary contact with DHH-OBH, corporate and external vendors regarding organization's compliance matters
- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials

Licenses/Certifications

None required

Position Title: Care Management/UM Administrator – Cenpatico of Louisiana

Reporting Relationship: Chief Medical Officer – Cenpatico of Louisiana

Position Purpose

Oversee the functions of Care Management and Utilization Management for the organization in compliance with Federal and State regulations and contractual requirements. Responsible for clinical as well as community and family-based services and initiatives. Ensure clinical practices and processes are consistent with URAC and NCQA guidelines as well as state directives. Ensure that the needs of behavioral health members are met in a manner that ensures quality outcomes and cost efficiency.

Knowledge/Experience

- Master's degree in Behavioral Health or Registered Nurse required
- Current, unrestricted license as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must hold current license in Louisiana
- Five or more years of experience in public sector, managed behavioral health care, including experience with the implementation of a UM program with emphasis on community and family-based services
- Five or more years of experience as a Clinical Administrator or similar role for a managed behavioral health care organization
- Knowledge and understanding of the Louisiana Medicaid managed care market, regulations, practices and behavioral health system strongly preferred
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills, Traits and Competencies

- High degree of numerical, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic plans
- Strong work ethic and ability to thrive in a fast-paced environment

Care Management/UM Administrator – Cenpatico of Louisiana (cont.)

Principal Functions and Accountabilities

Clinical and UM Oversight and Program Development

- Oversee the delivery of effective clinical services including oversight of clinical policies and procedures, day to day clinical services and staff.
- Oversee process to ensure compliance with established initial and concurrent review, case management, referral and authorization policies, procedures and processes
- Oversee process to ensure all programs and clinical operations are in full compliance with State and Federal regulations
- Oversee process to ensure all contractual clinical deliverables are met.
- Monitor the effectiveness of existing clinical procedures and outreach/intervention efforts
- Oversee process to ensure appropriate knowledge/education and interventions are conducted for members defined to be at risk
- Monitor data to address trends or potential quality improvement opportunities including provider issues, service gaps and member needs

People Management and Leadership:

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles, and coach and mentor as appropriate
- Lead by example to create desired culture and motivated staff

Liaison/External and Internal Communications

- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Establish and maintain on-going relationships with community organizations and contract stakeholders
- Ensure that the behavioral health care needs of members are well served
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials

Licenses/Certifications

Current, unrestricted license as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must hold current license in Louisiana

Position Title:

Quality Management Administrator – Cenpatico of Louisiana

Reporting Relationship: Chief Medical Officer– Cenpatico of Louisiana

Position Purpose

Oversee quality management, quality improvement and initiatives for the organization in compliance with State and Federal regulations and contractual requirements. Responsible for the development of the QM/UM plan and effective implementation in collaboration with the Chief Medical Officer. Initiate and implement process improvement activities across the organization to ensure high quality outcomes.

Knowledge/Experience

- Master's degree in Behavioral Health or Registered Nurse required
- Current, unrestricted license as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must hold current license in Louisiana
- Five or more years of experience in public sector, managed behavioral health care, including experience with the oversight of effective quality improvement programs
- Five or more years of experience as a Quality Management Administrator or similar role for a managed behavioral health care organization
- Knowledge and understanding of the Louisiana Medicaid managed care market, regulations, practices and behavioral health system strongly preferred
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills, Traits and Competencies

- High degree of numerical, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic plans
- Strong work ethic and ability to thrive in a fast-paced environment

Quality Management Administrator – Cenpatico of Louisiana (cont.)

Principal Functions and Accountabilities

Quality Management Oversight and Program Development

- Oversee process to research and implement best practices in the organization
- Lead and inspire toward a “quality culture” among all employees across the organization.
- Formulate and establish policies, operating procedures, and goals in compliance with internal and external regulations, directives and guidelines
- Present results of improvement efforts and ongoing performance measures to executive management
- Develop excellent and effective written and oral reports and presentations to both internal and external customers
- Responsible for National Committee for Quality Assurance (NCQA) Accreditation initiatives and Healthcare effectiveness Data and Information Set (HEDIS) performance
- Ensure compliance with State requirements and with accreditation standards (URAC, NCQA) as reasonable to meet state requirements in all areas of the organization
- Meet with staff at various levels of the organization to coordinate QI activities and data reporting in order to consolidate this information into high-level program documents (i.e., Statewide quality data reports).
- Educate team on basic research methodology including appropriate measures and outcomes

People Management and Leadership:

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles, and coach and mentor as appropriate
- Lead by example to create desired culture and motivated staff

Liaison/External and Internal Communications

- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Establish and maintain on-going relationships with community organizations and contract stakeholders
- Ensure that the behavioral health care needs of members are well served
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials

Licenses/Certifications

Current, unrestricted license as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must hold current license in Louisiana

Position Title:

Network Development Administrator – Cenpatico of Louisiana

Reporting Relationship: Chief Operating Officer – Cenpatico of Louisiana

Position Purpose

Responsible for network development, provider contracting, credentialing and provider communications. Responsible for assuring network adequacy and appointment access. Responsible for the development of network resources and adequacy of the provider network to ensure that members have a choice of provider and to respond to unmet needs. Implement process to contract with qualified providers and ensure contracting is done in compliance with all Federal and State regulations as well as contractual requirements.

Knowledge/Experience

- Master's degree in Behavioral Health or Registered Nurse required
- Current, unrestricted license as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must hold current license in Louisiana
- Five or more years of experience in public sector, managed behavioral health care, including experience with the development of provider behavioral health services for children and youth involved in multiple service systems and adults with SMI and/or addictive disorders
- Five or more years of experience as a Network Development Administrator or similar role for a managed behavioral health care organization
- Knowledge and understanding of the Louisiana Medicaid managed care market, regulations, practices and behavioral health system strongly preferred
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills, Traits and Competencies

- High degree of numerical, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic plans
- Strong work ethic and ability to thrive in a fast-paced environment

Network Development Administrator – Cenpatico of Louisiana (cont.)

Principal Functions and Accountabilities

Network Development Oversight and Program Development

- Develop tactical plans to align network strategies and programs with member and system needs
- Oversee provider communications efforts
- Oversee the negotiation and execution of provider contracts; monitor operational and financial performance of agreements using results to guide future negotiations
- Oversee process to ensure timely and accurate provider credentialing
- Oversee development of programs that offer supportive wrap-around services for members
- Complete network adequacy analysis and provide data to gauge success of network implementation
- Ensure integrity of network data

People Management and Leadership:

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles, and coach and mentor as appropriate
- Lead by example to create desired culture and motivated staff

Liaison/External and Internal Communications

- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Establish and maintain on-going relationships with community organizations and contract stakeholders
- Ensure that the behavioral health care needs of members are well served
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials

Licenses/Certifications

Current, unrestricted license as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must hold current license in Louisiana

Position Title:

Network Management Administrator – Cenpatico of Louisiana

Reporting Relationship: Chief Operating Officer – Cenpatico of Louisiana

Position Purpose

Oversee process to complete provider site visits, review provider profiles and implement and monitor provider improvement plans. Oversee process to implement evidence-based practice in the provider community and assure accuracy of the provider services delivery reports. Oversee process to respond to provider grievances, disputes between providers and the investigation of member grievances regarding providers. Responsible for assuring inter-provider referrals and associated appointment access.

Knowledge/Experience

- Master's degree in Behavioral Health or Registered Nurse required
- Current, unrestricted license as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must hold current license in Louisiana
- Five or more years of experience in public sector, managed behavioral health care, including experience with the development of provider behavioral health services for children and youth involved in multiple service systems and adults with SMI and/or addictive disorders and evidence-based practices
- Five or more years of experience as a Network Management Administrator or similar role for a managed behavioral health care organization
- Knowledge and understanding of the Louisiana Medicaid managed care market, regulations, practices and behavioral health system strongly preferred
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills, Traits and Competencies

- High degree of numerical, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic plans
- Strong work ethic and ability to thrive in a fast-paced environment

Network Management Administrator – Cenpatico of Louisiana (cont.)

Principal Functions and Accountabilities

Network Management Oversight and Program Development

- Oversee process to track and monitor all network and provider activities
- Oversee the review of provider profiles; implement and monitor corrective action plans
- Ensure the successful implementation of evidence-based practices in the provider community
- Ensure providers have the information, training and resources available to be successful
- Oversee process to ensure providers can submit claims appropriately and oversee provider claims projects
- Collaborate with internal departments to ensure provider satisfaction
- Review, investigate and resolve inquiries regarding provider services' issues for internal and external customers; ensure accuracy of provider service delivery reports
- Ensure inter-provider referrals and appointment access

People Management and Leadership:

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles, and coach and mentor as appropriate
- Lead by example to create desired culture and motivated staff

Liaison/External and Internal Communications

- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Establish and maintain on-going relationships with community organizations and contract stakeholders
- Ensure that the behavioral health care needs of members are well served
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials

Licenses/Certifications

Current, unrestricted license as a LCSW, LMFT, LAC, LPC, or a PhD, PsyD or Advanced Practice Psychiatric RN; must hold current license in Louisiana

Position Title: Member Services Administrator - Cenpatico of Louisiana

Reporting Relationship: Chief Officer of Community and Cultural Affairs – Cenpatico of Louisiana

Position Purpose

Oversee operations of the call center including member and provider calls, referral specialist functions, web portal functionality and enrollment processing. Responsible for timely telephone access of eligible individuals to the managed behavioral health care delivery system and the triage of calls including information inquiries, service requests, crisis calls and grievance & appeals issues. Investigate and resolve complex issues and meet State mandated access, turnaround time and benchmark standards.

Knowledge/Experience

- Bachelor's degree in business administration, health care administration or related field. Master's degree preferred.
- Seven or more years of call center/member service experience preferably in a behavioral health care environment
- Five or more years of experience as a Member Services Administrator or similar role in managed healthcare with experience including experience with grievance resolution
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills and Competencies

- High degree of numerical, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic plans
- Strong work ethic and ability to thrive in a fast-paced environment

Principal Functions and Accountabilities

Call Center Oversight

- Oversee the workflow of the call center and ensure compliance with established benchmarks and standards
- Develop, implement and maintain production and quality standards for member and provider service, referral specialist, web support and eligibility processor roles
- Review, investigate and resolve complex inquiries regarding member and provider services issues for internal and external customers
- Identify system issues related to authorization entry and claims payment
- Manage the data integrity of member enrollment records and remittance files transmitted from the State including reconciliation processes and resolution of discrepancies
- Audit and revise/refine all major processes as needed

Member Services Administrator - Cenpatico of Louisiana (cont.)

Call Center Oversight (cont.)

- Interface collaboratively with internal departments and external stakeholders
- Develop, implement and maintain procedures and quality standards for the department
- Direct staff on responses to behavioral health recipients and ensure complaints are managed in timely manner.

People Management and Communications

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles
- Lead by example to create desired culture and motivated people in the organization
- Ensure appropriate management and skills development for self and staff

Liaison/External and Internal Communications

- Serve as key contact for the State, corporate and various functions regarding organization's member and provider services matters
- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified

Licenses/Certifications

None Required

Position Title: Information Systems Administrator - Cenpatico of Louisiana

Reporting Relationship: Chief Financial Officer – Cenpatico of Louisiana

Position Purpose

Responsible for all management information system requirements in compliance with Federal and State laws and contractual requirements. Oversee and direct activities regarding interpretation and linkage of the organization's business needs in applications development, IS and IT support and programming. Responsible for all data interfaces and supports the reporting requirements of the contract. Serve as liaison with Cenpatico and Centene corporate staff to facilitate daily IS and IT work functions.

Knowledge/Experience

- Bachelor's degree in business administration, IT or related field. Master's degree in business administration, IS or related field or equivalent experience.
- Five or more years of experience in systems management and system interfaces
- Five or more years of experience as an Information System Administrator or similar role in managed healthcare
- Experience and expertise in behavioral health data systems
- Knowledge of business processes, technologies, programming languages, project management, and application or systems development methodologies, emphasizing those used by Cenpatico and Centene
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills and Competencies

- High degree of financial, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic organization
- Strong work ethic and ability to thrive in a fast-paced environment

Principal Functions and Accountabilities
Stewardship and Fiduciary Responsibilities

- Monitor the implementation of systems, specifically related to business processes and programming to determine their efficiency and protective value
- Ensure integrity in records, information and systems through the integration of and in compliance with company policies and standards, government laws and regulations

Information Systems Administrator - Cenpatico of Louisiana (cont.)

Information System and Reporting Oversight

- Ensure HIPAA compliance with networked providers, support agencies and contractors
- Oversee submission of electronic data to the state
- Act as a liaison with the State and organization for data requests
- Ensure data for reports is collected and oversee data validation
- Ensure all program data transactions are in compliance with contractual requirements and all Federal and State regulations
- Ensure appropriate response to systems issues and carry out information systems initiatives
- Disseminate relevant information for effective decision support by business unit leaders
- Determine long-term information needs and develop overall strategy for systems development, hardware acquisition and integration
- Identify technology trends and advise executive management

People Management and Communications

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles
- Lead by example to create desired culture and motivated people in the organization
- Ensure appropriate management and skills development for self and staff

Liaison/External and Internal Communications

- Serve as key contact for the State, corporate and various functions regarding organization's information systems
- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified

Licenses/Certifications

AMISYS certification a plus

Position Title: Claims and Encounters Administrator - Cenpatico of Louisiana

Reporting Relationship: Chief Financial Officer – Cenpatico of Louisiana

Position Purpose

In collaboration with Centene and Cenpatico claims staff, responsible for the oversight of timely and accurate claims and encounters processes. Direct claims processing staff and collaborate with IS to ensure accurately and timely processing of medical claims and encounter records.

Knowledge/Experience

- Bachelor's degree in business administration, IS or related field. Master's degree in business, IS or related field or equivalent experience.
- Seven or more years experience with a combination of claims processing, benefit administration, contract pricing accuracy, and encounter submissions.
- Five or more years of experience as a Claims/Encounters Administrator or similar role in managed healthcare
- Knowledge of claims processing, benefits and eligibility processes required; behavioral health Medicaid Claims and Encounter experience preferred
- Knowledge of or experience with creating systems business specifications and overseeing or completing user acceptance testing to ensure system accuracy preferred.
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills and Competencies

- High degree of numerical, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic plans
- Strong work ethic and ability to thrive in a fast-paced environment

Principal Functions and Accountabilities
Claims and Encounters Administration and Oversight

- Responsible for the claims and encounter department regarding all quality metrics, and system accuracy.
- Document and investigate any issues with the processing of claims and encounter files.
- Review, investigate and resolve all pended claims and encounter issues.
- Act as a liaison between state, claims department, encounter processing staff and IS to ensure timely claims and encounter processing
- Maintain all documentation pertinent to the claims and encounter error and pending reports
- Meet with providers as needed to clarify and train staff to facilitate claims submissions and payments

Claims and Encounters Administrator - Cenpatico of Louisiana (cont.)

People Management and Communications

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles
- Lead by example to create desired culture and motivated people in the organization
- Ensure appropriate management and skills development for self and staff

Liaison/External and Internal Communications

- Serve as key contact for the State, corporate and various functions regarding organization's claims and encounters systems
- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified

Licenses/Certifications

None Required

Position Title: Grievance & Appeals Administrator - Cenpatico of Louisiana

Reporting Relationship: Chief Corporate Compliance Administrator – Cenpatico of Louisiana

Position Purpose

Responsible for timely resolution of grievances, appeals and provider claims disputes in compliance with all State and Federal regulations and contractual requirements. Advocate for member rights with in the organization, assuring grievance and appeal trends are reported and addressed.

Knowledge/Experience

- Bachelor's degree plus Jurist Doctorate and Louisiana state bar licensure.
- Five or more years of experience in public sector, managed behavioral health care, including experience with grievance investigations and mediation
- Five or more years of experience as a Member Services Administrator or similar role in managed healthcare with experience including experience with grievance resolution
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills and Competencies

- High degree of numerical, business and analytical skills are required
- Ability to think strategically and implement tactically
- Initiative, good judgment and ability to make decisions in a timely fashion
- Excellent planning, problem solving and organizational skills
- Strong people management and leadership skills, ability to communicate and work well with people at all levels
- Honesty and professional integrity
- Ability to lead, consult, influence and advise on complex issues
- Ability to leverage the assets of staff through employee development, appropriate and timely feedback and logical career progression/succession planning
- Recognition of priority issues, quick response and execution of plans
- High level of accuracy, detail orientation, and excellent follow-through behavior
- Knowledgeable, articulate and supportive of the organization's stated mission, purpose and strategic plans
- Strong work ethic and ability to thrive in a fast-paced environment

Principal Functions and Accountabilities

Grievance & Appeals Process Oversight

- Ensure that all members and provider grievances are processed and investigated according to contractual and legal requirements
- Monitor appeals and grievances and provide senior management with monthly reporting on trends
- Work with various external constituencies, i.e., state, local and federal governments, local community and the public related to grievance and appeals
- Integrate federal and state law changes into company's regulatory system related to grievance and appeals
- Recommend solutions and works with organization's staff to ensure problems are corrected and departments are advised of corrective measures to prevent recurrences
- Review and process incoming incident/accident reports

Grievance & Appeals Administrator - Cenpatico of Louisiana (cont.)

People Management and Communications

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles
- Lead by example to create desired culture and motivated people in the organization
- Ensure appropriate management and skills development for self and staff

Liaison/External and Internal Communications

- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Establish and maintain on-going relationships with community organizations and contract stakeholders
- Ensure that the behavioral health care needs of members are well served
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials

Licenses/Certifications

Louisiana state bar licensure

Position Title:

Medical Administrator – Cenpatico of Louisiana

Reporting Relationship: Chief Medical Officer – Cenpatico of Louisiana

Position

n Purpose

Responsible for the design of clinical-medical programs in compliance with Federal and State laws and contractual requirements. Develop and present Cenpatico's clinical vision to various stakeholders within the Louisiana behavioral health system. Responsible for short and long-term clinical outcomes and success of the contract. Serve as a key liaison with the State to make recommendations that will improve clinical and overall outcomes of the program.

Knowledge/Experience

- Requires an active, unrestricted license as a Medical Doctor in the state of Louisiana, and Board Certification in General or Child/Adolescent Psychiatry, complementary to the CMO's specialty and board certification.
- Five or more years of experience as a Medical Director or similar role in managed behavioral health care
- Five or more years of experience in public sector behavioral health
- Prior experience working with the same or similar population (vulnerable children, youth and adults, chronically ill, SMI, Medicaid population).
- Prior experience working with a culturally diverse population.
- Prior experience with oversight of quality improvement activities; experience with NCQA accreditation is preferred.
- Knowledge and understanding of the Louisiana Medicaid managed care market, regulations, practices and behavioral health system strongly preferred
- Candidate shall reside in Louisiana; current Louisiana resident strongly preferred

Skills, Traits and Competencies

- Excellent leadership, team and "people" skills; strong business acumen, intelligence and capacity, think strategically and implement tactically
- Ability to successfully represent the organization externally and internally
- Creativity, flexibility and the ability to thrive in times of change
- Initiative, good judgment and ability to make decisions in a timely fashion
- Ability to work collaboratively with other clinical and non-clinical personnel within the organization
- Broad medical knowledge and ability to understand and apply medical principles across multiple specialties
- Ability to perform data analysis and communicate results to provider, the State or other key stakeholders
- Ability to constructively influence physician behavior to promote quality and efficiency in health care
- Maintain knowledge regarding trends impacting the medical field and managed care

Principal Functions and Accountabilities

Clinical, Quality and Utilization Review

- Along with CMO, participate in the effective implementation of the Quality Improvement and Utilization Management programs and appeals for all populations in the program, including children and youth, adults with SMI and/or addictive disorders, including promoting appropriate utilization and preventive care
- Participation in the development and implementation of the QM/UM plan and serve as chairperson of the QM, UM and Peer Review committees
- Directly oversee effective implementation and monitoring of performance improvement initiatives for providers
- Support quality improvement and utilization management programs in accordance with regulatory, State, corporate, and accreditation requirements

Medical Administrator – Cenpatico of Louisiana (cont.)

Clinical, Quality and Utilization Review(cont.)

- Identify utilization management opportunities and evaluate adverse trends in utilization of health care services, unusual provider practice patterns, and adequacy of benefit/payment components
- In conjunction with the Claims Department, review claims involving complex, unusual or new services in order to determine medical necessity and appropriate payment
- Interface directly with the provider community regarding medical review, utilization review, and quality improvement issues and concerns
- Implement clinical quality improvement studies to assist the organization in reducing unwarranted variation in clinical practice in order to improve the quality and cost of care rendered plan members
- Develop, implement and interpret clinical-medical policies and procedures

Provider Involvement and System Shaping

- Provide physician education with respect to clinical issues and company policies
- Develop alliances with the provider community through development and implementation of innovative clinical management programs
- Interface with physicians and other providers and implement recommendations that improve quality, continuity of care and overall health care quality
- Support implementation of performance improvement initiatives for providers

Internal and External Communications/Liaison

- Represent the organization publicly, locally and nationally, on medical philosophy, policies, and related issues
- Actively monitor legislative and political developments affecting the organization from a medical and clinical perspective
- Provide education, in-service training and orientation both internally and externally as needed
- Represent the organization on medical director committees with the State, professional associations and on other ad hoc committees as appropriate
- Attend quarterly DHH-OBH designated medical director meetings, including linkage with the CNN Medical Directors for primary care
- Oversee functioning of the organization's physician committees including committee structure, processes, and membership
- Establish a positive organization and company image within Louisiana health care community
- Participate in shaping the Louisiana behavioral health system of care and resolving issues and challenges identified
- Establish and maintain on-going relationships with community organizations and contract stakeholders
- Ensure that the behavioral health care needs of members are well served
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials

People Management

- Create effective organizational structure, roles and jobs
- Develop staff skills and competencies through training and experience
- Select or hire individuals wisely into new roles
- Lead by example to create desired culture and motivated people in organization

Provider Network

- Participate in provider network development and new market expansion as appropriate
- Participate in the review, assessment, and negotiation of provider contracts as appropriate

Medical Administrator – Cenpatico of Louisiana (cont.)

Provider Network (cont.)

- Participate in provider profile design and interpretation; participate in the review, assessment, and negotiation of provider contracts as appropriate
- Participate in decision-making process for approval and denial of provider credentialing

License/Certificates

Requires an active, unrestricted license as a Medical Doctor in the state of Louisiana, and Board Certification in General or Child/Adolescent Psychiatry

4. Personnel Qualifications

The Proposer should describe the qualifications of personnel as listed below:

4.b. Resumes of all known personnel should be included. Resumes of proposed personnel should include, but not be limited to:

- i. Experience with Proposer;
- ii. Previous experience in projects of similar scope and size; and
- iii. Educational background, certifications, licenses, special skills, etc.

Cenpatico will use an experienced team of seasoned professionals to support implementation. Immediately following the notice of contract award, they will assume several key and required positions and other roles that we have deemed critical to implementation success. In the meantime, we have been and will continue to recruit a talented team of local experts who will take over executive and senior management of the contract. To that effort, we are pleased to provide the resume of Dr. Bowers-Stephens for the position of Chief Medical Officer. Dr. Bowers-Stephens who is a Board Certified Child Psychiatrist, last worked for the Department of Health and Hospitals in 2009 and served DHH as the Assistant Secretary (Commissioner) from 2004-2006.

Below, we have provided a table that outlines the Cenpatico/Centene experience, similar experience, and the licensure of each member of our team who will assist with contract implementation. Below the table, we have included their resumes.



Cenpatico Implementation Team				
Key Personnel Position Required by RFP	Cenpatico Team Member Assigned to Implementation	Licensure	Years of Experience with Cenpatico/Centene	Years of Experience with Projects of Similar Scope and Size
Chief Executive Officer	Sam Donaldson	Licensed Clinical Psychologist	6	10+
Chief Financial Officer	Brandy Burkhalter	CPA	5+	7+
Chief Medical Officer	Cheryll Bowers-Stephens*	MD	1 month	25+
Chief Operations Officer	Cindy Peterson	LCSW	9	9
Children's System Administrator	JoVonna Carter	LCSW, LCPAA	3	3
Corporate Compliance Administrator	Philip Nieri	N/A	4+	9
Care Mgmt./Utilization Mgmt. Administrator	Claudia Sumrall	LCSW	6+	6
Quality Management Administrator	TBD			
Network Development Administrator	Lilli Olive	LPC	7	3
Network Management Administrator	TBD			
Member Services Administrator	Agnes Ponce	N/A	5+	5+
Information Systems Administrator	Glen Schuster	N/A	6	10+
Claims/Encounters Administrator	Amy Onest	N/a	6	6+
Appeals Administrator	TBD			

* Dr. Bowers-Stephens is in discussion for the position of CMO, should the contract be awarded.

Samuel A. Donaldson, Ph.D.

Key Personnel position required by RFP: Chief Executive Officer

Cenpatico team member assigned to implementation: Samuel Donaldson, Ph.D.

Licensure: Licensed Psychologist

Years of Experience with Cenpatico/Centene: 6 years

Years of Experience with projects of similar scope and size: 20+ years

Professional Experience

Cenpatico Behavioral Health, Austin, TX, September 2004 – Present

President & CEO

- Provide leadership for all aspects of service delivery, company growth and financial stability of behavioral health organization managing 1 million Medicaid members in eight states
- Restructured company resulting in first projected profitable budget (2005)
- Liaison between company and key stakeholders including government agencies, advocacy groups, regulatory bodies, Centene health plans and other specialty divisions
- Oversee all company operations to assure maximum efficiency and ensure accountability for superior delivery outcomes
- Leading development of innovative clinical models for treatment of Medicaid members

Magellan Health Services, Western Pennsylvania Care Management Center, Pittsburgh, PA., July 1999 – August 2004

Promoted to General Manager (March 2003 – August 2004)

- Successful management of \$12 million administrative budget, 91 employee service center and customer contract covering 2.9 million lives; increased profit margin FY 2003
- Continue to maintain key clinical role in Magellan corporate product development such as in the area of weight management
- Shortly after assuming General Manager, played a critical role in retaining customer and preventing “no cause” termination Spring 2003
- Established a care management resource team which supported various Magellan care management centers through their transition and migration to larger care centers
- Continue to maintain excellent relationships with key stakeholders: customers, providers and state regulatory agencies
- Designed and implemented an innovative intensive care management pilot for the region; includes predictive model for determining risk level for re-admission
- Successfully led service center through Magellan re-organization (2003-2004) and down sizing while maintaining one of the lowest turn-over rates of any service center
- Service center has met or exceeded customer performance requirements; last audit (3/04) by customer resulted in no significant corrective action

Vice-President of Clinical Services (July 1999 – March 2003)

- Established excellent relationships with community and regional provider stakeholders
- Consistently managed utilization to meet all budgeted targets; through high risk management and empowerment of care managers, reduced inappropriate inpatient over-utilization by over 22%
- Maintained some of the highest member and provider satisfaction rates in the company; during tenure, provider satisfaction rates increased by over 20%

Samuel A. Donaldson, Ph.D.

Key Personnel position required by RFP: Chief Executive Officer

Cenpatico team member assigned to implementation: Samuel Donaldson, Ph.D.

Licensure: Licensed Psychologist

Years of Experience with Cenpatico/Centene: 6 years

Years of Experience with projects of similar scope and size: 20+ years

- Consistently met or exceeded customer performance requirements
- Successfully managed extensive change and several re-organizations while maintaining excellent employee retention
- Created performance based care management models which significantly reduced administrative overhead and perceive “hassle” for providers while meeting utilization targets
- Played key role in several Magellan corporate clinical initiatives and product developments

Vista Behavioral Health Associates, Inc., Pittsburgh, PA, July 1996 – July 1999

Owner and Managing Partner

- Formed the largest (7 office) multi-specialty, Western Pennsylvania behavioral health practice with three partners
- Involved in all aspects of the business from financial, clinical oversight, program development, both M.D. and non-M.D. recruitment, utilization review and quality assurance
- Successful management of 50 employee organization with \$2.5 million budget
- Managed capitation of 100,000 members; exceeded profit targets all three years
- Directed state licensed drug & alcohol outpatient treatment program
- Direct clinical work with patients: adolescents/families and adults; specialized in the treatment of full range of adolescent disorders and adult substance abuse, mood disorders, gambling, sexual disorders, impulse control disorders, schizophrenia and other psychotic disorders; psychological testing and assessment

Health America of Pittsburgh, Pittsburgh, PA, October 1991 – June 1996

Various responsibilities working within a large behavioral services practice in a staff model HMO:

Clinical Manager (Various roles described below), May 1993 – June 1996

Manager of Chemical Dependency Services

- Administration and development of state licensed chemical dependency program; supervision of 8 staff members
- Implemented innovative continuum model reducing dependence on inpatient treatment stays from 14 to 5 days

Inpatient HMO Consulting Psychologist

- Consultant for the HMO and facility network for both psychiatry and chemical dependency inpatient units. Duties included rounding on inpatients and managing inpatient utilization.
- Worked with facility staff to implement managed care model of inpatient care, i.e., rapid assessment, stabilization and discharge to integrated outpatient practice.

Samuel A. Donaldson, Ph.D.

Key Personnel position required by RFP: Chief Executive Officer

Cenpatico team member assigned to implementation: Samuel Donaldson, Ph.D.

Licensure: Licensed Psychologist

Years of Experience with Cenpatico/Centene: 6 years

Years of Experience with projects of similar scope and size: 20+ years

Manager of Sterling Office Mental Health Unit

- Supervision of 8 mental health professionals and support staff, responsible for organizing and managing the day to day operations of the unit, including monitoring the quality of patient care
- Administrative responsibilities include policy development, program development, budget and utilization review
- Assisted in oversight of network utilization review and network provider development
- Chair of psychological assessment committee. Responsible for oversight of psychological assessment services
- Supervision and training of psychological student interns
- Direct clinical work with patients: adolescents/families and adults; specialized in the treatment of full range of adolescent disorders and adult substance abuse, mood disorders, gambling, sexual disorders, impulse control disorders, schizophrenia and other psychotic disorders
- Psychological assessment and testing, neurological screenings

Mental Health Clinical Coordinator, May 1992 – May 1993

- Supervision of five mental health professionals in three health centers, comprising one mental health unit; responsible for organizing and managing the day to day operations of the unit, including monitoring the quality of patient care
- Direct clinical work with patients: adolescents and adults

Mental Health Therapist, October 1991 – May 1992

- Provided outpatient services in a high volume, managed care setting serving a diverse adult population. Also provided psychological testing as needed. Worked with adolescents/families and adults, mental health and substance diagnoses.

Full-time Student, Duquesne University, Pittsburgh, PA, October 1990 – October 1991

- Returned to as a full-time doctoral student to complete course work and dissertation in clinical psychology. Dissertation title: Coming to the Realization that One Must Change: “Hitting Bottom” in Alcoholism.

Group Therapist, Gateway Rehabilitation Center, Aliquippa, PA, November 1989 – October 1990

- Daily inpatient group, individual and family therapy in a substance abuse treatment facility.

St. Francis Medical Center. Pittsburgh, PA, August 1981 – November 1989

Team Leader/Intensive Case Manager, Department of Psychiatry, October 1987 – November 1989

- Duties included co-implementation of innovative diversion project and supervision of three case managers at base service unit for public clients

Samuel A. Donaldson, Ph.D.

Key Personnel position required by RFP: Chief Executive Officer

Cenpatico team member assigned to implementation: Samuel Donaldson, Ph.D.

Licensure: Licensed Psychologist

Years of Experience with Cenpatico/Centene: 6 years

Years of Experience with projects of similar scope and size: 20+ years

- Directed pilot project consisting of special caseload of chronic mental health patients with extensive inpatient history and diagnosis of schizophrenia, mood and personality disorders. Reduced hospital re-admissions by 15% in first year.
- Provided direct services: individual psychotherapy and family psychotherapy/support groups worked with inpatient and outpatient teams to coordinate psychiatric and medical follow-up
- Served as liaison providing consultation/training to public service agencies. Designed drug and alcohol intervention program for catchment residential treatment facility.
- Supervised graduate students for Duquesne University psychological assessment course

Mental Health Professional/Project Coordinator, Center for Chemical Dependency, Monroeville Satellite, January 1985 – October 1987

- Designed and implemented Western Pennsylvania region's first intensive outpatient treatment program for substance abusing/dependent adolescents. Responsibilities included administrative duties involved with the program, supervision of one therapist.
- Provided direct services including group, family and individual psychotherapy as well as psychological testing as requested

Mental Health Professional, Center for Chemical Dependency, Methadone Maintenance Program, August 1981 – January 1985

- Provided individual, group and family psychotherapy as well as psychological testing as requested
- Co-implemented group therapy program
- Supervised Duquesne University graduate students in psychological assessment course

Professional Affiliations and Licenses

Licensed Psychologist, Commonwealth of Pennsylvania

Member, American Psychological Association

Fellow, Pennsylvania Psychological Association

Education

Doctor of Philosophy, Psychology (Clinical Track), Duquesne University, Pittsburgh, PA, December, 1991

Bachelor of Science, Psychology, Southern Methodist University, Dallas, TX, May, 1979

Brandy L. Burkhalter, CPA

Key Personnel position required by RFP: Chief Financial Officer

Cenpatico team member assigned to implementation: Brandy Burkhalter

Licensure: Certified Public Accountant (CPA)

Years of Experience with Cenpatico/Centene: 5+ years

Years of Experience with projects of similar scope and size: 16 years

Professional Experience

Centene Corp./CenCorp Health Solutions/Cenpatico, St. Louis, MO, Feb. 2006 – Present

Vice President, Finance; Vice President, Accounting; Director of Accounting

- Financial oversight of seven business units in the healthcare sector accounting for over \$1 billion in revenues, including \$430 million behavioral health business unit.
- Direct finance, data analysis, treasury, payable, budget, forecast, encounter, reporting and reinsurance functions across all seven business units.
- Responsible for reviewing and setting all claims related liabilities for both medical and behavioral operations.
- Present financial results compared to budget and key performance metrics to executives and applicable regulators and/or State and Federal agencies.
- Manage all financial aspects of new contract implementations, including the establishment of treasury, accounts payable, general ledger, reporting, forecast and budget functions and develop detailed transition plans.
- Ensure timely review and accurate reporting of all correspondence related to financial matters, including the preparation of annual audited financial statements and statutory filings for all business units where applicable.
- Collaborate with personnel across departments to achieve organizational goals.
- Develop and analyze cost reduction opportunities and areas for further development and improvement.
- Mentor field finance and other corporate finance leads.

Ernst & Young LLP, St. Louis, MO, June 2002 – February 2006

Experienced Manager, Assurance and Advisory Business Services (June 2002 – Sept. 2003)

Senior Manager, Assurance and Advisory Business Services (October 2003 – present)

Arthur Andersen LLP, St. Louis, MO, 1995 - June 2002

Experienced Manager, Assurance & Business Advisory Services (May 2000 - June 2002)

Senior, Assurance & Business Advisory Services (May 1997 - May 2000)

Staff, Assurance & Business Advisory Services (July 1995 - May 1997)

- Planned and managed auditing services for clients ranging from \$15 million to \$2 billion in revenue, including publicly held companies in the communications, footwear, furniture and managed care industries.
- Responsible for supervision and guidance of simultaneous engagement attest teams. Provided a challenging environment to promote individual growth of team members.
- Responsible for maintaining client relationships and overall engagement management, including budgeting and fee negotiation.
- Significant experience with periodic SEC filings, including Forms 10-K and 10-Q.

Brandy L. Burkhalter, CPA

Key Personnel position required by RFP: Chief Financial Officer

Cenpatico team member assigned to implementation: Brandy Burkhalter

Licensure: Certified Public Accountant (CPA)

Years of Experience with Cenpatico/Centene: 5+ years

Years of Experience with projects of similar scope and size: 16 years

- Effectively prepared and presented engagement results to audit committee, board of directors and management.
- Participated in due diligence analyses of several potential acquisition entities.
- Assisted a client in a successful IPO. Participated in registration drafting sessions and the issuance of a comfort letter.
- Lead multiple training sessions for professional development including a two-week session for new hires and a one-week session for new seniors.
- Responsible for recruiting and interviewing new hires.
- Selected as a mentor for seniors and staff.

Professional Affiliations and Licenses

Missouri Licensed CPA

Member of the Missouri Society of Certified Public Accountants

Education

Bachelor of Science in Accountancy (with honors), Univ. of Missouri, Columbia, MO 1995

Cheryll Bowers-Stephens, M.D., M.B.A.

Key Personnel position required by RFP: Chief Medical Officer

Licensure: Licensed Medical Doctor

Years of Experience with Cenpatco/Centene: 1 month, consultant

Years of Experience with projects of similar scope and size: 20+ years

Professional Experience

Ochsner Medical Foundation, New Orleans, LA, July Staff Child Psychiatrist	2007 – Present
Louisiana Health Science Center, School of Public Health, New Orleans, LA Clinical Assistant Professor/Mental Health Expert	2009 – Present
The Schopenhauer Group, LLC, New Orleans, LA Principal Consultant	2006 – Present
Department of Health and Hospitals, Office of Mental Health, Baton Rouge, LA Assistant Secretary (Commissioner)	2004 – 2006
Department of Health and Hospitals, Office of Mental Health, Baton Rouge, LA Medical Director, Infant, Child and Adolescent Services	1998 – 2009
Department of Health and Hospitals, Office of Mental Health, Baton Rouge, LA Deputy Director, Area A	2001 – 2004
Department of Health and Hospitals, Office of Mental Health, Baton Rouge, LA Medical Dir., Developmental Neuropsychiatry Program	1993 – 2004
Tulane University Medical Center, Dept. of Psychiatry and Neurology, New Orleans, LA Clinical Assistant Professor	1993 – Present
University of New Orleans, New Orleans, LA Adjunct Assistant Professor of Management	1999 – Present
Metropolitan Developmental Center, New Orleans, LA Developmental Neuropsychiatry Consultant	1996 – 1997
Office of Mental Health, Lafourche and Terrebonne Parishes, LA Medical Director, Children's Assertive Community Treatment Program	1993 – 1997
Private Practice, New Orleans, LA Adult, Adolescent and Child Psychiatry	1993 – 1997
Jefferson Parish Human Services Authority, Jefferson, LA Program Planning and Development Consultant	1997
Peltier Lawless Developmental Center, Thibodaux, LA Developmental Neuropsychiatry Consultant	1994 – 1997
Dillard University, New Orleans, LA Consultant, Team Project	1994 – 1995
Tulane University School of Medicine, New Orleans, LA Consultant, Comer Project	1994
Southern University, New Orleans, LA Instructor of Anatomy and Physiology	1988 – 1990

Cheryll Bowers-Stephens, M.D., M.B.A.

Key Personnel position required by RFP: Chief Medical Officer

Licensure: Licensed Medical Doctor

Years of Experience with Cenpatco/Centene: 1 month, consultant

Years of Experience with projects of similar scope and size: 20+ years

Louisiana University Medical School, New Orleans, LA

1985

Assistant Director, Summer Preceptorship

Professional Affiliations and Licenses

American Board of Psychiatry and Neurology – Diplomate, General Psychiatry

American Board of Child and Adolescent Psychiatry – Diplomate, Child and Adolescent Psychiatry

Active Medical Licensure – Louisiana

Member, American Academy of Child and Adolescent Psychiatry

Member, American Psychiatric Association

Member, National Association for the Dually Diagnosed

Member, American Association for Mental Retardation

Education

Master of Business Administration, University of New Orleans, New Orleans, LA

1998

Fellowship, Child and Adolescent Psychiatry, Tulane University Medical Center, New Orleans, LA

1993

Residency, General Psychiatry, Ocshner Medical Foundation, Jefferson, LA

1991

Internship, General Psychiatry, Ocshner Medical Foundation, Jefferson, LA

1989

Doctor of Medicine, Louisiana State University Medical School, New Orleans, LA

1988

Bachelor of Art in Psychology, Spelman College, Atlanta, GA

1982

Honors and Affiliations

Member, Board of Directors, American Association of Community Psychiatrists

2004 to present

Recipient, Irvin B. Harris Award—Tulane University Medical School, Institute of Infant Mental Health

2007

Appointee, Center for Mental Health Services, National Advisory Council – Department of Health and Human Services, Washington DC

2003 to 2008

Appointee, Presidential Council on HIV AIDS, Washington, DC

2003 to 2008

Recipient, Writers Award – Center for Mental Health Services, Rockville, MD

2003

Recipient, Outstanding Service Award – Alliance to Combat AIDS, New Orleans, LA

2001

Community Service

Cheryll Bowers-Stephens, M.D., M.B.A.

Key Personnel position required by RFP: Chief Medical Officer

Licensure: Licensed Medical Doctor

Years of Experience with Cenpatco/Centene: 1 month, consultant

Years of Experience with projects of similar scope and size: 20+ years

Chair, Board of Directors, Alliance to Combat AIDS, New Orleans, LA 2000 to 2003

Principal Investigator, Louisiana Youth Enhancement Services

Chair, Needs Assessment Committee, Louisiana Office of Mental Health

Chair, Infrastructure Task Force, Louisiana Children's Cabinet

Principle Investigator, "Early Childhood Supports and Services",

Louisiana Office of Mental Health

2002 to 2004

Advisory Board Member, Juvenile Justice Commission, Louisiana Department of Health and Hospitals, Joint Legislative Committee

Publications and Presentations

Book Review: Child Trauma Handbook: A Guide for Helping Trauma-Exposed Children and Adolescents. Psychiatric Services. November 2006, Pg. 1661.

Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders: Challenges and Recommendations. Public Health Reports. May/June 2006 Issue.

Psychiatric Disorders in Adolescents with Developmental Disabilities: Longitudinal Data on Diagnostic Disagreement in 150 Clients. Child Psychiatry and Human Development. Human Services Press, Inc., December 2003, Pg. 147-162.

Integrating Behavioral and Psychopharmacological Interventions in Treating Clients with Psychiatric Disorders and Mental Retardation. Research in Developmental Disabilities. January 2001, Pg. 463-485.

From the Eyes of Women: Disaster Response, Recovery and Resilience—U.S. Department of Health and Human Services' Office on Women's Health, Washington, DC, August 2007

Remembering, Rebuilding and Rising Above: Katrina Civil Rights and Activism—Social Welfare Action Alliance, New Orleans, LA June 2007

The Mental Health Impact of Disasters Natural & Man-made—Morehouse School of Medicine, Atlanta, GA May 2007

Mental Health During Recovery: Rising from the Ashes: Starting Over After Hurricane Katrina—Institute of Medicine Round Table Discussion, Tulane University, New Orleans, LA

June 2006

Responding to the Mental Health Needs of College Students During Hurricane Katrina—University of Michigan Depression Center, Ann Arbor, MI March 2006.

Mental Health Transformation in a Grieving Region During and After Hurricane Katrina—Presentation to Senate Subcommittee on Bioterrorism and Public Health Preparedness, Washington, DC February 2006

Mental Health Response to Hurricane Katrina: Lessons Learned and Topics for Research—Presentation to American Public Health Institute, February 2006

Surviving Disaster in Louisiana: Lessons Learned—First All Pennsylvania Congress on Public and Community Psychiatry, Pittsburgh, PA, February 2006

Leading a Mental Health Care System Impacted by A Severe Natural Disaster—National Association of State Mental Health Program Directors, New York City, NY

Cheryll Bowers-Stephens, M.D., M.B.A.

Key Personnel position required by RFP: Chief Medical Officer

Licensure: Licensed Medical Doctor

Years of Experience with Cenpatico/Centene: 1 month, consultant

Years of Experience with projects of similar scope and size: 20+ years

- December 2005
Leading a Mental Health Care System Impacted by a Severe Natural Disaster, LA/Katrina:
Lessons learned as it relates to women and children--The Surgeon General's Workshop on
Women's Mental Health, Denver, CO November 2005
Report on the State of the Mental Health System in Louisiana—
Presentation to Governor Blanco's Healthcare Reform Panel, New Orleans, LA June 2005
The Magnolia Project: A Comprehensive Strategy for Resolving Acute Care Crisis—Presented to
the Louisiana Public Mental Health Review Council. Baton Rouge, LA April 2005
Project Legacy: Transforming the public mental health system in the State of Louisiana, a
blueprint for change, Louisiana 2004
Early Childhood Supports and Services—Zero to Three: National Training Institute. Info MH
Conference. New Orleans, LA December 2004
State Mental Health Directors Update, New Policies and Expanded Expectations—6th Annual
National Managed Behavioral Healthcare Forum. Dallas, TX December 2004
Developing a Statewide Early Childhood Mental Health System of Services and Supports—
Georgetown University Training Institute, San Francisco, CA June 2004
Child and Adolescent Psychiatry: From Trouble to Triumph: New Trends and Treatment for our
Youths—Grambling State University, Grambling, LA May, 2004
Developing Culturally Competent Behavioral Healthcare Services—Louisiana Ambulatory Care
Association, Biloxi, MS October 2003
Systems of Care for Youth with Attention Deficit Disorder—Chapter of Children with Attention
Deficit Disorder, New Orleans, LA September 2003
Developing a System of Care for Youth with Developmental Disability and Mental Illness,
Missouri Department of Mental Health—Missouri May 2002
Developing a System of Care Treating Youth with Emotional Disturbances and Developmental
Disability—Georgetown University Training Institutes, New Orleans, LA June 2000
Descriptive Analysis of 100 Youth with Mental Illness and Developmental Disability: Impact on
the Juvenile Justice System—Families in Need of Services, New Orleans, LA July 2000
Developmental Milestones in Adolescence—Toughlove New Orleans Chapter,
Metairie, LA May 1998
Juvenile Justice Clearinghouse—Louisiana Mental Health Institute, New Orleans, LA May 1998
Psychiatric Diagnosis and Treatment in the Developmentally Disabled—American Association of
Mental Retardation, New Orleans, LA August 1997
Integrating Behavioral and Pharmacological Interventions in Treating Clients with Dual
Diagnosis—National Association for the Dually Diagnosed. British Columbia, Canada,
November 1996
Children's Assertive Community Treatment: The Future is Here—Louisiana Mental Health
Institute, New Orleans, LA September 1996

Cheryll Bowers-Stephens, M.D., M.B.A.

Key Personnel position required by RFP: Chief Medical Officer

Licensure: Licensed Medical Doctor

Years of Experience with Cenpatco/Centene: 1 month, consultant

Years of Experience with projects of similar scope and size: 20+ years

Adapting to Change in Community Mental Health—Louisiana Mental Health Institute.

New Orleans, LA

September 1996

International Consensus Conference on Psychopharmacology, Conference Participant —

Nisonger Center for Mental Retardation and Developmental Disabilities, Ohio

June 1995

The Developmental Neuropsychiatry Program: Integration of Behavioral and Pharmacologic

Interventions — AACAP, New Orleans, LA

October 1994

The Assessment and Treatment of Adolescents with Developmental Disabilities and Psychiatric

Disorder—AACAP, New Orleans, LA

October 1994

Assertive Community Treatment and Rural Mental Health—Institute of Hospital and Community

Psychiatry, Boston, MA

October 1994

Parent Child Conflict in a Case of Pseudohermaphroditism —Tulane Medical Center,

New Orleans, LA

April 1993

Effects of Sexual Abuse on Families and Children—Lafourche Mental Health Center,

Raceland, LA

November 1992

Conjoint Treatment of a Family with Borderline Dynamics—Tulane Medical Center, New

Orleans, LA

July 1992

Atypical Eating Disorder and Borderline Character Structure in a 9 year old Chinese American

Girl—Tulane Medical Center, New Orleans, LA

February 1992

Psychosis in a 9-year-old boy with a History of Sexual Abuse and Noonan's Syndrome —Tulane

Medical Center, New Orleans, LA

October 1991

Borderline Personality Disorder: A Historical Perspective —Ochsner Medical Foundation,

Jefferson, LA

February 1991

Multiple Personality Disorder: A Historical Perspective — Ochsner Medical Foundation,

Jefferson, LA

November 1989

Cindy Peterson, LCSW

Key Personnel position required by RFP: Chief Operating Officer

Cenpatico team member assigned to implementation: Cindy Peterson

Licensure: Licensed Clinical Social Worker (LCSW)

Years of Experience with Cenpatico/Centene: 9 years

Years of Experience with projects of similar scope and size: 9+ years

Professional Experience

Cenpatico Behavioral Health, Austin, TX, 2003 – present

Vice President, Clinical Operations (2006 – present)

- Organizational oversight and key leadership role for multiple implementations and organizational restructuring
- Developed successful strategic plan and directives for public sector behavioral healthcare management for over 1.5 million lives in 10 states.
- Created substantial savings through process improvements - responsible for 85M dollar budget
- Responsibility for clinical program development and oversight of personnel and services related to the delivery of covered mental health and addiction services that are compliant with contractual deliverables in multiple markets and federal guidelines
- Responsibility for 90+ employees in 8 states encompassing the Call Center, Member Services, Utilization Management, Case Management, Quality Improvement, Appeal and Grievance, Eligibility, Encounters and Reporting
- Clinical writer for successful proposals leading to award and implementation of contracts as the behavioral health vendor for Medicaid managed care in 3 states

National Service Center Director (2005 – 2006)

- Ensured all departments met established performance standards, financial and contractual requirements
- Responsible for hiring decisions, resource allocation, performance management and promotion
- Achieved full health plan accreditation from URAC while maintaining ongoing operations within scope of budget
- Maintained strategic relationships with community organizations, state managing entities, health plans and stakeholders
- Successfully implemented business in multiple states within accelerated time frames

Utilization Management Director (2003 – 2005)

- Responsible for ensuring appropriate performance of all utilization management and case management activities
- Responsible for hiring decisions and employee development for all clinical functions
- Developed protocols and policies and procedures to support all utilization review functions in compliance with regulatory and contractual obligations
- Created interdepartmental performance improvement teams to successfully launch multiple implementations

Cindy Peterson, LCSW

Key Personnel position required by RFP: Chief Operating Officer

Cenpatico team member assigned to implementation: Cindy Peterson

Licensure: Licensed Clinical Social Worker (LCSW)

Years of Experience with Cenpatico/Centene: 9 years

Years of Experience with projects of similar scope and size: 9+ years

Mental Health Network (MHNET), Austin, TX (2002 – 2003)

Care Management Supervisor

- Responsible for authorizing and reviewing utilization of mental health and substance abuse services provided in inpatient, outpatient and intermediate care settings for 1 million lives.
- Established quality of care outcome goals and tracking mechanisms
- Collected and analyzed utilization data for establishing benchmarks and initiatives
- Ensured staff resources appropriately allocated so reviews occurred in timely fashion

Direct Practice Experience

Integrated Mental Health Services, Austin, TX, 1999 – 2002

- Provision of individual, family and group therapy modalities with a variety of populations as well as EAP services for assessment and referral

CrossPointe Counseling, Austin, TX, 1997 – 1999

- Individual, group and family therapy services

Private Practice (part-time), Austin, TX, 1994 – 1997

- Individual and family therapy

Catholic Family Services Waterbury, CT, 1991 – 1993

- Established satellite office, initiated adoption services

Anchor House Youth Shelter, Trenton, NJ, 1989 – 1990

- Piloted youth program in partnership with school systems to identify emotional disturbance related to family circumstances

Catholic Family Services, Bridgewater, NJ, 1987 – 1989

- Family therapy in partnership with Child Protective Services for at-risk youth

Professional Affiliations and Licenses

Licensed Clinical Social Worker (LCSW), Texas

Education

Bachelor of Science in Social Work (summa cum laude), Abilene Christian University

Master of Social Work, Rutgers University

Community Service

Austin Police Department – Victim Services Crisis Response Team

JoVonna L. Carter, LCSW, LCPAA

Key Personnel position required by RFP: Children's System Administrator

Cenpatico team member assigned to implementation: JoVonna Carter

Licensure: Licensed Clinical Social Worker (LCSW); Licensed Child Placing Agency Administrator (LCPAA)

Years of Experience with Cenpatico/Centene: 3 years

Years of Experience with projects of similar scope and size: 10+ years

Professional Experience

Cenpatico Behavioral Health, Austin, TX, July 2009 – Present

Manager, Clinical Training

- Provide leadership for a team of 10 foster care clinical trainers and a consumer advocate for STAR Health – Texas foster childrens' managed Medicaid.
- Responsible for interviewing, hiring, evaluating and terminating staff
- Curriculum writer and editor
- Oversee operations for the statewide training team as the team interfaces with community stakeholders.
- Serve as a liaison within the foster care community among various stakeholders to include state agencies.
- Serve as a member of management for the foster care team

Pathways Youth and Family Services, Austin, TX, July 2008 – March 2009

Foster Care Clinical Program Director

- Oversight of a licensed child placing agency regional office
- Monitoring of homes for compliance with Minimum Standards
- Conducting home studies for foster and adoptive homes.
- Oversight of all aspects of clinical care for children in foster care with severe emotional; and behavioral challenges
- Conducting treatment plan reviews and leading treatment team meetings
- Provided leadership to a staff of six, including case managers and admin staff
- Responsible for interviewing, hiring, evaluating and terminating staff
- Foster and Adoptive family trainer delivering PRIDE curriculum to new families.

Cenpatico Behavioral Health, Austin, TX, November 2007 – July 2008

Service Manager

- Conducted in patient utilization reviews on foster youth hospitalized on an inpatient psychiatric unit.
- Managed all state complaints related to STAR Health
- Managed all court ordered Psychotropic Medication Utilization Reviews

Texas Department of Family & Protective Services, Austin, TX, 2000 – August 2009

Consultant

- Completed Adoption and Foster Care Home Studies for Department of Family & Protective Services (DFPS)

JoVonna L. Carter, LCSW, LCPAA

Key Personnel position required by RFP: Children's System Administrator

Cenpatico team member assigned to implementation: JoVonna Carter

Licensure: Licensed Clinical Social Worker (LCSW); Licensed Child Placing Agency Administrator (LCPAA)

Years of Experience with Cenpatico/Centene: 3 years

Years of Experience with projects of similar scope and size: 10+ years

- Completed Adoption Readiness Reports for DFPS to present to families who wish to adopt children out of the Texas foster care system
- Completed risk assessments for placement considerations

Lutheran Social Services of the South, Austin, TX, 2005 – November 2007

Consultant

- Completed Adoption and Foster Care Home Studies for Department of Family & Protective Services (DFPS)
- Completed Adoption Readiness Reports for DFPS to present to families who wish to adopt children out of the Texas foster care system
- Completed risk assessments for placement considerations

Giacosa Foster Care Child Placing Agency, Austin, TX, 2006 – 2007

Contractor

- Completed Adoption and Foster Care Home Studies for Department of Family & Protective Services (DFPS)
- Completed Adoption Readiness Reports for DFPS to present to families who wish to adopt children out of the Texas foster care system
- Completed risk assessments for placement considerations
- Served on the treatment team as a consultant to the agency and to families in crisis

Arrow Child & Family Services (formerly The Arrow Project), Round Rock, TX, Sept. 2003 – April 2005

Foster Care Regional Clinical Director

- Development of training modules for staff development
- Oversight of a licensed child placing agency.
- Monitoring of homes for compliance with Minimum Standards
- Conducting home studies for foster and adoptive homes.
- Oversight of all aspects of clinical care for children in foster care with severe emotional; and behavioral challenges
- Conducting treatment plan reviews and leading treatment team meetings
- Provided leadership to a staff of six, including case managers and admin staff
- Responsible for interviewing, hiring, evaluating and terminating staff
- Foster and Adoptive family trainer delivering PRIDE curriculum to new families.

A World for Children, Round Rock, TX, February 2003 – September 2003

Foster Care Regional Clinical Director

- Development of training modules for staff development

JoVonna L. Carter, LCSW, LCPAA

Key Personnel position required by RFP: Children's System Administrator

Cenpatico team member assigned to implementation: JoVonna Carter

Licensure: Licensed Clinical Social Worker (LCSW); Licensed Child Placing Agency Administrator (LCPAA)

Years of Experience with Cenpatico/Centene: 3 years

Years of Experience with projects of similar scope and size: 10+ years

- Oversight of a licensed child placing agency.
- Monitoring of homes for compliance with Minimum Standards
- Conducting home studies for foster and adoptive homes.
- Oversight of all aspects of clinical care for children in foster care with severe emotional; and behavioral challenges
- Conducting treatment plan reviews and leading treatment team meetings
- Provided leadership to a staff of six, including case managers and admin staff
- Responsible for interviewing, hiring, evaluating and terminating staff
- Foster and Adoptive family trainer delivering PRIDE curriculum to new families.

Big Brothers Big Sisters Williamson County, Round Rock, TX, Aug. 2002 – Feb. 2003

Executive Director

- Supervised a team of 4 Masters' prepared therapists and social workers
- Responsible for interviewing, hiring, evaluating and terminating staff
- Conducted in home assessments
- Reviewed staff's assessments and screened all volunteers prior to match with a little brother or little sister, including conducting background checks
- Provided training to all volunteers
- Managed budget for the county office
- Prepared monthly and quarterly reports for National Corporate BBBS

Big Brothers Big Sisters of Central Texas, Austin, TX February 2001 – August 2002

Director of Intake and Assessment

- Supervised a team of 7 Masters' prepared therapists and social workers
- Responsible for interviewing, hiring, evaluating and terminating staff
- Preparation of weekly schedules for staff
- Reviewed assessments and screened volunteers prior to match with a little brother or little sister, including conducting background checks
- Served as a member of senior management

The Brown Schools Child Residential Treatment Center, Austin and San Marcos, TX, June 2000 – November 2000

Admissions Director

- Supervised a team of 5 Masters' prepared therapists in the admissions department of a two site residential treatment operation
- Responsible for interviewing, hiring, evaluating and terminating staff
- Responsible for screening potential residents, reviewing clinical histories and ensuring insurance coverage for the care and treatment of these youth

JoVonna L. Carter, LCSW, LCPAA

Key Personnel position required by RFP: Children's System Administrator

Cenpatico team member assigned to implementation: JoVonna Carter

Licensure: Licensed Clinical Social Worker (LCSW); Licensed Child Placing Agency Administrator (LCPAA)

Years of Experience with Cenpatico/Centene: 3 years

Years of Experience with projects of similar scope and size: 10+ years

- Arranged interstate compact for youth
- Met with families and youth prior to placement
- Staffed upcoming admissions with the Medical Director

Charter Hospital of Austin, Austin, TX, August 1996 – January 2000

Director of Needs Assessment and Referral – Adult and Child Psychiatric and Substance Abuse

- Supervised a team of 17 Masters' prepared therapists and RN's in a psychiatric emergency room
- Responsible for interviewing, hiring, evaluating and terminating staff
- Preparation of weekly schedules for staff
- Served as a member of senior management and rotation of Administrator on Call for the hospital
- Completed both mental health and substance abuse assessments of child and adult clients in crisis
- Triage emergent patients to substance abuse detox facility or psych hospital
- Assured COBRA compliance with transfer of emergent patients
- Conducted pre-certification and ongoing managed care utilization reviews for Inpatient, IOP and PHP programs

Sacred Heart Hospital, Pensacola, FL, 1993 – 1996

Psychiatric Screener

- Completed after hours mental health and substance abuse assessments of child and adult clients in crisis in the local emergency department
- Triage emergent patients to substance abuse detox facility or psychiatric hospitals
- Assured COBRA compliance with transfer of these emergent patients

Community Mental Health Center, Pensacola, FL, 1988 – 1996

Case Manager, Inpatient Discharge Planner, Psychiatric Assistant and Inpatient Therapist

- Provided graduate students with clinical supervision on an inpatient psych unit
- Supervised professional staff in not for profit community mental health center
- Completion of psychosocial assessment/psych evals for children and adults
- Served as a community liaison for long term residential care facility
- Provided Individual, Group and Family therapy to seriously mentally ill child and adult populations in both inpatient and outpatient settings
- Provided Adult and Child out patient case management for at risk SMI clients
- Provided Day treatment services to geriatric population of SMI clients
- Developed comprehensive treatment plans for children and adults

JoVonna L. Carter, LCSW, LCPAA

Key Personnel position required by RFP: Children's System Administrator

Cenpatico team member assigned to implementation: JoVonna Carter

Licensure: Licensed Clinical Social Worker (LCSW); Licensed Child Placing Agency Administrator (LCPAA)

Years of Experience with Cenpatico/Centene: 3 years

Years of Experience with projects of similar scope and size: 10+ years

Professional Affiliations and Licenses

Licensed Professional Counselor (LPC), Texas

Licensed Child Placing Agency Administrator (LCPAA), Texas

Education

Master of Science in Counseling and Human Development- Troy State University, Montgomery, AL 1993

Bachelors Degree in Psychology, University of West Florida, Pensacola, FL 1987

Assoc. Degree in Early Childhood Education, St. Petersburg Jr. College, St. Petersburg, FL 1985

Community Service

Fundraising Volunteer, The Adoption Coalition of Central Texas 2004 – 2006

Board Member, The Adoption Coalition of Central TX 2003 – 2004

Philip B. Nieri

Key Personnel position required by RFP: Corporate Compliance Administrator

Cenpatico team member assigned to implementation: Philip Nieri

Licensure: N/A

Years of Experience with Cenpatico/Centene: 4+ years

Years of Experience with projects of similar scope and size: 14+ years

Professional Experience

Cenpatico Behavioral Health, Austin, TX, April 2007 – Present

Vice President of Compliance and Government Affairs (April 2007 - present)

- Oversight and administration of enterprise wide compliance and risk management activities
- Direct monitoring and auditing activities to confirm compliance with legal, regulatory and contractual obligations
- Manage the review and timely submission of required member and provider materials as well contract report deliverables
- Oversee the review, respond and report suspected waste, abuse and fraud cases, including referrals to State Medicaid Fraud Control/Program Integrity Units
- Provide guidance on contract requirements and evolving legal and regulatory matters
- Train employees, providers and subcontractors on compliance program requirements and available resources

Abrazo Health Care, Phoenix, AZ, January 2006 – February 2007

Director of Government Program Compliance

- Direct administration and evaluation of compliance program and related monitoring and auditing activities for two Medicare Advantage health plans and one Medicaid plan
- Conduct mock reviews of health plan performance against CMS and AHCCCS monitoring standards and operational requirements
- Manage appeals function for all lines of business

Aetna/Schaller Anderson, Phoenix, AZ, January 2002 – December 2005

Director, Corporate Compliance

- Direct implementation of compliance programs for Medicaid, commercial and behavioral health lines of business in seven states
- Coordinate ongoing corporate-level oversight of compliance program activities and evaluation
- Manage company-wide Health Insurance Portability and Accountability Act (HIPAA) compliance project, including direct oversight of privacy and security program implementation and maintenance
- Analyze legal, regulatory and contractual requirements to determine their applicability to and impact on company lines of business
- Conduct periodic audits of operational areas, such as grievance/appeals processes, notice of action requirements
- Collaborate with affected personnel to develop and implement corrective actions plans based upon the above referenced requirements and operational audits
- Problem solve in response to reported and detected compliance issues
- Managed compliance department budget and personnel (3 staff)

Philip B. Nieri

Key Personnel position required by RFP: Corporate Compliance Administrator

Cenpatico team member assigned to implementation: Philip Nieri

Licensure: N/A

Years of Experience with Cenpatico/Centene: 4+ years

Years of Experience with projects of similar scope and size: 14+ years

Health Choice Arizona, Phoenix, AZ, December 2000 – December 2001

Manager, Compliance and Grievance/Appeals

- Promotion within health plan to a managerial position
- Manage all compliance, grievance processing and fraud/abuse activities
- Lead health plan preparations for onsite regulatory and accreditation reviews (Arizona Health Care Cost Containment System [AHCCCS] OFR, NCQA, JCAHO, etc.)
- Initiate health plan planning for HIPAA compliance project
- Direct implementation of health plan compliance program
- Help coordinate preliminary health plan preparations and planning for response to AHCCCS Request For Proposal (RFP)
- Develop a provider cultural competency guide with AHCCCS Plan subcontractors (e.g., Mercy Care, Cigna, etc.)

Health Choice Arizona, Phoenix, AZ, November 1997 – December 2000

Compliance Supervisor

- Promotion within health plan to a supervisory position (from Coordinator role)
- Supervise all compliance, grievance processing and fraud/abuse activities
- Coordinate Health Plan regulatory and accreditation review preparations (AHCCCS, QISMC, NCQA and JCAHO)
- Develop formal compliance plan for Medicaid managed care organizations, including identification and implementation of departmental audits, annual audit reporting, etc.
- Coordinate compliance related activities, including but not limited to oversight of ancillary subcontractors (e.g. dental, durable medical equipment, etc.)
- Develop vendor oversight and monitoring tools

Arizona Health Care Cost Containment System (AHCCCS), Phoenix, AZ, May 1994 – November 1997

Office of the Medical Director/Health Program Analyst

- Monitor compliance of acute care health plans and program contractors with federal, state and AHCCCS rules/regulations as part of the AHCCCS Health Plan operational/financial review-team.
- Coordinate the AHCCCS' "Committee on Technology Assessment and Medical Necessity", which assessed new and existing medical procedures, devices and drugs to improve the quality and cost effectiveness of care provided to AHCCCS members.
- Draft health plan requirements for performance indicator/metrics (precursor to QISMC and modified HEDIS measures).

Philip B. Nieri

Key Personnel position required by RFP: Corporate Compliance Administrator

Cenpatico team member assigned to implementation: Philip Nieri

Licensure: N/A

Years of Experience with Cenpatico/Centene: 4+ years

Years of Experience with projects of similar scope and size: 14+ years

Arizona State University, Tempe, AZ, 1990 – 1994

Athletic Department: Assistant Event Coordinator

- Coordinated staging of ASU sporting events, including patron services and security personnel
- Supervised eighty (80) event staff and credentialing for staff who worked at ASU facilities (i.e. media)
- Developed policies and procedures for game management and operations manuals
- Facilitated compliance with public safety recommendations for crowd control and patron alcohol consumption
- Revised the “Office of Stadium Management Guest Services Handbook,” a patron service manual providing training in first aid preparedness, conflict resolution and customer relations

Education

Masters of Public Administration, Arizona State Univ. School of Public Affairs 1994

Bachelor of Arts Degree in History, Arizona State Univ., School of Liberal Arts & Sciences 1992

Community Service

Member, ASU School of Public Affairs, Alumni Assoc. & Steering Committee,
Phoenix, AZ

Current

Member, KLRU Community Advisory Board, Austin, TX

2009-2011

Member, Board Of Directors Arizona Dragon Boat Association

2006

Past Member, “Miracle Makers”, a group of professionals that supports the Phoenix Children’s Hospital through fundraising and volunteer activities

Honors & Affiliations

Member, Health Care Compliance Association, Region 9

Health Administrators Forum – Phoenix Chapter

Recipient, “Arizona’s Finest” from the Arizona Chapter of the Cystic Fibrosis in recognition of charitable activities 2003

Recipient, “Chairman’s Award” from Iasis Healthcare in recognition of community and volunteer activities 2001

Past member - Board of Directors, Arizona Native American Community Health Centers

Master's Degree Honors Candidate

Dean's Honor List: Undergraduate Degree-Cum Laude

Claudia A. Sumrall, LCSW

Key Personnel position required by RFP: Care Management/UM Administrator

Cenpatico team member assigned to implementation: Claudia Sumrall

Licensure: Licensed Clinical Social Worker (LCSW)

Years of Experience with Cenpatico: 6+ years

Years of Experience with projects of similar scope and size: 11+ years

Professional Experience

Cenpatico Behavioral Health, Austin, TX, June 2005 – Present

Senior Director, Clinical Operations (2010 – Present)

- Utilizing over 6 years of experience with Centene and 20 years in behavioral health case management, develop effective and innovative clinical management programs, processes, and models keeping abreast of new trends, industry changes and state requirements.
- Oversee clinical functions in all markets and service areas including: intensive case management (ICM), utilization review (UR), care coordination and disease management.

Clinical Director (2006 – 2010)

- Oversee the development, implementation and operations of the Utilization Management department, Intensive Case Management department, Care Coordination and Appeals functions.
- Responsible for 5 direct level staff and 75 indirect staff locally and in numerous offsite Centene health plan locations.
- Introduced staffing metrics to manage performance and determine appropriate staffing levels.
- Developed and implemented high risk case management program with demonstrated improved financial and quality outcomes.
- Participate in development and monitoring of utilization metrics and financial targets.
- Strong emphasis on new business development and implementation of clinical operations for the Medicaid population in various states.

Care Management Supervisor (2005 – 2006)

- Supervised the daily operations of the utilization management department to ensure quality of programs and services.
- Assisted UM staff with incorporating the concepts of managed care and quality improvement in department operations; provided consultation for problem resolution for utilization managers and providers.

Inspiris (f/k/a Geriatrix of AZ), Phoenix, AZ, 2002 – 2005

Director of Care Coordination (2003 – 2005)

- Successfully integrated and directed Utilization Management Department (Quality Management, Prior Authorization, and Utilization Review) and Post Acute Services Department into Care Coordination Department.
- Supervised approximately 15 clinical and non-clinical staff.
- Responsible for all health plan and regulatory compliance.
- Developed and monitored QM/UM work plan and program to include establishing benchmarks and metrics to measure success.

Claudia A. Sumrall, LCSW

Key Personnel position required by RFP: Care Management/UM Administrator

Cenpatico team member assigned to implementation: Claudia Sumrall

Licensure: Licensed Clinical Social Worker (LCSW)

Years of Experience with Cenpatico: 6+ years

Years of Experience with projects of similar scope and size: 11+ years

- Participated in all provider and health plan contract negotiations, marketing and public relations.
- Project lead to coordinate benefits of dual enrolled members resulting in cost effective delivery of quality medical care.
- Created process for on-site concurrent review resulting in reduced acute length of stay.
- Responsible for significant resource reduction by cross-training staff and streamlining processes resulting in substantial financial savings and enhanced efficiencies.

Manager, Post Acute Services (2002 – 2003)

- Directed nurse practitioners, physicians and case managers to provide quality medical care and case management services in the post acute setting.
- Developed and implemented the Post Acute Program for one of the state's largest HMOs.
- Responsible for health plan and regulatory compliance.
- Actively participate in provider network development and contracting.
- Responsible for quality management, provider relations and recruitment, hiring and training of staff.
- Aggressively managed bed days/length of stay resulting in improved utilization and decreased acute readmission.
- Provided education and marketing to both internal and external customers on PAS program, Medicare skilled criteria and appropriate and timely discharge planning.

Pacificare, Phoenix, AZ, 1993 – 2002

Manager, Clinical Operations (2000 – 2002)

- Supervised a team of 17 RN's, Social Workers and Health Educators in Social Services/Case Management Department, Skilled Nursing Concurrent Review, Quality Improvement and Health Improvement Departments.
- Assisted with preparation for NCQA survey resulting in a Full Three Year Accreditation and Excellent Rating.
- Accountable for HEDIS measures with demonstrated improvement in continuity of care services for members.
- Increased federal compliance with issuance of member appeal rights after skilled nursing discharge from 2% to 85% within 6 months by developing and implementing a company-wide project plan.
- Developed and implemented disease specific case management program resulting in demonstrated cost savings and improved quality of life.
- Participated in provider credentialing and contracting.
- Successfully centralized skilled nursing concurrent review into one department resulting in reduced bed day utilization and lower length of stay.

Claudia A. Sumrall, LCSW

Key Personnel position required by RFP: Care Management/UM Administrator

Cenpatico team member assigned to implementation: Claudia Sumrall

Licensure: Licensed Clinical Social Worker (LCSW)

Years of Experience with Cenpatico: 6+ years

Years of Experience with projects of similar scope and size: 11+ years

Social Worker/Case Manager (1993 – 2000)

- Provided encompassing assessment, intervention, and referrals for medically and behaviorally complex PacifiCare members.
- As Case Management Team Leader, facilitated RN's and Social Workers in weekly case management rounds.
- Provided brief crisis intervention and counseling services to at risk members.
- Assisted providers and members with benefit interpretation.

Boswell Memorial Hospital, Sun City, AZ, 1993

Social Worker

- Provided clinical case management, counseling and discharge planning services to patients and families in relation to the impact of illness on physical, social, environmental, and psychological functioning.
- Instituted Medicare billing for social service assessment and intervention in the Emergency Department contributing to hospital's profitability.

Baylor Institute of Rehabilitation, Dallas, TX, 1991 – 1993

Program Manager

- Coordinated patients' plan of treatment while in acute rehabilitation.
- Facilitated interdisciplinary team conferences and acted as a liaison between third party representatives and team/patient.
- Provided adjustment counseling for families and patients and led family support/education groups.
- Specialized training in working with patients with traumatic brain injury.
- Assisted in development of Traumatic Brain Injury Manual to provide education and supportive resources for patients and families affected by brain injury.

Professional Affiliations and Licenses

Licensed Clinical Social Worker (LCSW), Texas

Education

Master of Science in Social Work, Magna cum Laude, University of Texas at Arlington, Arlington, TX.

Bachelor of Social Work, Cum Laude, Southwest Texas State University, San Marcos, TX.

Lilli R. Olive, MA, LPC

Key Personnel position required by RFP: Network Development Administrator

Cenpatico team member assigned to implementation: Lilli Olive

Licensure: Licensed Professional Counselor (LPC)

Years of Experience with Cenpatico/Centene: 7 years

Years of Experience with projects of similar scope and size: 3+ years

Professional Experience

Cenpatico Behavioral Health, Austin, TX, January 2011 – Present

Director, Special Therapies

- Oversee Specialty Therapy and Rehabilitative Services (ST, OT, PT) offered to health plan Members and act as a liaison between the respective Business Entities and Departments, including: Medical Management, Claims Department, Operations, Compliance & Regulatory Affairs, and Finance.
- Provide technical and operational oversight/support for Team(s) of STRS Clinical Supervisor, Utilization Managers, Clinical Provider Trainer and Care Coordinators.
- Provide consultation and/or guidance around clinically-related issues relative to operational transactions, service authorizations/denials, utilization management, and evaluation of Members' treatment outcomes or Specialty Therapy Providers' effectiveness.
- Provide detailed reporting, analysis, and interpretation in accordance with the Project's scope and regulatory requirements, including: claims cost, trend analysis, and/or financial performance.
- Conduct market research and determine STRS utilization model implementation proposal strategy

Network Development Manager (November 2008 – January 2011)

- Negotiated over 50 contracts in 18 months, several of which were contract clean-ups or re-negotiations resulting in company savings for lower rates and/or reduction in staff time for claims errors
- Established key performance metrics and workflows for Provider Representatives which resulted in 100% reduction of provider complaint calls to authorization line, reduction in formal provider complaints, and increase in provider satisfaction scores
- Collaborated with Superior Health Plan staff to ensure accurate and timely delivery of state reports, directories, HSD tables, and manuals
- Increased accessibility by collaborating with providers to add services such as Partial Hospitalization and Intensive Outpatient to underserved areas
- Facilitated network expansion in four Service Delivery Areas for Medicare and SSI in response to RFP
- Produce and review state reports on recruitment, geo-access, non-participation utilization, FQHC
- Increased accessibility to psychiatric services via telemedicine to underserved areas for Foster Care youth

Lilli R. Olive, MA, LPC

Key Personnel position required by RFP: Network Development Administrator

Cenpatico team member assigned to implementation: Lilli Olive

Licensure: Licensed Professional Counselor (LPC)

Years of Experience with Cenpatico/Centene: 7 years

Years of Experience with projects of similar scope and size: 3+ years

The Oaks Treatment Center, Austin, TX, May 2008 – November 2008

Program Manager

- Reviewed and assessed appropriateness of admissions and conducted utilization reviews with insurance companies, 100% success rate for obtaining initial and extended authorization for IOP and PHP days
- Ensured compliance with DFPS licensing and JCAHO requirements for units and campus grounds
- Provided campus wide Seclusion and Restraint Training
- Participated in staffing determinations regarding resident's treatment decisions
- Managed expense budgets
- Recruited, trained, and supervised 30 full- and part-time employees including direct care staff, nursing staff, and clinical therapists
- Engaged with parents and guardians of residents regarding care plans, medication management and issues

Westover Hills Counseling Center, Austin, TX, September 2003 – Present

Counselor

- Provide outpatient couples, family, and individual counseling for adults, adolescents and children
- Develop treatment plans
- Coordinate care with outside professionals to ensure improved outcomes

Cenpatico Behavioral Health, Austin, TX, April 2007 – May 2008

Clinical Supervisor

- Reduced turn-around time for clinical authorization review from 16 days to 5 days
- Grew staff by 50% in 3 months
- Improved staff usage of medical necessity criteria, through daily chart review, resulting in better treatment outcomes and better management of bed days
- Led 7-day follow up NCQA QIA initiative for all markets
- Trained providers regarding utilization management

Office Services and Training Manager (December 2005 – April 2007)

- Created and implemented training plan, including continuing education credit courses and basic computer software education
- Assisted HR in identifying new hire training enhancements
- Oversaw administrative and reception services, information and data processing, mail, printing and reproduction, records management, telecommunications management, security, parking, energy consumption, and personal property procurement, supply, recycling, and disposal
- Collaborated with off-site office service departments to better accommodate specialty staff co-located with health plan

Lilli R. Olive, MA, LPC

Key Personnel position required by RFP: Network Development Administrator

Cenpatico team member assigned to implementation: Lilli Olive

Licensure: Licensed Professional Counselor (LPC)

Years of Experience with Cenpatico/Centene: 7 years

Years of Experience with projects of similar scope and size: 3+ years

Care Coordinator Supervisor (May 2005 – December 2005)

- Assisted in development of RFPs for new markets as it related to care coordination
- Implemented care coordination policies, procedures and workflows for new markets
- Initiated cross-functional market specific meetings for all markets
- Recruited, trained, and supervised 8 full- and part-time employees

Utilization Manager (October 2004 – May 2005)

- Provided utilization management for inpatient, residential, partial hospitalization, and outpatient levels of care
- Trained providers regarding treatment authorization requests
- Performed weekly clinical case presentations in staffing
- Facilitated outpatient process upgrades to improve efficiency

Austin Business College, Austin, TX, April 2004 – October 2004

Psychology Instructor

- Instructed young adults regarding basic psychological principles
- Taught various courses, as requested (e.g., Career Development, Proofreading, MS Word, MS Excel, Basic Math)
- Compiled and reported grades

Mental Health Network, Austin, TX, September 2003 – April 2004

Case Manager

- Provided utilization management for intensive outpatient and outpatient levels of care
- Trained providers regarding treatment authorization requests
- Performed weekly clinical case presentations in staffing

Resources for Living, Austin, TX, October 1997 – September 2003

Operations Manager

- Supervised counseling staff, including completion of annual performance appraisals
- Designed and implemented a modular workplace violence assessment, intervention and response training program for counseling staff
- Reduced abandoned calls and increased telephone service level by designing and implementing call center metrics
- Consulted on over 200 cases of domestic violence, suicide and workplace violence

Professional Affiliations and Licenses

Licensed Professional Counselor (LPC), Texas

Education

Master of Art in Family Psychology, Hardin Simmons University, Abilene, TX, 1997
Bachelor of Science in Speech and Hearing, Texas Tech University, Lubbock, TX, 1992

Agnes Y. Ponce

Key Personnel position required by RFP: Member Services Administrator

Cenpatico team member assigned to implementation: Agnes Ponce

Licensure: N/A

Years of Experience with Cenpatico/Centene: 5+ years

Years of Experience with projects of similar scope and size: 5+ years

Professional Experience

Cenpatico Behavioral Health, Austin TX, April 2006 – Present

Director, Service Operations (February 2009 – Present)

- Lead formulation and development of departmental strategies and oversee the implementation of all major operational projects.
- Provide leadership and direction to three (3) Supervisors and ten (10) lines of business.
- Develop and ensure compliance with departmental objectives that are consistent with the business unit and corporate objectives.
- Oversee adherence with contractual requirements to include timely telephone access and crisis call management.
- Lead new business and implementation projects for Service Operations department.
- Develop, implement and maintain production and quality standards for customer service, referral specialist, web support and eligibility processor roles.
- Review, investigate and resolve complex inquiries regarding member and provider services issues for internal and external customers, to include complaints and/or grievances.
- Identify and resolve system issues impacting daily operations.
- Manage the data integrity of member enrollment records and remittance files transmitted from the state including reconciliation processes and resolution of discrepancies.
- Audit and revise/refine all major processes on a routine basis, or at least annually.
- Analyze, measure and report departmental performance to the State and to Health Plans.
- Collaborative interfacing with internal departments and external customers.
- Develop strategic long-range plans for the department.
- Develop personal development plans for staff.
- Perform performance evaluations and disciplinary actions.

Manager, Call Center Operations, (April 2006 – February 2009)

- Provide leadership and direction for Call Center and Data Services functions.
- Provide leadership and direction to eight (8) lines of business.
- Ensure compliance with contractual requirements and deliverables, to include Service Levels, Abandonment Rates and Average Speed of Answer.
- Oversee Outpatient Treatment Request determinations, ensuring processing standards are met for various business units.
- Manage State Member eligibility load process into Claims authorization and payment systems.
- Oversee delivering of New Member/Handbook processes; to include generation of Member ID cards.
- Respond and collaborate in new business implementations/RFPs.
- Analyze, measure and report departmental performance to the State and to Health Plans.
- Ensure compliance with contract requirements via quality audits.

Agnes Y. Ponce

Key Personnel position required by RFP: Member Services Administrator

Cenpatico team member assigned to implementation: Agnes Ponce

Licensure: N/A

Years of Experience with Cenpatico/Centene: 5+ years

Years of Experience with projects of similar scope and size: 5+ years

- Collaborate with internal/external departments to ensure member and provider satisfaction.
- Review, investigate and resolve inquiries regarding member/provider services issues for internal and external customers.
- Oversee Payment processes for claims submitted electronically via the company website.
- Oversee Authorization processes for OTRs submitted electronically.
- Manage company website; submission of Change Requests (CRs) to ensure content accuracy.
- Oversee resolution of member/provider complaints; Internal or State inquiries.
- Coordinate training for staff development.
- Manage Claims function to include check run review and re-processing of inappropriate claim denials.
- Interview and hire staff.
- Develop strategic long-range plans for the department.
- Develop personal development plans for staff.
- Perform performance evaluations and disciplinary actions.

Affiliated Computer Services (ACS), Austin, TX, December 2001 – April 2006

Quality Analyst, Texas Medicaid and Healthcare Partnership- Medical Affairs (June 2005 – April 2006)

- Ensured compliance with contract requirements.
- Conducted quality audits for Community Health Services Department.
- Conducted quality audits for Prior Authorization Department.
- Participated in Process Improvement Teams.
- Developed departmental policies and procedures.
- Analyzed, measured and reported individual staff performance.
- Analyzed, measured and reported departmental performance.
- Identified quality audit trends.

Applications and Enrollment Supervisor, Applications and Enrollment (February 2005 – June 2005)

- Provided overall leadership and direction for applications and enrollment staff.
- Facilitated applications and enrollment operations, ensuring compliance with contract requirements for the Children's Health Insurance Program (CHIP).
- Oversaw all application processing and eligibility determinations, to include development of new processes required for current business to meet all A&E contract deliverables and obligations.
- Responsible for interview and hiring process for Customer Care Assistants.
- Monitored departmental inventory on a daily basis and made appropriate adjustments to processes.
- Oversaw resolution of all member/provider complaints and appeals.
- Developed strategic long-range plans with Applications & Enrollment Manager.

Agnes Y. Ponce

Key Personnel position required by RFP: Member Services Administrator

Cenpatico team member assigned to implementation: Agnes Ponce

Licensure: N/A

Years of Experience with Cenpatico/Centene: 5+ years

Years of Experience with projects of similar scope and size: 5+ years

- Prepared monthly reports of applications & enrollment activities.
- Performed performance evaluations and disciplinary actions.
- Actively managed team performance.
- Defined goals and expectations for direct reports.
- Measured and reported attainment of goals.
- Monitored staff training requirements.
- Held weekly staff meetings.
- Coordinated with division trainer for staff training development.
- Provided immediate attention/ and status on key issues as identified by executive management.
- Participated in Quality Improvement Processes.
- Oversaw support function of staff to the call center.
- Assisted call center supervisors with monitor queue status.

Customer Care Supervisor, Call Center (April 2004 - February 2005)

- Provided overall leadership and direction for call center staff.
- Maintained call center service levels according to the contract requirements for the Children's Health Insurance Program (CHIP).
- Developed strategic long range plans for the call center staff.
- Responsible for interview and hiring process for Customer Care Assistants.
- Performed performance evaluations and disciplinary actions.
- Actively managed team performance and motivational activities.
- Provided training, coaching, and mentoring to direct reports.
- Defined goals and expectations for direct reports.
- Measured and reported attainment of goals.
- Monitored staff training requirements.
- Held weekly staff meetings.
- Resolved member and/or provider complaints and appeals.
- Promoted member satisfaction and accessibility to care.
- Monitored Telephone Queue (Avaya) for call status.
- Assisted in Applications and Enrollment operations.
- Participated in Quality Improvement Processes.
- Provided coverage as needed for Saturdays.

Training Specialist, Training and Quality Assurance Department (December 2001 - April 2004)

- Managed composition of Millennium Leadership Lessons.
- Supervised New Employee Orientation for new hires.
- Developed curriculum, manuals and training modules for trainees.
- Ensured trainee knowledge and development through training, coaching, and mentoring.

Agnes Y. Ponce

Key Personnel position required by RFP: Member Services Administrator

Cenpatico team member assigned to implementation: Agnes Ponce

Licensure: N/A

Years of Experience with Cenpatico/Centene: 5+ years

Years of Experience with projects of similar scope and size: 5+ years

- Ensured compliance with contract requirements by conducting quality audits for staff in training.
- Provided training direction based on quality audits to executive management.
- Developed and implemented Process Improvement Teams.
- Coordinated calls for trainee observation and learning.
- Developed training modules to include training quizzes, tests, exercises and class presentation materials.
- Developed an integrated database to maintain daily attendance and production statistics for trainee performance.
- Processed electronic-Member Referral Forms (E-MRF) requests and corrected trainee accounts.
- Developed Policies and Procedures.

Seton Health Care, Austin, TX, September 2001 – December 2001

Outreach Worker, Insure-A-Kid

- Provided community awareness of the Children's Health Insurance Program by attending local events, schools, churches and individual companies to present program benefits and provide assistance in application submission for health care coverage.

Glades General Hospital, Belle Glade, FL, November 2000 – July 2001

Outreach Worker/Case Coordinator, Business Office

- Managed patient accounts for 200 person private hospital to determine eligibility for various medical assistance programs.
- Coordinated appointments for clients to the Department of Health and Human Services (Medicaid) or other medical assistance programs.
- Completed application process and ensured eligibility criteria were complete and accurate.
- Facilitated and attended appointments with clients to ensure eligibility compliance.
- Prepared reports for charity write offs and alternative caring facilities for indigent care patients.
- Provided preventive care health education awareness.
- Coordinated community health services resources.

Education

Business Administration, Palm Beach State College, Lake Worth, FL

Glen Anthony Schuster

Key Personnel position required by RFP: Information Systems Administrator

Cenpatico team member assigned to implementation: Glen Schuster

Licensure: N/A

Years of Experience with Cenpatico/Centene: 6 years

Years of Experience with projects of similar scope and size: 18 years

Professional Experience

Centene Corporation, St. Louis, MO, 2005 – Present

Sr. Vice President/Chief Information Officer, St. Louis

- Oversee Information Systems and Information Technology functions for \$3B publicly-traded, multi-line managed care organization
- Oversaw growth of corporate technology from back office operations focused on claims payment and basic operations to front-end robust web portal, service oriented architecture
- Introduced Centene into a best of breed development environment, integrating industry leading packages with Centene business rules
- Implemented strategy purchasing arrangements with key vendors improving service levels as well as reducing overall costs
- Oversee IS/IT staff averaging 350 staff; increased from 105
- Oversaw Centene's first new business implementation for corporate business operation and technology and 14 implementations over 3 years including 3 new health plans, 9 in-market expansions and various additional new products
- Oversaw IS/IT integration for 5 major new business acquisitions in 3 years
- Increased office support from 36 to 78 locations and employee based growth of 1,500 to 3,300 in 2 years
- Key speaker at 2 Centene investor conferences; guest speak at St. Louis Innovation Forum and Society for Information Management

Accenture, St. Louis, MO, 1993 – 2005

Partner/Senior Executive

Clients/Companies: United Healthcare, Deluxe Corporation, Gamut Interactive, Walgreen Company

United Healthcare:

- Transitioned knowledge from a 70-person team to a new 40-person team in six months without missing a single delivery date for three major releases;
- Expedited delivery of key client initiative from October 2003 to February 2003, delivering initiative more than 10% under budget;
- Exceeded metrics expectations in productivity by 23%, while exceeding quality standards;
- Reduced production support personnel from 28 to 10, saving client \$1.8M in expenses over an 18-month period.

Deluxe Corporation

- Responsible for defining and executing program management functions.
- Included coordinating project management processes across the six component projects that made up the CRP program.

Glen Anthony Schuster

Key Personnel position required by RFP: Information Systems Administrator

Cenpatico team member assigned to implementation: Glen Schuster

Licensure: N/A

Years of Experience with Cenpatico/Centene: 6 years

Years of Experience with projects of similar scope and size: 18 years

- Responsible for redefining the client's business process in capturing, retrieving, and utilizing customer information in the order processing functions.
- Development manager for the Customer Interface team. This 55 person team was responsible for the detailed design, development, unit and string testing of all enhancements or fixes to the CI system.
- Developed an initiative-based master plan to define the completion of the CI project
- Defined a budgeting, work-planning, and status tracking infrastructure
- Created a release-bundling process
- Revamped development and unit test processes
- Revamped business analyst and end-user participation in the development effort

Gamut Interactive

- Responsible for the assessment, design, and development of non-marketing business operations. Included the overall capability requirements assessments for Offer Management and Wallet Server, as well as the Direct Order and Customer Decision Support application design and interfaces. Key contributor to defining the enterprise direction and strategy for the initial launch of the Gamut products.

Walgreen Company

- Responsible for developing a technical and process infrastructure to communicate merchandising changes from a centralized marketing organization to 2,500 retail stores.
- Responsible for designing and developing the marketing and store processes to implement merchandising changes throughout the chain quickly, efficiently, and accurately.
- Responsible for team leadership of the Enable Phase project team.
- Worked on the Intercom Plus system. Intercom Plus was designed to improve the efficiency of pharmacy operations through changes in workflow.

Education

Bachelor of Science, Electrical Engineering, University of Illinois, Urbana, IL

Amy E. Onest

Key Personnel position required by RFP: Claims/Encounters Administrator

Cenpatico team member assigned to implementation: Amy Onest

Licensure: N/A

Years of Experience with Cenpatico/Centene: 6 years

Years of Experience with projects of similar scope and size: 6+ years

Professional Experience

Cenpatico Behavioral Health, Austin, TX, December 2005 – Present

Director of Operations (December 2008 – Present)

Manager of Operations (May 2007 – December 2008)

Contract Implementation Manager (December 2005 – May 2007)

- Created a claims review process that resulted in 69.9% reduction in interest, 39.0% reduction in calls to the claims call center, and a 48.3% increase in first-time claim auto-adjudication rate.
- Due to improved system accuracy and increased auto-adjudication rates, Cenpatico handled growth from 473,000 claims/year to 1,300,000 claims/year but only expanded staff from 11 processors to 15 processors.
- Oversee the creation, design, and testing of company information systems to accommodate processing new Medicaid products and markets. This includes benefit systems, pricing systems, funding stream reconciliation and provider information.
- Provider satisfaction with claims processing increased from 72% to 88%.
- Managed 8 new business implementations and managed 3 platform migrations that included complete system rebuild.

Onest Consulting, Austin, TX, 1999 – 2009

Contractor

- Conducted focus groups, surveys, and data analysis for product development and testing in multiple industries including hospital systems, government agencies, and plastics manufacturing.
- Scripted and designed interactive, multimedia training module for Texas Health Resources' Electronic Health Record.
- Conducted product research for clients such as Enspire Learning, Moore Research, Inc., Bush Industries, Inc., Avon, Pennsylvania Lottery, Gannon University, and Snap-Tite Tools.

Mental Health Network, Inc., Austin, TX April 2003 – September 2005

Director, Contract Management

- Author, negotiate, and maintain operational contracts with 22 health plans.
- Completed implementation project management for five new health plans and six expansion lines of business; one implementation was successfully conducted in 14 days.
- Managed MHNet's compliance with Medicare laws.
- Established and managed health plan relationships and facilitate completion of special projects.
- Conducted underwriting analyses to identify financial impact of regulatory or policy changes.

Strategy Solutions, Erie, PA, April 2000 – September 2002

Amy E. Onest

Key Personnel position required by RFP: Claims/Encounters Administrator

Cenpatico team member assigned to implementation: Amy Onest

Licensure: N/A

Years of Experience with Cenpatico/Centene: 6 years

Years of Experience with projects of similar scope and size: 6+ years

Vice President

- Developed strategic plan that focused the local YWCA to core business and eliminate debt.
- Conducted Behavioral Risk Factor Surveillance Survey for the Cleveland Clinic Health System which increased market share of regional facilities on an average of 8%.
- Managed market research, request for proposals (RFPs), training, and staff supervision.
- Authored a 125-page manual for a customer satisfaction research process utilizing SPSS and trained client staff to manage processes established by Strategy Solutions.
- Developed, calculated, and oversaw the budget for research projects.

Education

Master of Business Administration, Pennsylvania State University, Erie, PA	1996
Bachelor of Arts in Sociology, Gettysburg College, Gettysburg, PA	1989
Microsoft Certified Solutions Developer (coursework only), Southern Methodist University	2000
Market Research, AMA School of Market Research, University of Notre Dame	1994
Project Management, American Management Association, Toronto, Canada	1996

Community Service

Volunteer, Austin United Methodist Homeless Breakfast Program, Austin, TX	2005
Member, Board of Directors, Refuge Homeless Shelters, Austin, TX	2003

Honors and Affiliations

Guest Speaker, Sichuan International Cultural Exchange, Chengdu, China	2007
Adjunct Professor, Public Administration Masters Program, Gannon University, Erie, PA	2003
Guest Speaker, Hospital Association of Pennsylvania, Pittsburgh, PA	2003
Guest Speaker, Women in Business Conference, Toronto, Canada	2002
Guest Lecturer, Communications Program, Penn State Erie, The Behrend College, Erie, PA	2001
Guest Lecturer, Health Services Administration Masters Program, Gannon Univ., Erie, PA	2001
Guest Speaker, Health Care Cost Summit (included PA Sec. of Health), Erie, PA	1995

Amy E. Onest

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Licensure: N/A

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Amy E. Onest

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Strategy Solutions, Erie, PA, April 2000 – September 2002

Vice President

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Guest Lecturer, Communications Program, Penn State Erie, The Behrend College, Erie, PA	2001
Guest Lecturer, Health Services Administration Masters Program, Gannon Univ., Erie, PA	2001
Guest Speaker, Health Care Cost Summit (included PA Sec. of Health), Erie, PA	1995

4. Personnel Qualifications

The Proposer should describe the qualifications of personnel as listed below:

4.c. If subcontractor personnel will be used, the Proposer should clearly identify these persons, if known, and provide the same information requested for the Proposer's personnel.

Cenpatico of Louisiana, Inc. will not use subcontractor's personnel for key, required or operational positions.

5. Additional Information

As an appendix to its proposal, if available, a Proposer may provide samples of specific policies and procedures that would highlight its expertise in serving the populations identified in the RFP, inclusive of organizational standards, employee expectations, member rights, UM guidelines and ethical standards. Full copies of manuals are not desired. This appendix should also include a copy of Proposer's All Hazards Response Plan, if available.

Please find attached Section 5 requested items as well as Appendices that are referred to throughout the Technical and Cost Response sections. A list of the required items follows for your reference:

- Cenpatico Louisiana All Hazards Management Team Plan Template
- Louisiana Org Charts

Appendix 1

- 1.c.vi Attestation Letter

Appendix 2

- 2.b.i Care Team Functional Organization Chart
- 2.b.iii MIKID Letter
- 2.c.i-A Utilization Management Workflow
- 2.c.i-B Provider Profiling Report
- 2.c.vii-A TX Star+Plus Graphs
- 2.c.vii-B PMMG Meeting Report
- 2.d QM Org Chart
- 2.d.iv Corrective Action Plan Template
- 2.e.vii Managed Care Accessibility Analysis
- 2.g.xxxi Claim Pre-processing Edits
- 2.i Implementation Plan WBS
- 2.k.i. Insurance Declarations-Liability insurance
- 2.k.i. Insurance Declarations-Property insurance

Appendix 4

- 4.b Attestation Letter

August 12, 2011

Ms. Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
628 N 4th Street, 5th Floor
Baton Rouge, LA 70802

RE: ADDENDUM #4: Statewide Management Organization / RFP # 305PUR-DHHRFP-SMO-OBH

Dear Ms. Fuentes,

In connection with our bid submission on RFP # 305PUR-DHHRFP-SMO-OBH, Cenpatico of Louisiana, Inc. (Cenpatico) submits the following pursuant to Addendum #4:

1. Section B, 13. Administrative Organization, e., page 139 – addition of item viii

Cenpatico has no financial, contractual or employment relationship with any employee of the Louisiana Department of Health and Hospitals, or person who was employed at any time between January 1, 2010 and July 29, 2011 by the State of Louisiana and who during that period engaged in the drafting or discussion of this RFP. Cenpatico shall not employ or contract with or have a financial relationship with any employee or, between February 1, 2011 and January 1, 2012 with any former employee, of the State of Louisiana who participated in discussions regarding or assisted in the drafting of this RFP.

2. Section B, 13. Administrative Organization, g., page 141 – addition of item x

Cenpatico has no financial, contractual or employment relationship with any employee of the Louisiana Department of Health and Hospitals, or person who was employed at any time between January 1, 2010 and July 29, 2011 by the State of Louisiana and who during that period engaged in the drafting or discussion of this RFP. Cenpatico shall not employ or contract with or have a financial relationship with any employee or, between February 1, 2011 and January 1, 2012 with any former employee, of the State of Louisiana who participated in discussions regarding or assisted in the drafting of this RFP.

3. Section B, 13. Administrative Organization, h., page 142 – addition of item xv

Cenpatico has no financial, contractual or employment relationship with any employee of the Louisiana Department of Health and Hospitals, or person who was employed at any time between January 1, 2010 and July 29, 2011 by the State of Louisiana and who during that period engaged in the drafting or discussion of this RFP. Cenpatico shall not employ or contract with or have a financial relationship with any employee or, between February 1, 2011 and January 1, 2012 with any former employee, of the State of Louisiana who participated in discussions regarding or assisted in the drafting of this RFP.

If you have any questions or need more information, please contact me at 512-406-7515.

Sincerely,



Sam Donaldson, Ph.D.
President and CEO
Cenpatico of Louisiana, Inc.

Position Title	Licensure	Team Roles - Clinical Staff	Covered Populations	Integration Process
Inpatient Utilization Manager	LMHP	<u>Inpatient:</u> <ul style="list-style-type: none"> Conduct prior authorization and concurrent review for inpatient general hospitals Psychiatric hospital inpatient screens and concurrent review Provide initial certifications of need and recertification for Psychiatric Residential Treatment Facilities Track authorization periods 	<p>Inpatient General Hospital:</p> <ul style="list-style-type: none"> Medicaid Children CSoC Children Medicaid Adults Medicaid Adults eligible for the 1915i waiver Medically Needy CHIP in separate program <p>Psychiatric Hospital:</p> <ul style="list-style-type: none"> Medicaid children CSoC Over age 65 OBH adults and children OJJ/DCFS <p>Psychiatric Residential Treatment Facility (PRTF)</p> <ul style="list-style-type: none"> Medicaid children CSoC CHIP in separate program OBH children and adults 	<ul style="list-style-type: none"> Document all UM activities in the TruCare System that is accessible to all Regional Team Members. Generate referrals for Discharge Planning in TruCare. Attach clinical information in CenTraCare Clinical Portal. Participate in weekly clinical rounds with the Medical Director and in weekly Regional RTMs.
Outpatient Utilization Manager	LMHP, LAC	<u>Outpatient:</u> <ul style="list-style-type: none"> Prior authorization and concurrent utilization review of therapeutic group home and other residential levels of stay, non-medical group homes, and therapeutic foster care Perform prior authorization of waiver services, level of care evaluation activities 	<p>Rehabilitation Therapeutic Group Home-</p> <ul style="list-style-type: none"> Medicaid children CSoC CHIP in separate program OBH children and adults <p>LMHP services</p> <ul style="list-style-type: none"> Medicaid children CSoC Medicaid Adults eligible for the 1915i waiver 	<ul style="list-style-type: none"> Document all UM activities in TruCare. Participate in weekly clinical rounds with the Medical Director and weekly Regional RTMs. Receive referrals via TruCare for OP services from Discharge planner, Care Coordinators, and, Care Managers. Generate referrals for Care Coordination and Care Management via CCMS.

Position Title	Licensure	Team Roles - Clinical Staff	Covered Populations	Integration Process
Outpatient Utilization Manager	LMHP	<p><u>Outpatient Waiver:</u></p> <ul style="list-style-type: none"> • Authorization of school-based services. • Review participant service plans to ensure that waiver requirements are met. • Manage waiver enrollment against approved limits. • Manage waiver enrollment against approved limits. • Monitor waiver expenditures against approved levels. • Review participant service plans to ensure that waiver requirements are met. 	<p>Rehabilitation (Unlicensed MH practitioners)</p> <ul style="list-style-type: none"> • Medicaid children • CSoC • Medicaid Adults eligible for the 1915i waiver • OBH adults and children • OJJ/DCFS 	<ul style="list-style-type: none"> • Document all UM activities in the CCMS that is accessible to all Regional Team Members. • Participate in weekly clinical rounds with the Medical Director and weekly Regional RTMs. • Receive referrals via TruCare for OP services from Discharge planner, Care Coordinators, and, Care Managers. • Generate referrals for Care Coordination and Care Management via TruCare.
Discharge Planner	LMHP	<p><u>Inpatient:</u></p> <ul style="list-style-type: none"> • Arrange for level of care (LOC) transitions and post discharge services for inpatient and residential care services. <p><u>Outpatient:</u> LOC transitions for therapeutic group homes</p>	<p>Inpatient General Hospital:</p> <ul style="list-style-type: none"> • Medicaid Children • CSoC Children • Medicaid Adults • Medicaid Adults eligible for the 1915i waiver • Medically Needy • CHIP in separate program <p>Psychiatric Hospital:</p> <ul style="list-style-type: none"> • Medicaid children • CSoC • Over age 65 • OBH adults and children • OJJ/DCFS <p>Psychiatric Residential Treatment Facility (PRTF)</p> <ul style="list-style-type: none"> • Medicaid children • CSoC • CHIP in separate program • OBH children and adults 	<ul style="list-style-type: none"> • Document all UM activities in the CCMS that is accessible to all Regional Team Members. • Participate in weekly clinical rounds with the Medical Director and weekly Regional RTMs. • Receive referrals for Discharge planning from IP UM, Generate referrals for care coordination and care management in TruCare.

Position Title	Licensure	Team Roles - Clinical Staff	Covered Populations	Integration Process
Care Coordinator	LMHP, LAC	<u>Outpatient and Waiver:</u> <ul style="list-style-type: none"> Coordination of referrals for rehabilitation (nonprofessional) for Community psychiatric support and treatment; psychosocial rehabilitation; and, crisis stabilization; Coordination of referrals for substance abuse treatment Coordination of referrals to qualified community providers according to access standards and/or to the WAA/FSO for CSoC eligible members. Perform immediate crisis screening for access of care requests, warm transfer as required if needed; conduct appropriate health risk screening: CANS brief for youth; LOCUS for adults; Identify those under 22 with significant BH challenges, co-occurring disorders or out of home placement risk (functionally eligible for CSoC) and those under 22 using multiple systems, Adults eligible for 1915i HCBS, IV drug users, Pregnant substance users as well as substance using women with dependents or dual dx, adults eligible for 1915i State plan svc.; Obtain signature for release of information from the member (or family/caregiver for children) to coordinate care with the PCP, other health care providers, and MCO 	Unlicensed rehabilitation <ul style="list-style-type: none"> Medicaid children CSoC Medicaid Adults eligible for the 1915i waiver OBH adults and children OJJ/DCFS Rehabilitation substance abuse <ul style="list-style-type: none"> Medicaid children CSoC Medicaid Adults Medicaid Adults eligible for the 1915i waiver OBH adults and children OJJ/DCFS 	<ul style="list-style-type: none"> Document all UM activities in the TruCare that is accessible to all Regional Team Members. Participation in weekly clinical rounds with the Medical Director and weekly Regional RTMs. Receive referrals via CCMS for OP services from Outpatient UM, Discharge planner, Care Coordinators, and, Care Managers. Generate referrals for Care Coordination and Care Management via TruCare. Collaborate with community liaison regarding DOE and school related issues. Collaborate with Provider Coach as needed. Document collaboration in TruCare. Attach clinical information in the CenTraCare Clinical Portal system for team member accessibility.
Care Manager	LMHP	<u>High Risk:</u> <ul style="list-style-type: none"> Case management for high risk members to include: for children and youth involved in multiple services systems (child welfare, juvenile justice and behavioral health); adults with MMD, SMI and/or addictive disorders (co-occurring). Obtaining treatment plan certification after completion of specialized training in the Treatment Planning Philosophy, 1915(b) waiver and 1915(i) State Plan HCBS rules and processes, service eligibility and associated paperwork. Document and information (date, provider) of annual well care visits. Ensure a treatment plan is developed if a course of treatment or regular care 	High Risk <ul style="list-style-type: none"> Medicaid children Medicaid Adults eligible for the 1915i waiver OBH adults and children OJJ/DCFS <u>CSoC Waiver</u> 1915(c) and 1915(b)(3)	<ul style="list-style-type: none"> Document all UM activities in TruCare. Participate in weekly clinical rounds with the Medical Director and weekly Regional RTMs. Receive referrals via TruCare for OP services from Outpatient UM, Discharge planner, Care Coordinators, and, Care Managers. Generate referrals for Care Coordination and Care Management via TruCare. Collaborate with WAA/FSO and Community Liaisons, document collaboration in TruCare.

Position Title	Licensure	Team Roles - Clinical Staff	Covered Populations	Integration Process
		<p>monitoring is required.</p> <ul style="list-style-type: none"> • Work with the individual and/or family to identify who should be involved in the treatment planning process. • Guide the treatment plan development process. • Build collaboration and ongoing coordination among the family, caretakers, service providers, and other formal and informal community supports. • Review the treatment no less than every 6 months or more frequently if status or treatment changes occur. <p>Ensure crisis plans are in place and facilitate wraparound services and housing supports for SMI and MMD.</p> <p><u>CSoC Waiver:</u></p> <ul style="list-style-type: none"> • If the treatment plan is for a child in the CSoC, develop an individual plan of care (POC) with the CFT - ensure the CFT includes team members chosen by the youth/caregiver. • Document and information (date, provider) of annual well care visits; for CSoC children coordinate non-benefit EPSDT. • Provide comprehensive assessment performed by independent evaluator to the Family Support Organization for family support during the process, and to the WAA responsible for wraparound team engagement, development of an individual POC, and immediate access to medically necessary services. <p><i>If a WAA is available, they will be required to do the following. If there is no WAA we will perform these activities:</i></p> <ul style="list-style-type: none"> • Offer a choice of child and family team (CFT) wraparound facilitators • Authorize CSoC covered services, consistent with medical necessity, for up to 30 days during the assessment and planning period, with the exception of inpatient and residential treatment services, which shall be prior authorized by the Contractor. • Assist the family with Medicaid enrollment if the child is not already Medicaid eligible. • Convene the CFT to develop an individual 	<p>services</p> <ul style="list-style-type: none"> • CSoC 	<ul style="list-style-type: none"> • Attach clinical information in TruCare

Position Title	Licensure	Team Roles - Clinical Staff	Covered Populations	Integration Process
		<p>treatment plan known as the Plan of Care (POC). The CFT should be comprised of individuals that child/youth and family/caretakers want to assist in the development of the POC, including other family members, natural supports, providers, custodial case managers, and advocates.</p> <ul style="list-style-type: none"> • The WAA will assist the child/youth and family/caretakers with establishing the CFT. • The POC must be developed with the participation of the independent LMHP who completed the CANS – comprehensive in collaboration with the CFT. The independent LMHP responsible for completing the assessment shall develop the assessment with the CFT and participate in the development of and approval of the POC, but shall not be a provider on the POC. • The independent LMHP will sign off on the POC, if any Medicaid rehabilitation services are recommended. • -Schedule and conduct a pre-certification home visit. • Determine if the 1915(c) Level of Care (LOC) is met and verify that the child meets the CSoC LON. • Verify that the child/youth has a primary care provider (PCP) and if not, assist the child/youth and the family/caregiver with referrals to obtain a PCP. • Ensure that the PCP is involved in the development of the POC if he/she desires. If not, ensure that the PCP receives information necessary to provide care to the child. At a minimum, the PCP will receive a copy of the completed POC. • Coordinate care with the PCP, with the authorization of the family/caregiver, to address overall health and wellness. • Facilitate the timely development of the POC with the involvement of: the child/youth, family/caretaker, providers, and peer mentor or family liaison/educator, LMHP in service planning, when clinically appropriate, and subject to the approval of the child/youth and family/caregiver. • Emphasize POC services, including evidence-based/ best practices and supports that meet the 		

Position Title	Licensure	Team Roles - Clinical Staff	Covered Populations	Integration Process
		<p>needs of the child/youth, promote resiliency, rely on natural supports, and are sustainable.</p> <ul style="list-style-type: none"> Natural supports are personal associations and community resources that assist with strengthening the family/caretaker and assist the child/youth in promoting resiliency. Submit the POC or review and approval by the Contractor. (e) Reviewing the POC prepared by the CFT to confirm: 1) timely development; 2) adequacy and QOC; 3) use of evidence-based/best practices, natural supports, and sustainability of the plan in promoting resiliency and recovery; 4) coordination with PCP; and 5) cost of care limitations were met. Approving or providing feedback to the WAA on possible modifications to the POC for review with the CFT. Collaborating with the WAA until the POC is approved. If the child is not eligible for the CSoC, but is eligible for DCFS or OJJ services, or if the child meets any of the other eligibility criteria, and there is no WAA in the area, Cenpatico will directly provide care management functions. 		
School-based Services Liaison	Non-licensed	Meet monthly with community and governmental agency stakeholders to include: DOE, DCFS, OAD, OJJ, OMH, etc. Develop process improvement processes to facilitate coordination and collaboration.	<ul style="list-style-type: none"> Medicaid children Medicaid Adults eligible for the 1915i waiver OBH adults and children OJJ/DCFS 	<ul style="list-style-type: none"> Document all liaison activities in the TruCare that is accessible to all Regional Team Members. Collaborate with local schools upon request of Care Manager. Collaborate with DOE, DOJJ and other government and community agencies to ensure protocol-driven approach and sufficiency of school-based services at the member and system level.
WAA/ Family Support Organization Liaison	Non-licensed	Collaborate with DHH-OBH regarding WAA development, coordinate FSO development and implementation and CFT processes. Develop process improvement processes to facilitate coordination and collaboration..	<ul style="list-style-type: none"> CSoC 	<ul style="list-style-type: none"> Document all liaison activities in the TruCare. Participate in weekly team meetings. Work closely with the WAAs and the Provider Development and Management Department to ensure the development and penetration of Child and Family Teams and Family Service

Position Title	Licensure	Team Roles - Clinical Staff	Covered Populations	Integration Process
				Organizations. <ul style="list-style-type: none"> Collaborate with Children's System Liaison and Children's Services Administrator.
Adult System Liaison	Licensed	Coordinate with Clinical CM/UM team to ensure SMI, MMD, AD and other specialty programs to ensure system transformation, increased use of less restrictive levels of care. Coordinate with Provider Management and Provider Development department to ensure network adequacy. Collaborate with Community Liaison for process improvement activities and provider practice improvement.	<ul style="list-style-type: none"> Medicaid Adults Medicaid Adults eligible for the 1915i waiver Medically Needy OBH adults 	<ul style="list-style-type: none"> Document all liaison activities in the TruCare. Participate in weekly team meetings. Collaborate with Care Manager, Housing Support Coordinator, and Peer Support staff to promote recovery and community-based services for persons with SMI, etc.
Children's System Liaison	Licensed	Coordinate with Clinical CM/UM team to ensure system transformation, SED, HCBS, and CSoC service delivery. Collaborate with WAA/FSO, Community Liaisons to establish process improvement strategies. Coordinate with Provider Management and Provider Development department to ensure network adequacy and provider practice improvement.	<ul style="list-style-type: none"> Medicaid children CSoC Children CHIP in separate program Medically needy OBH children OJJ/DCFS 	<ul style="list-style-type: none"> Document all liaison activities in TruCare. Participate in weekly team meetings. Collaborate with WAA/FSO Liaison Provider Development and Management department to promote transformation of the delivery system at the level of the individual member and at the system level.
Community-Reentry Liaison	Non-licensed	Support re-entry of members from the justice system into the community. Ensure adequacy of medication management, counseling services, community support services, and use of natural supports. Collaborate with community stakeholders to develop re-entry programs in each of the ten regions served by the contract.	<ul style="list-style-type: none"> OBH children OJJ/DCFS 	<ul style="list-style-type: none"> Document all liaison activities in TruCare. Participate in weekly team meetings. Collaborate with Community Liaisons including Adult and Children's Services Liaisons
Provider Coach	Licensed	Collaborate with CM/UM Clinical Team and all Liaisons and Provider Development Department for increased network capacity and to establish provider practice improvement tactics. Implement coaching to assist provider success in meeting program standards.	All populations	Document all coaching activities in the TruCare. Participate in weekly team meetings.



Mentally Ill Kids In Distress

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Vicki L. Johnson, M.A.

Website:

www.MIKID.org

August 5, 2011

To Whom It May Concern:

MIKID, Mentally Ill Kids In Distress, has worked under contract with Cenpatco in Arizona for over 6 years. Through this relationship, we have observed and participated in the efforts of Cenpatco to expand the numbers and to improve the quality of Child and Family Teams.

As a statewide Family Run Organization, MIKID is dedicated to supporting families that have a child with a behavioral health challenge. We carry out this responsibility by:

1. Providing a range of services to families;
 2. Participating in a range of system reform efforts where we are able to bring parents and youth into forums where they can influence and change the service system.
 3. Supporting families to make sure that they can partner in service planning for their child. In Arizona, that opportunity is available within the context of the Child and Family Team.
- Over the past six years, we have observed considerable improvement in how Child and Family Teams function and in how much more accessible the process is to families.

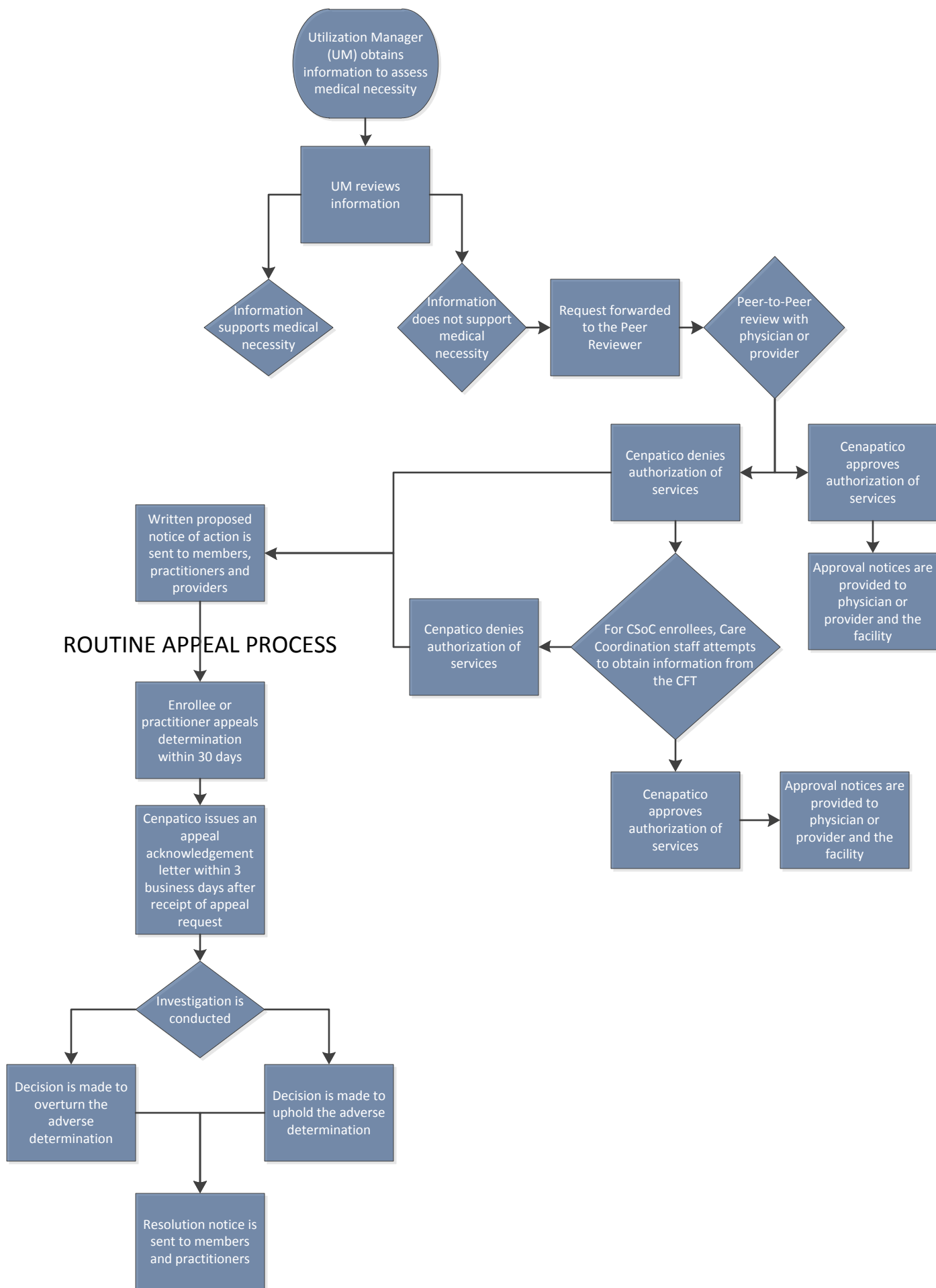
This increased accessibility provides better assurance that the service plan that is produced is more faithful to the vision the family has for a better life and when that happens, there is much greater likelihood that the family will engage in the services provided.

These improvements bring better outcomes for families but it also means that services are more effective and efficient. In these difficult economic times, we need to not just work harder but also smarter. An effective Child and Family Team process is a smart way to optimize the effectiveness of services and I believe that Cenpatco has made great strides in bringing about improvements in that area.

If you have any questions, please feel free to call or contact me.

Sincerely,

Vicki L. Johnson, M.A.
Executive Director



MA Care	July	Aug.	Sept.	Oct.
Care IP Events/K	30.3	18.8	20.8	16.8
Care IP Bed Days/K	154.4	70.2	180.6	101.9
Care IP ALOS	5.1	3.7	8.7	6.1
Care 30-Day Readmit %	20.0	15.8	0.0	7.1
Care OP Claims/K	99.0	134.1	195.9	167.4

MA Bridge	July	Aug.	Sept.	Oct.
Bridge IP Events/K	4.1	7.2	1.0	5.7
Bridge IP Bed Days/K	29.5	70.1	4.1	56.1
Bridge IP ALOS	7.3	9.8	4.0	9.8
Bridge 30-Day Readmit %	44.4	23.1	22.2	14.3
Bridge OP Claims/K	41.2	57.3	27.4	40.5

IP Facilities	IP Events	% of State Total	ALOS	ALOS Avg.
Provider A	38	10.8	14	8.4
Provider B	26	7.4	6	8.4
Provider C	24	6.8	8	8.4
Provider D	20	5.7	6	8.4
Provider E	19	5.4	5	8.4
Provider F	15	4.3	8	8.4
Provider G	15	4.3	12	8.4
Provider H	14	4.0	10	8.4
Provider I	13	3.7	11	8.4
Provider J	13	3.7	6	8.4

OP Providers (IT & FT)	Members Treated	ALOT (Units)
Provider A	69	6.2
Provider B	125	5.4
Provider C	27	3.7
Provider D	72	2.1
Provider E	42	3.9
Provider F	64	7.1
Provider G	41	6.8
Provider H	26	3.0
Provider I	40	5.8
Provider J	5	3.8

OP Providers (CBS)	Members Treated	ALOT (Units)
Provider A	41	5.1
Provider B	1	11.0
Provider C	6	4.5
Provider D	1	93.0
Provider E	13	5.8
Provider F	11	4.5
Provider G	3	2.7
Provider H	3	5.0
Provider I	12	5.0
Provider J	1	10.0

IP Facility Key
Arbour Hospital

High Point
UHS Westwood
Bayridge Hospital
Providence Hospital
Arbour HRI
Arbour Fuller
Caritas St. Elizabeth's
Steward St. Elizabeth's
Bournewood Hospital

OP Provider Key (IT & FT)

William Haughn, LMHC
South Bay MH
High Point Center
Michael Mancusi, LCSW
Mass General
HRI Clinics
Brian Kaczor, LMSW
Brigham & Women's
Jonathan Perry, PhD
South Cove CHC

OP Provider Key (CBS)

High Point Center
HRI Clinics
Brian Kaczor, LMSW
South Shore MH
Spectrum Health
Joseph Smith CHC
Lowell CHC
Brookline Center
Bay Cove
MV Community Services

Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
16.3	24.3	16.3	10.2	26.2	15.3	15.2
89.8	150.1	99.4	58.9	176.1	149.5	114.5
5.5	6.2	6.1	5.8	6.7	9.8	7.5
17.4	25.0	9.5	13.3	19.4	17.6	5.6
181.4	134.2	118.9	149.1	253.9	198.5	183.3

Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
2.6	5.0	5.9	1.2	5.6	3.2	4.0
56.9	46.6	110.0	17.5	55.6	46.0	53.2
21.6	9.3	18.7	14.5	9.9	14.2	13.3
0.0	9.1	0.0	0.0	37.5	44.4	0.0
35.8	35.5	98.9	31.9	38.7	41.4	29.9

Denial %	Denial Avg.	Readmission %	Readmission Avg.	7-Day Follow-Up %	7-Day Target
0.6	0.4	18.4	14.1	19.2	59.1
0	0.4	11.5	14.1	28.6	59.1
0	0.4	8.3	14.1	36.4	59.1
0	0.4	25.0	14.1	9.1	59.1
0	0.4	10.5	14.1	16.7	59.1
3.5	0.4	13.3	14.1	27.3	59.1
0	0.4	0.0	14.1	8.3	59.1
0	0.4	28.6	14.1	20.0	59.1
0	0.4	15.4	14.1	11.1	59.1
0	0.4	15.4	14.1	37.5	59.1

June

24.3

132.7

5.5

91.1

June

3.4

31.0

9.0

15.8

IP Provider Key	IP Provider	2010 IP Events	2010 ALOS
The Nix	Provider A	641	5
Meth/Metro Specialty	Provider B	494	6
SW General	SW General	369	5
Baptist Medical	Provider D	214	5
Christus Spohn	Provider E	175	5
CC Medical	Provider F	107	5
Univ. BH of El Paso	Provider G	71	8
Univ. Health System	Provider H	49	5
Laurel Ridge	Provider I	37	5
North Bay Hospital	Provider J	32	5

IP Provider	Total Discharged	Discharges Captured	% F/U Scheduled Within 7 Days
Provider A	641	625	77.3%
Provider B	494	466	59.2%
SW General	369	347	57.1%
Provider D	214	193	41.5%
Provider E	175	170	52.9%
Provider F	107	101	97.0%
Provider G	71	69	55.1%
Provider H	49	41	65.9%
Provider I	37	34	50.0%
Provider J	32	30	73.3%

2010 Denial %

0.8%
4.6%
6.9%
3.7%
1.3%
5.9%
8.7%
5.7%
3.2%
14.6%

2010 Readmission %

26.7%
25.7%
32.0%
33.6%
17.1%
17.8%
18.3%
24.5%
32.4%
15.6%

% F/U Within 7 per Claims

11.8%
26.6%
14.6%
14.1%
5.7%
9.4%
5.5%
3.4%
20.0%
19.2%

% F/U per Phone Confirmation

25.4%
32.2%
17.5%
13.3%
23.6%
24.7%
32.7%
24.1%
25.0%
26.9%

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**StarHealth Psychotropic
Medication Utilization
Review for
Texas Foster Children**

Superior Health Plan Network/
Cenpatico Behavioral Health
April 13, 2011

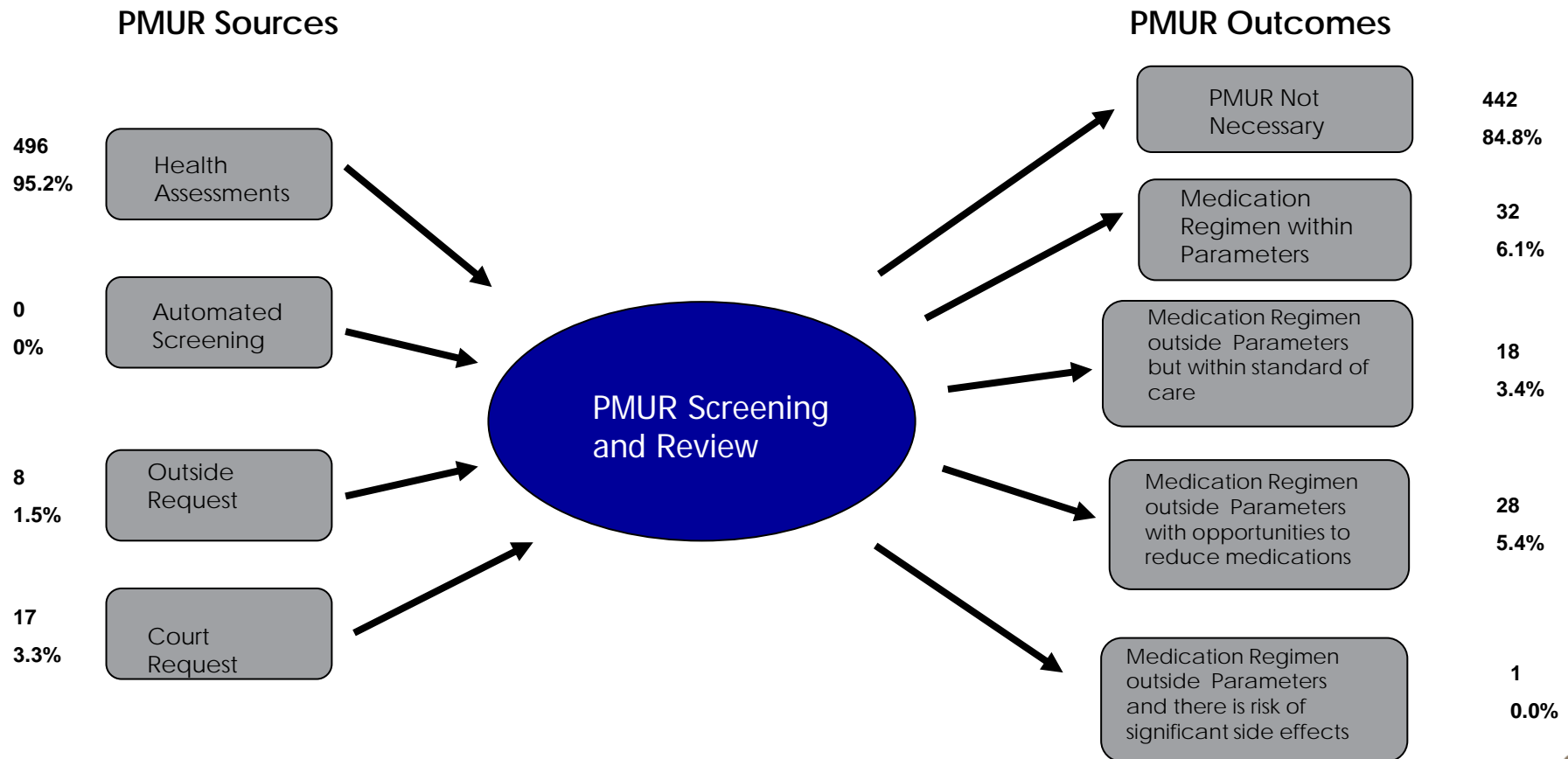
Goals

- Review PMUR Source and Outcome results for 2Q2011
- Review automated pharmacy claims screening results for Dec 2010 – Feb 2011
- Review high prescribers of psychotropic medications



StarHealth PMUR Outcomes

Dec 2010-February 2011



Total Assessments completed for reported quarter: 7022
Total PMUR screenings triggered for reported quarter: 521 (includes cases re-assessed by IMHS SMs). PMURs completed for the reported quarter: 79

Update on Automated Pharmacy Claims Screening and Health Passport (HPP).

- Both HPP and the STAR Health automated pharmacy claims screening project were on hold from December-March due to data issues with ACS.
- Once pharmacy claims were received from ACS and verified they were loaded into HPP. HPP now contains medication claims history from 11/22/10-3/15/11.
- The automated pharmacy claims screening project identified duplications in the claims data which appeared to affect only the analysis of key triggers for PMUR screening (GOTMEDS, GOTMEDS60, class polypharmacy and polypharmacy). These duplications included variations in names, spellings of first or last name, but the DOB and ID numbers were used to filter out over 750 duplications.



*Based on ACS pharmacy claims

StarHealth

Psychotropic Medication Utilization 12/1/10-2/28/11*

12/1/2010 to 2/28/2011	0-2	%	3	%	4-5	%	6-12	%	13-17	%	Total	%
Total Foster Children	10666	27.1%	3537	9.0%	5529	14.0%	12100	30.7%	7560	19.2%	39392	100.0%
Got Psych Meds	34	0.3%	54	1.5%	448	8.1%	3213	26.6%	3138	41.5%	6887	17.5%
Got Psych Meds ≥ 60 days	3	0.0%	19	0.5%	252	4.6%	2189	18.1%	2249	29.7%	4712	12.0%
Non Stimulant			17	0.5%							17	0.0%
Class Polypharmacy	0		0	0.0%	1	0.0%	51	0.4%	97	1.3%	149	0.4%
More Than 5 Psych Meds	0		0	0.0%	0	0.0%	7	0.1%	5	0.1%	12	0.0%
Either Polypharmacy	0		0	0.0%	1	0.0%	55	0.5%	98	1.3%	154	0.4%



*Based on ACS pharmacy claims with duplications removed

High Prescribers of Psychotropic Medications to Foster Children FY2010

- DFPS ran updated pharmacy claims data for FY2010 and ranked physicians by unique children served, and % of children who met criteria for any polypharmacy (class polypharmacy and/or 5 or more psychotropic medications prescribed for a minimum of 60 days in 2010)
- STAR Health indentified 24 prescribers where polypharmacy exceeded 10% or more of their foster children. See supplemental information.



High Prescribers of Psychotropic Medications to Foster Children FY2010

- These prescribers received a letter from the Cenpatico QI Department, and a matrix of their prescribing and polypharmacy compared to other physicians in the state. Note: the information for other prescribers other than the person receiving the letter was blinded.
- The goal of the letter was to work collaboratively with these prescribers to reduce polypharmacy where possible, increase awareness of the updated DFPS Parameters.
- STAR Health will work with DFPS on an ongoing basis to see if the prescribing patterns of physicians exceeding 10% polypharmacy change with these interventions.



Appendix 1

Automated Pharmacy Claims Screening and PMUR Goals



What is the goal of a Psychotropic Medication Utilization Review (PMUR) Process?

- Improve the quality of care for Texas foster children being treated with psychotropic medications by:
 - Real time tracking the medication utilization of foster children
 - Peer to peer interaction with prescribers
 - Increasing prescriber awareness of the DSHS Parameters
 - Prescriber profiling and QOC review
- The primary goal is not to reduce psychotropic medication prescribing
- The primary goal is not to reduce psychotropic medication cost and increase profit
 - SHPN/IMHS is not at risk for pharmacy costs associated with StarHealth



Which Foster Children are Screened for Psychotropic Medication Reviews?

SHPN/IMHS screens children who have received treatment with a psychotropic medication(s) for 60 days or more that fall into the following categories:

- All children under the age of 4 years old
- Any child who's medication regimen appears to have class polypharmacy as defined by:
 - 2 or more stimulant medications
 - 2 or more antidepressants
 - 2 or more atypical antipsychotic medications
 - 3 or more mood stabilizers
- Any child with 5 or more psychotropic medications (polypharmacy)



How does the Psychotropic Medication Utilization Review (PMUR) get started?

- [Health assessments-](#) SHPN/IMHS Service Managers do comprehensive health assessments on foster children and identify children who have medication regimens which appear to be outside the DSHS Psychotropic Medication Utilization Parameters
- [Automated pharmacy claims screening-](#) IMHS has collaborated with HHSC to develop an automated screening program using pharmacy claims information from Health First. This screening is run monthly to identify foster children who have medication regimens which may fall outside the DSHS Psychotropic Medication Utilization Parameters
- [Outside request-](#) CPS Nurse specialists, CPS caseworkers, CASAs, foster parents, attorneys, Child Placing Agencies (CPAs) can request a medication review
- [Court Request-](#) Family court judges can request a PMUR to answer questions about a foster child's medication regimen



Appendix 2

PMUR Outcomes and Data
Tables for
Prior Periods Sept 2009-Aug 2010



StarHealth

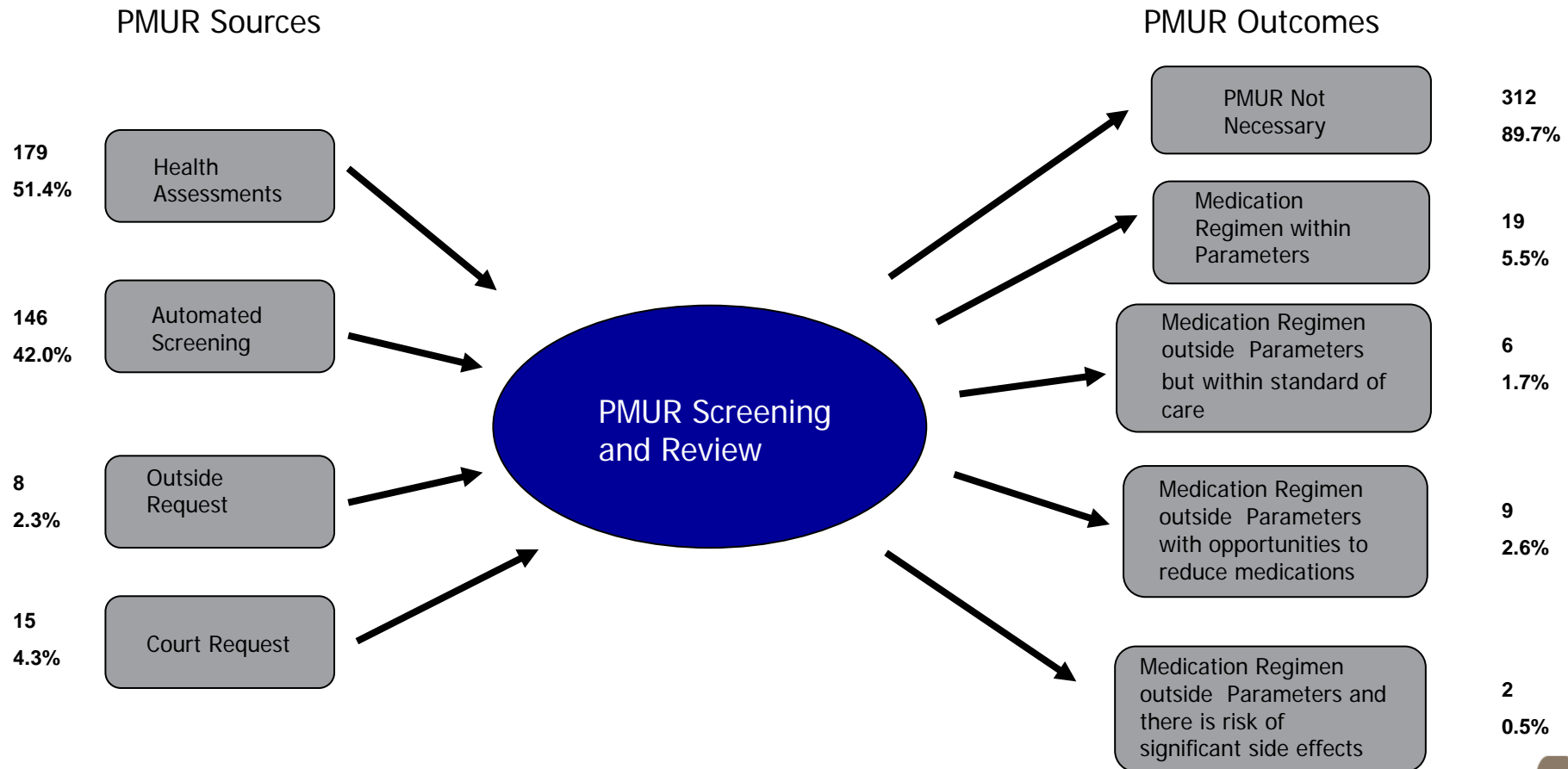
Psychotropic Medication Utilization 6/1-8/31/09

	0-2yrs	%	3yrs	%	4-5 yrs	%	6-12 yrs	%	13-17 yrs	%	Total	%
Total Foster Children	9291	27.6%	2518	7.5%	4047	12.0%	10454	31.0%	7408	22.0%	33718	100.0%
Got Psych Meds	54	0.6%	112	4.4%	671	16.6%	4101	39.2%	3612	48.8%	8550	25.4%
Got Psych Meds ≥ 60 days	15	0.2%	32	1.3%	193	4.8%	1619	15.5%	1421	19.2%	3280	9.7%
Non Stimulant			24	1.0%							24	0.1%
Class Polypharmacy	0	0.0%	0	0.0%	0	0.0%	36	0.3%	58	0.8%	94	0.3%
≥ 5 Psych Meds	0	0.0%	0	0.0%	0	0.0%	2	0.0%	5	0.1%	7	0.0%
Either Polypharmacy	0	0.0%	0	0.0%	0	0.0%	37	0.4%	59	0.8%	96	0.3%



StarHealth PMUR Outcomes

December 2009-February 2010



Total Assessments completed for reported quarter: 7778
 Total PMUR screenings triggered for reported quarter: 348 (includes cases re-assessed by IMHS SMs)
 PMURs completed for the reported quarter: 36

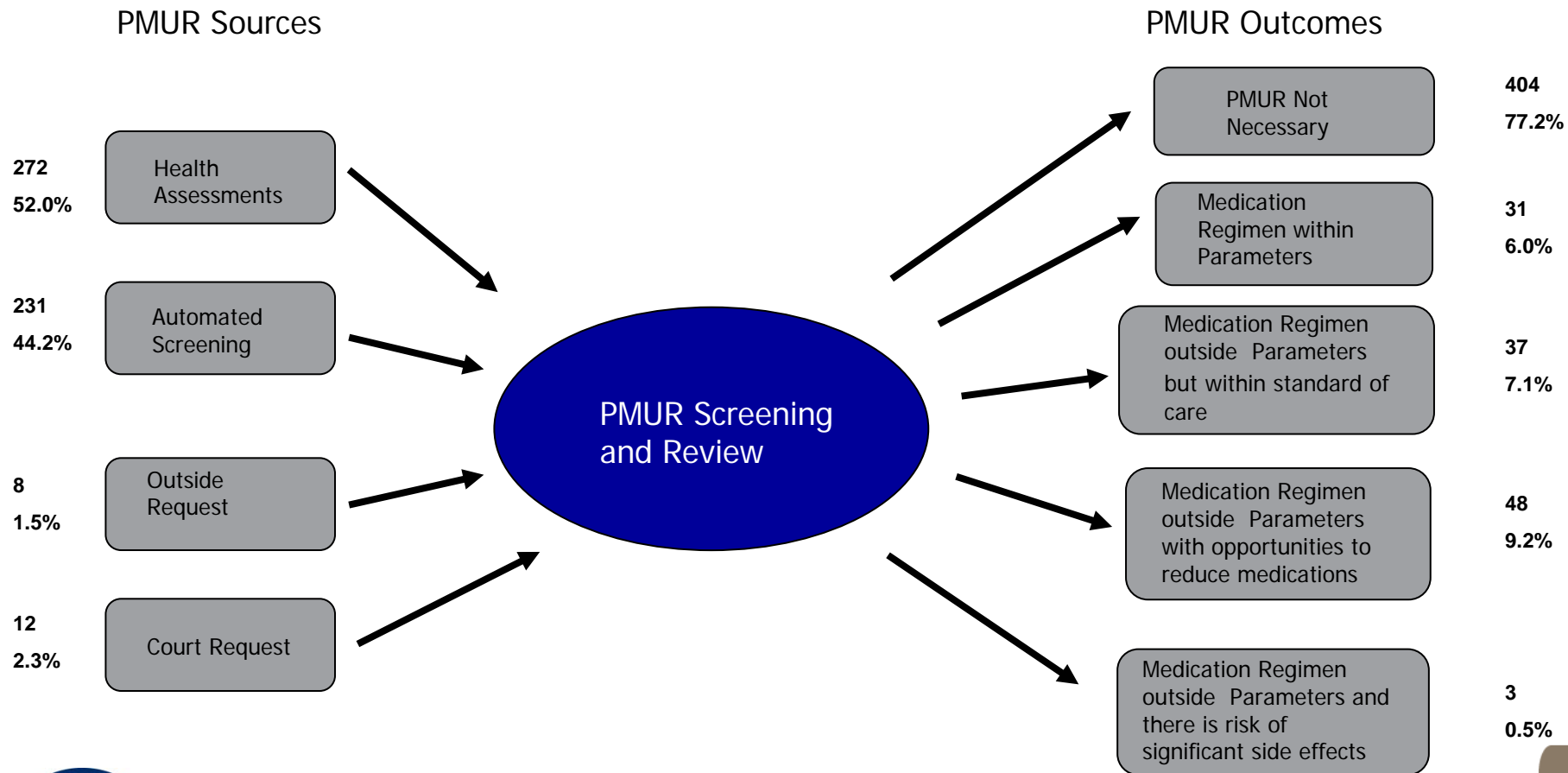
StarHealth Psychotropic Medication Utilization 12/1/09-2/28/10

12/1/2009 to 2/28/2010	0-2 yrs	%	3yrs	%	4-5 yrs	%	6-12 yrs	%	13-17 yrs	%	Total	%
Total Foster Children	9230	27.2%	2704	8.0%	4159	12.3%	10648	31.4%	7176	21.2%	33917	100.0%
Got Psych Meds	59	0.6%	103	3.8%	670	16.1%	4374	41.1%	3657	51.0%	8863	26.1%
Got Psych Meds ≥ 60 days	14	0.2%	22	0.8%	196	4.7%	1656	15.6%	1427	19.9%	3315	9.8%
Non Stimulant			16	0.6%							16	0.04%
Class Polypharmacy	0		0	0.0%	0	0.0%	34	0.3%	76	1.1%	110	0.3%
More Than 5 Psych Meds	0		0	0.0%	0	0.0%	3	0.0%	4	0.1%	7	0.0%
Either Polypharmacy	0		0	0.0%	0	0.0%	35	0.3%	77	1.1%	112	0.3%



StarHealth PMUR Outcomes

March- May 2010



Total Assessments completed for reported quarter: 8359
 Total PMUR screenings triggered for reported quarter: 523 (includes cases re-assessed by IMHS SMs)
 PMURs completed for the reported quarter: 119

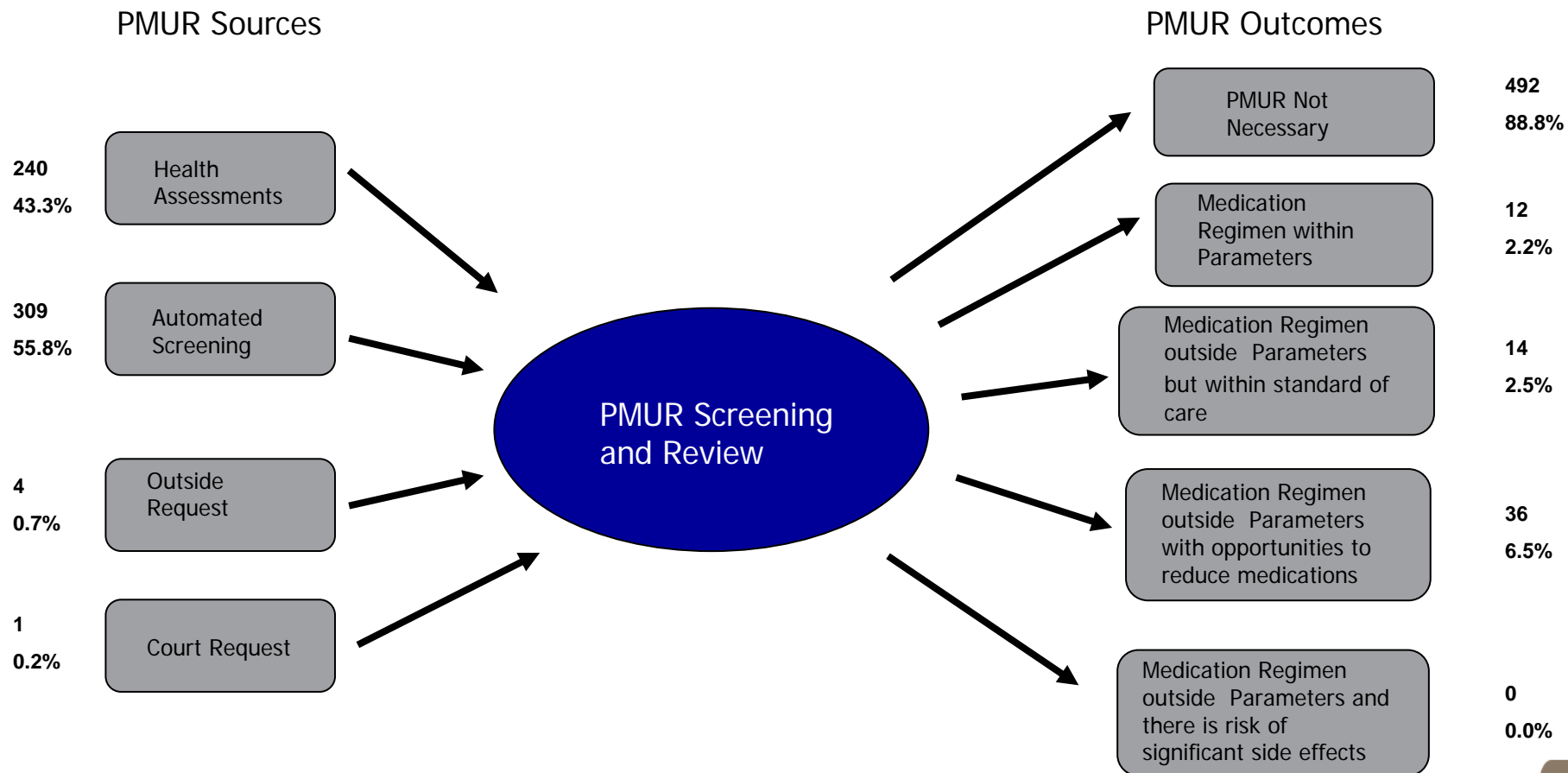
StarHealth Psychotropic Medication Utilization 3/1-5/31/10

3/1/2010 to 5/31/2010	0-2 yrs	%	3 yrs	%	4-5 yrs	%	6-12 yrs	%	13-17 yrs	%	Total	%
Total Foster Children	9697	27.6 %	2871	8.2%	4469	12.7%	10854	30.9%	7289	20.7%	35180	100.0%
Got Psych Meds	36	0.4%	75	2.6%	526	11.8%	3495	32.2%	3272	44.9%	7404	21.0%
Got Psych Meds ≥ 60 days	9	0.1%	19	0.7%	180	4.0%	1518	14.0%	1486	20.4%	3212	9.1%
Non Stimulant			17	0.6%							17	0.0%
Class Polypharmacy	0		0	0.0%	0	0.0%	23	0.2%	76	1.0%	99	0.3%
More Than 5 Psych Meds	0		0	0.0%	0	0.0%	1	0.0%	2	0.0%	3	0.0%
Either Polypharmacy	0		0	0.0%	0	0.0%	23	0.2%	76	1.0%	99	0.3%



StarHealth PMUR Outcomes

June-August 2010



Total Assessments completed for reported quarter: 7879
 Total PMUR screenings triggered for reported quarter: 554 (includes cases re-assessed by IMHS SMs)
 PMURs completed for the reported quarter: 62

StarHealth Psychotropic Medication Utilization 6/1-8/31/10

6/1/2010 to 8/31/2010	0-2 YRS	%	3 YRS	%	4-5 YRS	%	6-12 YRS	%	13-17 YRS	%	Total	%
Total Foster Children	9885	27.6 %	2921	8.2%	4595	12.8%	11058	30.9%	7342	20.5%	35801	100.0%
Got Psych Meds	31	0.3%	86	2.9%	562	12.2%	3654	33.0%	3298	44.9%	7631	21.3%
Got Psych Meds ≥ 60 days	12	0.1%	24	0.8%	180	3.9%	1663	15.0%	1493	20.3%	3372	9.4%
Non Stimulant			23	0.8%							23	0.1%
Class Polypharmacy	0		0	0.0%	3	0.1%	37	0.3%	83	1.1%	123	0.3%
More Than 5 Psych Meds	0		0	0.0%	1	0.0%	2	0.0%	5	0.1%	8	0.0%
Either Polypharmacy	0		0	0.0%	3	0.1%	37	0.3%	85	1.2%	125	0.3%





Chart 6: Medical Affairs and Quality Improvement

Redacted

CORRECTIVE ACTION PLAN REPORTING TEMPLATE

Using the PDSA Performance Improvement Model

Plan – Identify the area for improvement.

RBHA:	Responsible Person:	Title:	Phone:	Date submitted:		
Subject of CAP:		CAP Start Date:				
<p>Indicate CAP topic:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>___ Access to Care/Appointment Availability</p> <p>___ Sufficiency of Assessments</p> <p>___ Cultural Competency</p> <p>___ Informed Consent</p> <p>___ Symptomatic improvement</p> </td> <td style="width: 50%; vertical-align: top;"> <p>___ Coordination of Care</p> <p>___ Member/family involvement</p> <p>___ Appropriateness of Services</p> <p>___ Other _____</p> </td> </tr> </table>					<p>___ Access to Care/Appointment Availability</p> <p>___ Sufficiency of Assessments</p> <p>___ Cultural Competency</p> <p>___ Informed Consent</p> <p>___ Symptomatic improvement</p>	<p>___ Coordination of Care</p> <p>___ Member/family involvement</p> <p>___ Appropriateness of Services</p> <p>___ Other _____</p>
<p>___ Access to Care/Appointment Availability</p> <p>___ Sufficiency of Assessments</p> <p>___ Cultural Competency</p> <p>___ Informed Consent</p> <p>___ Symptomatic improvement</p>	<p>___ Coordination of Care</p> <p>___ Member/family involvement</p> <p>___ Appropriateness of Services</p> <p>___ Other _____</p>					

Do – Organize a Team. List what Root Cause(s) / Barrier(s) have been identified. Group Root Causes/Barriers into categories and Rank Order the Categories 1-10 (1 most important).

Root Cause/Barrier

Number	Root Cause/Barrier	Category	Rank Order	Solution Number(s)

Develop a list of possible solutions and link Solution numbers to the Root Cause/Barrier table.

Solutions

Number	Solution Description	Selected for Implementation (Yes/No)	Rank Order of Selected Solutions

List the Action Steps identified for each Solution the Team selects to implement. List the internal monitoring process(es) to be conducted to ensure sustainability of required thresholds and the frequency of the monitoring. Monitoring must be measurable; i.e., if the interim monitoring process is a chart audit, include the number of charts to be audited, the percent meeting compliance, and the percent not meeting compliance.

Action Plan/Monitoring

Solution 1:			
Action Steps	Responsible Person	Date to be Completed	Monitoring Process and Frequency
Solution 2:			
Action Steps	Responsible Person	Date to be Completed	Monitoring Process and Frequency

Study – Re-measure and check results of Action Steps

Solution 1:			
Action Steps	Date of Re-measure	Responsible Person	Results

Solution 2:			
Action Steps	Date of Re-measure	Responsible Person	Results

Act – If improvement resulted from Action Steps, determine what parts of the process need to be standardized, what parts, need to be adjusted, procedures that need revision, and what will continue to be measured to ensure gain is held.

Solution Adopted (or Adjusted)	Date Implemented	Responsible Person	Future Measurement

SUMMARY:

Summarize findings of the action steps and monitoring processes applied. If results do not indicate incremental improvement, begin a new PDSA cycle.

Cenpatico Louisiana

Managed Care Accessibility Analysis

August 08, 2011

A report on the accessibility of the

LA Providers

for the members of

Cenpatico Louisiana

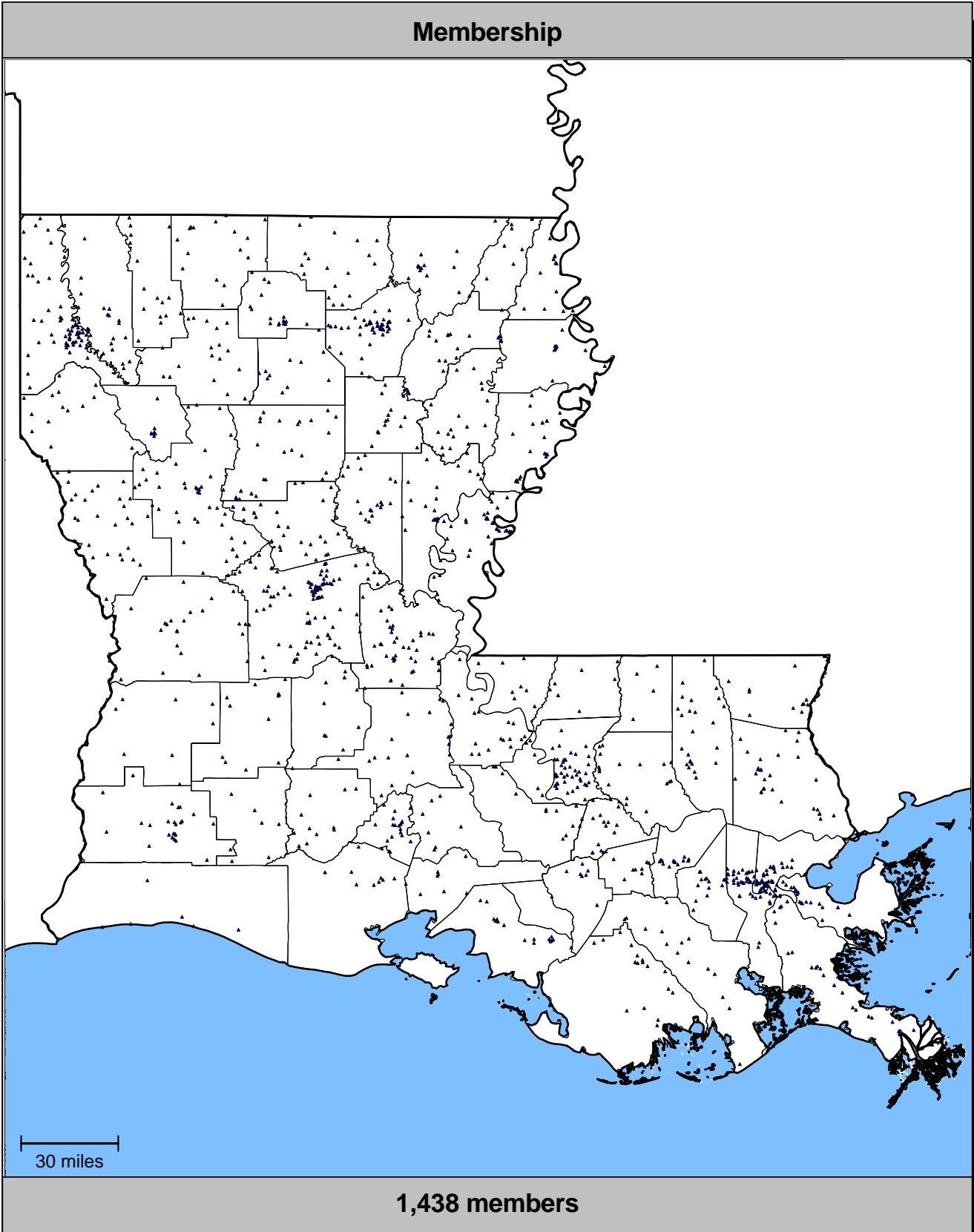
Table of Contents

Member locations	1
Provider locations	2
Accessibility summary	3
County detail information	4
Provider locations	5
Accessibility summary	6
County detail information	7
Provider locations	8
Accessibility summary	9
County detail information	10
Provider locations	11
Accessibility summary	12
County detail information	13
Provider locations	14
Accessibility summary	15
County detail information	16
Provider locations	17
Accessibility summary	18
County detail information	19
Provider locations	20
Accessibility summary	21
County detail information	22
Provider locations	23

Table of Contents

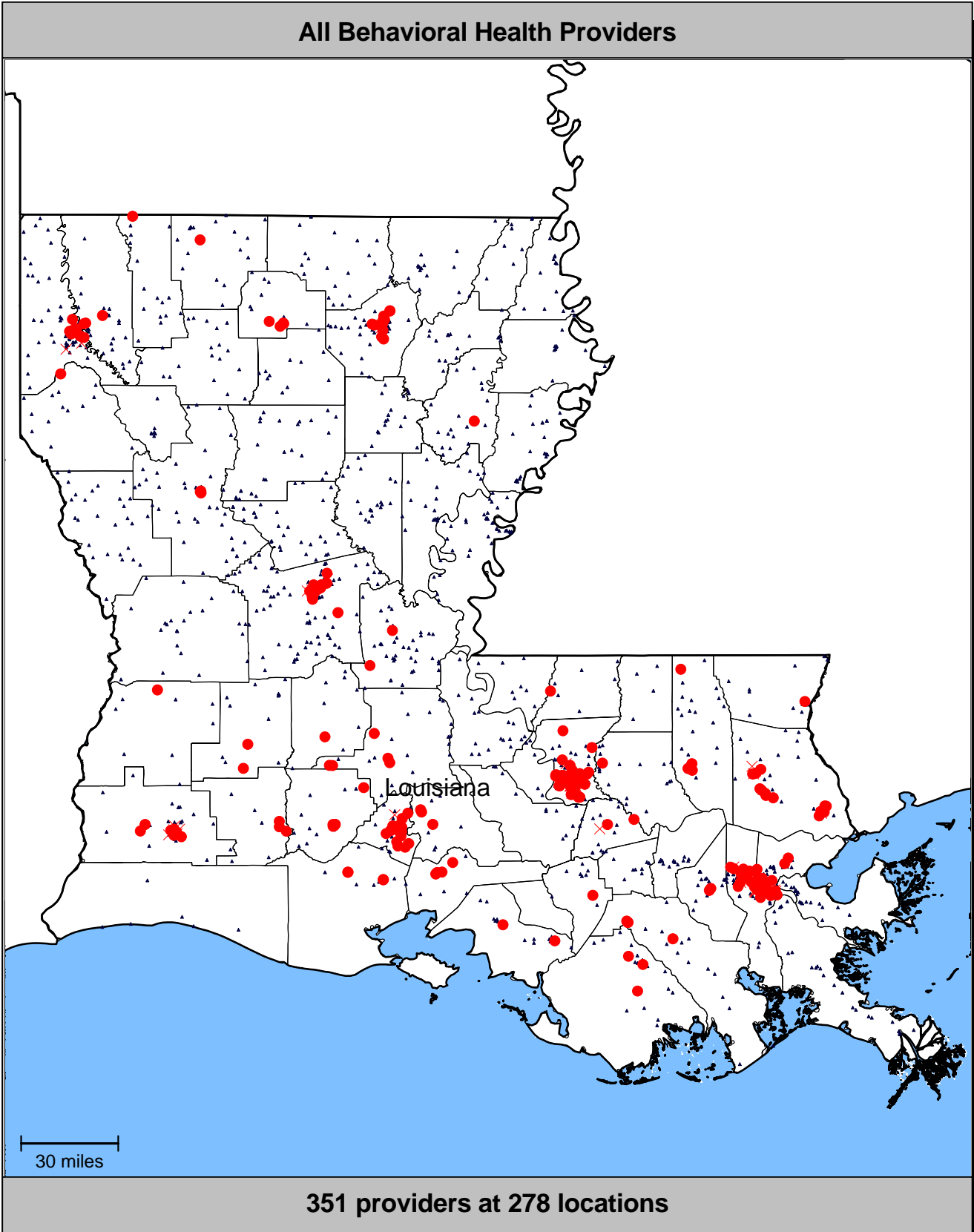
Accessibility summary	24
County detail information	25
Provider locations	26
Accessibility summary	27
County detail information	28

Member locations



▲ Member locations (1,438)

Provider locations



- Single provider locations (234)
- × Multiple provider locations (44)
- Louisiana

Accessibility summary

Accessibility analysis specifications	
Provider group:	All Behavioral Health Providers 351 providers at 278 locations (based on 351 records)
Member group:	Membership 1,438 members
Access standard:	2 in 60 Miles
All members:	1,438 (100%) 97.1% with access 2.9% without access

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Miles	13.9	18.1	19.6	22.5	24.2

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
RAPIDES	107	100	0	10.9
ORLEANS	81	100	0	1.7
CADDO	79	100	0	7.5
EAST BATON ROUGE	71	100	0	2.0
OUACHITA	50	100	0	3.9
JEFFERSON	47	100	0	3.7
NATCHITOCHES	44	100	0	15.3
AVOYELLES	42	100	0	16.9
GRANT	42	100	0	18.6
CONCORDIA	35	91	9	51.3

County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
ACADIA	14	100	0	7.1	9.2
ALLEN	11	100	0	17.0	21.3
ASCENSION	16	100	0	5.3	6.3
ASSUMPTION	9	100	0	10.3	17.5
AVOYELLES	42	100	0	9.6	16.9
BEAUREGARD	8	100	0	17.6	28.3
BIENVILLE	17	100	0	24.9	26.5
BOSSIER	25	100	0	8.0	10.1
CADDO	79	100	0	6.5	7.5
CALCASIEU	27	100	0	5.9	6.5
CALDWELL	18	100	0	23.8	26.0
CAMERON	6	100	0	30.5	32.3
CATAHOULA	20	100	0	33.2	45.6
CLAIBORNE	16	100	0	12.3	25.3
CONCORDIA	35	91	9	35.2	51.3
DE SOTO	15	100	0	16.2	23.0
EAST BATON ROUGE	71	100	0	1.1	2.0
EAST CARROLL	13	77	23	55.5	56.0
EAST FELICIANA	7	100	0	11.3	19.2
EVANGELINE	9	100	0	8.5	15.8
FRANKLIN	16	100	0	12.2	43.1
GRANT	42	100	0	18.0	18.6
IBERIA	7	100	0	5.6	6.9
IBERVILLE	13	100	0	12.4	12.5
JACKSON	14	100	0	18.6	19.2
JEFFERSON	47	100	0	3.0	3.7
JEFFERSON DAVIS	7	100	0	10.9	13.0
LA SALLE	19	100	0	32.9	34.5
LAFAYETTE	20	100	0	1.8	2.3
LAFOURCHE	16	100	0	13.2	18.3
LINCOLN	21	100	0	5.1	6.8
LIVINGSTON	19	100	0	6.6	8.9
MADISON	9	78	22	43.4	58.5
MOREHOUSE	15	100	0	24.9	24.9
NATCHITOCHES	44	100	0	15.0	15.3
ORLEANS	81	100	0	1.0	1.7
OUACHITA	50	100	0	3.6	3.9
PLAQUEMINES	29	79	21	36.4	37.6
POINTE COUPEE	17	100	0	23.4	26.0

Access standard: 2 in 60 Miles

Provider group: All Behavioral Health Providers

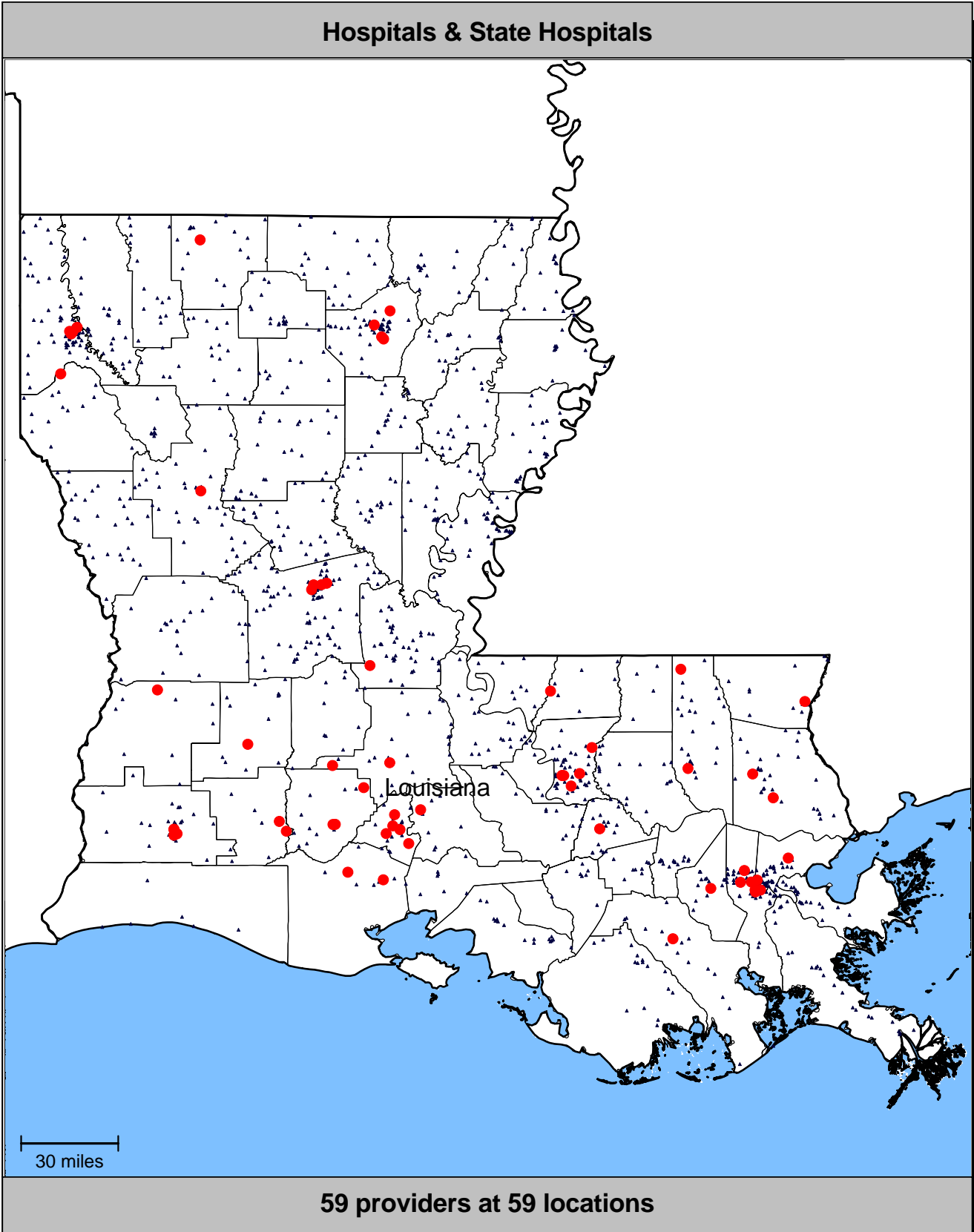
County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
RAPIDES	107	100	0	9.9	10.9
RED RIVER	7	100	0	30.4	30.6
RICHLAND	16	100	0	22.9	25.7
SABINE	26	100	0	36.2	37.7
ST. BERNARD	19	100	0	10.9	11.7
ST. CHARLES	14	100	0	5.5	5.9
ST. HELENA	7	100	0	17.1	23.1
ST. JAMES	9	100	0	15.3	17.4
ST. JOHN THE BAPTIST	14	100	0	18.1	18.8
ST. LANDRY	24	100	0	13.7	15.4
ST. MARTIN	10	100	0	5.2	9.9
ST. MARY	14	100	0	5.5	19.4
ST. TAMMANY	29	100	0	4.3	5.6
TANGIPAHOA	22	100	0	7.5	13.9
TENSAS	28	11	89	25.3	66.5
TERREBONNE	16	100	0	7.8	11.8
UNION	19	100	0	24.3	25.0
VERMILION	10	100	0	4.1	4.2
VERNON	25	100	0	25.1	39.0
WASHINGTON	14	100	0	11.2	30.2
WEBSTER	17	100	0	16.3	24.0
WEST BATON ROUGE	5	100	0	10.6	11.9
WEST CARROLL	9	78	22	50.2	50.2
WEST FELICIANA	8	100	0	15.2	26.6
WINN	25	100	0	29.8	30.3

Access standard: 2 in 60 Miles

Provider group: All Behavioral Health Providers

Provider locations



- Provider locations (59)
- Louisiana

Accessibility summary

Accessibility analysis specifications	
Provider group:	Hospitals & State Hospitals 59 providers at 59 locations (based on 59 records)
Member group:	Membership 1,438 members
Access standard:	2 in 60 Miles
All members:	1,438 (100%) 94.5% with access 5.5% without access

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Miles	19.0	25.9	28.5	30.1	39.8

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
RAPIDES	107	100	0	13.4
ORLEANS	81	100	0	5.2
CADDO	79	100	0	9.2
EAST BATON ROUGE	71	100	0	4.7
OUACHITA	50	100	0	7.4
JEFFERSON	47	100	0	6.2
NATCHITOCHES	44	95	5	50.9
AVOYELLES	42	100	0	33.9
GRANT	42	100	0	32.3
CONCORDIA	35	37	63	58.3

County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
ACADIA	14	100	0	7.3	11.0
ALLEN	11	100	0	18.3	30.6
ASCENSION	16	100	0	7.0	21.6
ASSUMPTION	9	100	0	20.7	30.6
AVOYELLES	42	100	0	15.2	33.9
BEAUREGARD	8	100	0	18.0	31.4
BIENVILLE	17	100	0	34.0	42.4
BOSSIER	25	100	0	13.0	14.4
CADDO	79	100	0	8.2	9.2
CALCASIEU	27	100	0	8.5	8.8
CALDWELL	18	100	0	25.4	26.2
CAMERON	6	100	0	33.9	34.7
CATAHOULA	20	100	0	48.3	49.8
CLAIBORNE	16	81	19	12.7	54.9
CONCORDIA	35	37	63	55.3	58.3
DE SOTO	15	100	0	16.2	28.7
EAST BATON ROUGE	71	100	0	3.5	4.7
EAST CARROLL	13	15	85	55.9	62.5
EAST FELICIANA	7	100	0	11.8	24.9
EVANGELINE	9	100	0	13.5	25.7
FRANKLIN	16	100	0	43.1	44.0
GRANT	42	100	0	18.8	32.3
IBERIA	7	100	0	20.0	22.2
IBERVILLE	13	100	0	14.3	16.7
JACKSON	14	100	0	35.0	35.1
JEFFERSON	47	100	0	4.6	6.2
JEFFERSON DAVIS	7	100	0	12.7	15.5
LA SALLE	19	100	0	35.8	37.2
LAFAYETTE	20	100	0	2.7	4.8
LAFOURCHE	16	100	0	17.2	31.1
LINCOLN	21	100	0	28.8	35.5
LIVINGSTON	19	100	0	10.1	18.3
MADISON	9	67	33	58.5	59.3
MOREHOUSE	15	100	0	24.9	32.6
NATCHITOCHES	44	95	5	15.6	50.9
ORLEANS	81	100	0	3.6	5.2
OUACHITA	50	100	0	4.8	7.4
PLAQUEMINES	29	72	28	41.7	42.5
POINTE COUPEE	17	100	0	26.3	30.4

Access standard: 2 in 60 Miles

Provider group: Hospitals & State Hospitals

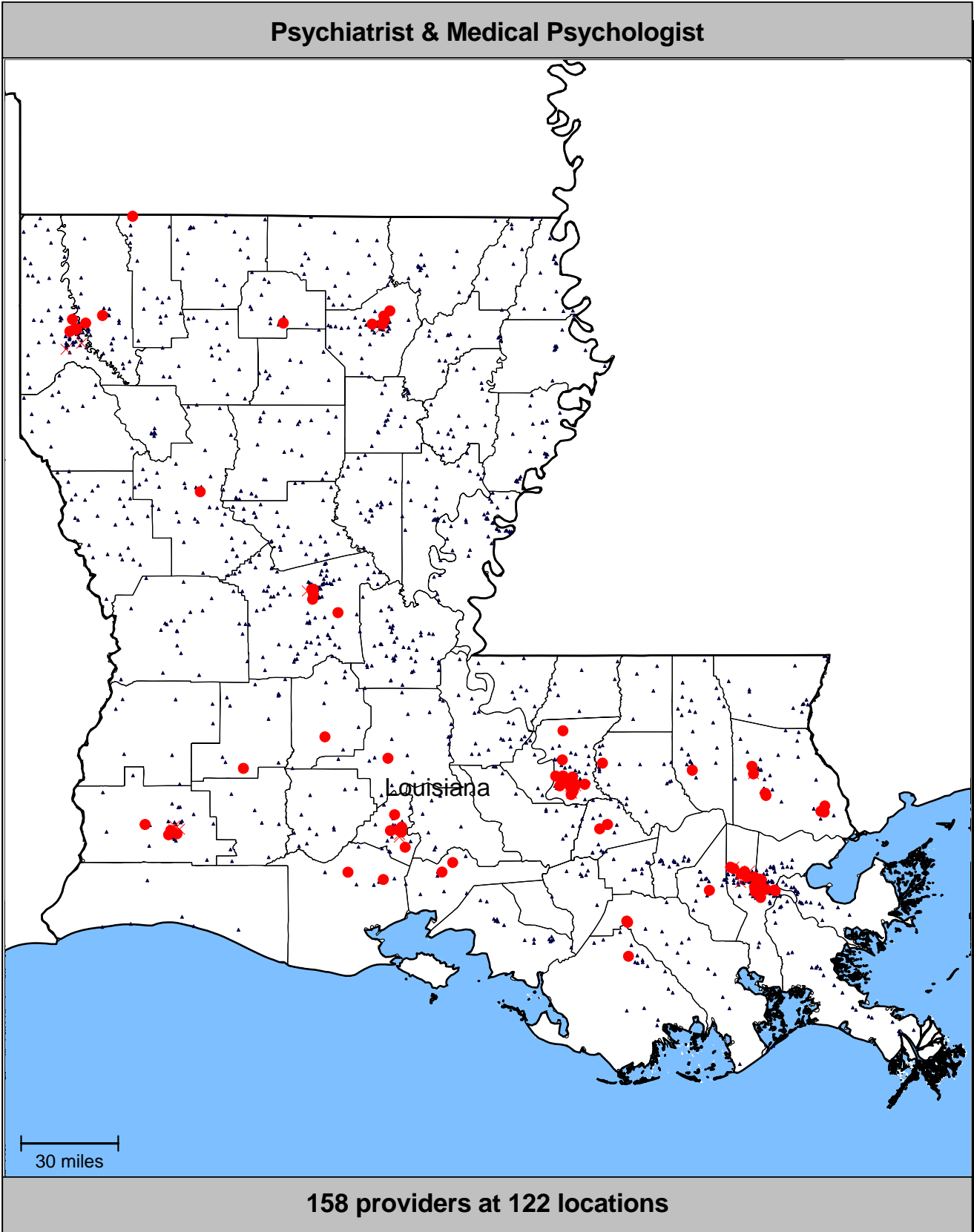
County detail information

Membership					
County	Total number of members	All members			
		Pct		Average distance to providers	
		w	wo	1	2
RAPIDES	107	100	0	11.8	13.4
RED RIVER	7	100	0	30.4	41.0
RICHLAND	16	100	0	25.4	26.0
SABINE	26	100	0	36.5	48.6
ST. BERNARD	19	100	0	16.4	17.0
ST. CHARLES	14	100	0	5.7	12.1
ST. HELENA	7	100	0	17.1	24.8
ST. JAMES	9	100	0	20.4	27.9
ST. JOHN THE BAPTIST	14	100	0	18.7	23.7
ST. LANDRY	24	100	0	15.1	21.9
ST. MARTIN	10	100	0	14.5	19.9
ST. MARY	14	100	0	41.8	44.8
ST. TAMMANY	29	100	0	9.9	16.1
TANGIPAHOA	22	100	0	8.5	24.2
TENSAS	28	7	93	66.9	67.7
TERREBONNE	16	100	0	20.8	42.1
UNION	19	100	0	27.1	30.6
VERMILION	10	100	0	4.2	12.6
VERNON	25	100	0	25.7	40.5
WASHINGTON	14	100	0	11.3	32.5
WEBSTER	17	100	0	25.6	34.4
WEST BATON ROUGE	5	100	0	15.3	15.7
WEST CARROLL	9	56	44	50.2	57.4
WEST FELICIANA	8	100	0	15.2	36.4
WINN	25	100	0	32.3	44.2

Access standard: 2 in 60 Miles

Provider group: Hospitals & State Hospitals

Provider locations



- Single provider locations (99)
- × Multiple provider locations (23)
- Louisiana

Accessibility summary

Accessibility analysis specifications	
Provider group:	Psychiatrist & Medical Psychologist 158 providers at 122 locations (based on 158 records)
Member group:	Membership 1,438 members
Access standard:	2 in 60 Miles
All members:	1,438 (100%) 94.2% with access 5.8% without access

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Miles	19.3	24.4	26.0	27.1	27.7

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
RAPIDES	107	100	0	12.9
ORLEANS	81	100	0	3.2
CADDO	79	100	0	7.7
EAST BATON ROUGE	71	100	0	3.6
OUACHITA	50	100	0	4.8
JEFFERSON	47	100	0	3.9
NATCHITOCHES	44	91	9	50.3
AVOYELLES	42	100	0	34.3
GRANT	42	100	0	32.9
CONCORDIA	35	29	71	62.1

County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
ACADIA	14	100	0	19.7	23.3
ALLEN	11	100	0	20.1	32.0
ASCENSION	16	100	0	5.4	7.9
ASSUMPTION	9	100	0	19.1	21.8
AVOYELLES	42	100	0	27.1	34.3
BEAUREGARD	8	100	0	29.5	36.1
BIENVILLE	17	100	0	27.5	37.5
BOSSIER	25	100	0	8.3	10.5
CADDO	79	100	0	6.9	7.7
CALCASIEU	27	100	0	6.3	8.1
CALDWELL	18	100	0	28.9	29.0
CAMERON	6	100	0	32.7	34.1
CATAHOULA	20	95	5	52.3	52.9
CLAIBORNE	16	100	0	26.5	42.5
CONCORDIA	35	29	71	59.9	62.1
DE SOTO	15	100	0	23.0	23.8
EAST BATON ROUGE	71	100	0	1.7	3.6
EAST CARROLL	13	54	46	56.0	58.5
EAST FELICIANA	7	100	0	20.4	26.8
EVANGELINE	9	100	0	13.0	24.1
FRANKLIN	16	100	0	46.5	46.5
GRANT	42	100	0	19.7	32.9
IBERIA	7	100	0	6.4	11.0
IBERVILLE	13	100	0	12.7	13.9
JACKSON	14	100	0	20.1	35.5
JEFFERSON	47	100	0	3.4	3.9
JEFFERSON DAVIS	7	100	0	20.0	27.4
LA SALLE	19	100	0	40.3	40.7
LAFAYETTE	20	100	0	2.6	3.7
LAFOURCHE	16	100	0	20.2	23.0
LINCOLN	21	100	0	6.7	31.5
LIVINGSTON	19	100	0	8.2	16.1
MADISON	9	67	33	60.6	60.7
MOREHOUSE	15	100	0	24.9	27.9
NATCHITOCHES	44	91	9	15.4	50.3
ORLEANS	81	100	0	2.8	3.2
OUACHITA	50	100	0	3.8	4.8
PLAQUEMINES	29	79	21	37.9	38.2
POINTE COUPEE	17	100	0	25.8	29.1

Access standard: 2 in 60 Miles

Provider group: Psychiatrist & Medical Psychologist

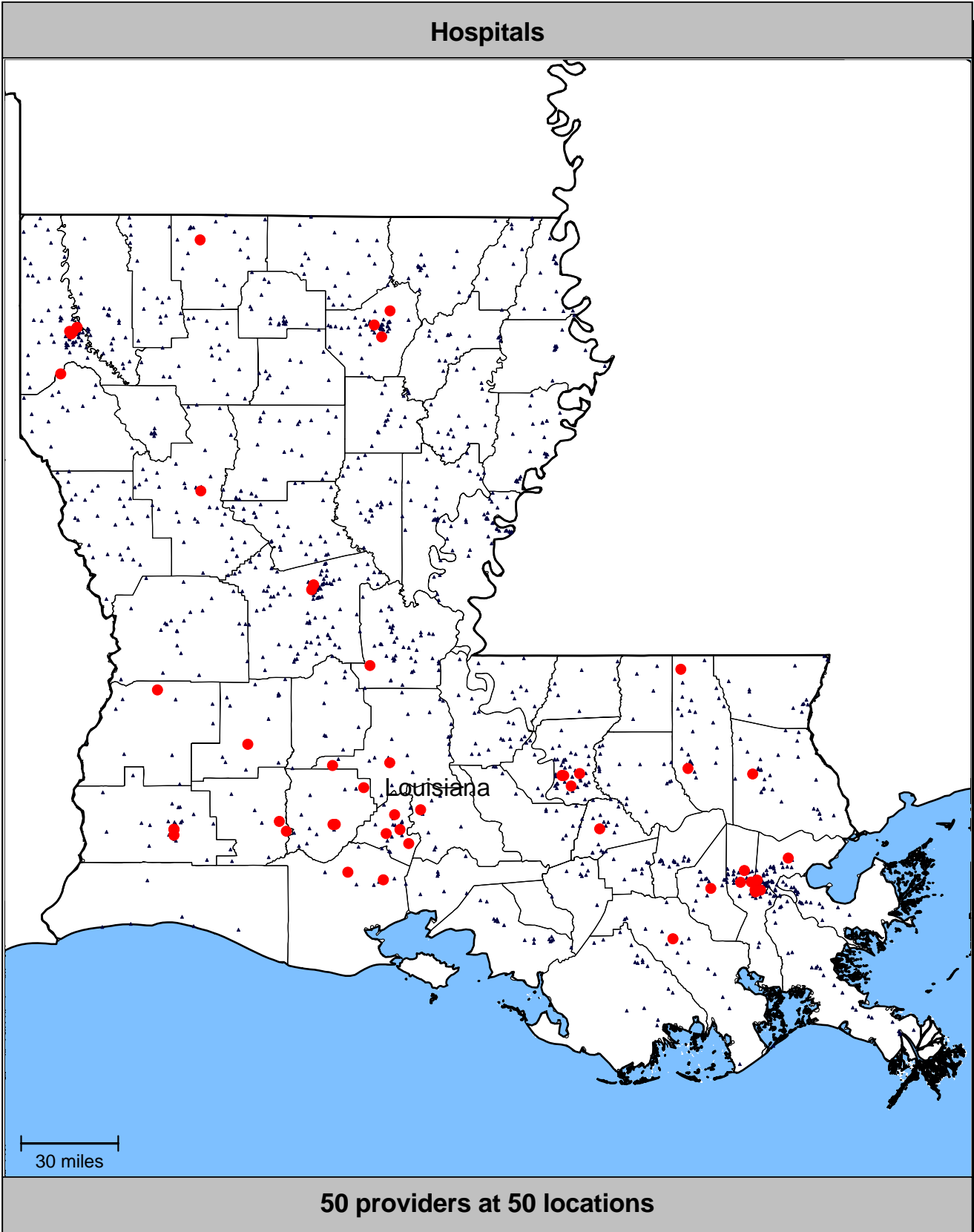
County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
RAPIDES	107	100	0	11.5	12.9
RED RIVER	7	100	0	30.6	42.7
RICHLAND	16	100	0	27.7	27.7
SABINE	26	62	38	37.7	55.9
ST. BERNARD	19	100	0	11.9	12.2
ST. CHARLES	14	100	0	5.6	11.9
ST. HELENA	7	100	0	24.9	31.6
ST. JAMES	9	100	0	17.2	17.6
ST. JOHN THE BAPTIST	14	100	0	18.8	19.3
ST. LANDRY	24	100	0	15.5	27.8
ST. MARTIN	10	100	0	14.6	15.8
ST. MARY	14	100	0	28.2	28.8
ST. TAMMANY	29	100	0	5.9	6.9
TANGIPAHOA	22	100	0	15.0	26.7
TENSAS	28	4	96	70.2	70.2
TERREBONNE	16	100	0	13.5	21.4
UNION	19	100	0	24.9	29.1
VERMILION	10	100	0	4.3	12.4
VERNON	25	100	0	39.8	42.6
WASHINGTON	14	100	0	31.4	33.3
WEBSTER	17	100	0	16.3	28.3
WEST BATON ROUGE	5	100	0	10.7	12.5
WEST CARROLL	9	78	22	50.2	53.0
WEST FELICIANA	8	100	0	27.5	35.2
WINN	25	100	0	31.1	41.3

Access standard: 2 in 60 Miles

Provider group: Psychiatrist & Medical Psychologist

Provider locations



- Provider locations (50)
- Louisiana

Accessibility summary

Accessibility analysis specifications	
Provider group:	Hospitals 50 providers at 50 locations (based on 50 records)
Member group:	Membership 1,438 members
Access standard:	2 in 60 Miles
All members:	1,438 (100%) 94.0% with access 6.0% without access

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Miles	19.9	27.0	31.3	41.7	47.7

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
RAPIDES	107	100	0	14.5
ORLEANS	81	100	0	5.2
CADDO	79	100	0	9.2
EAST BATON ROUGE	71	100	0	4.9
OUACHITA	50	100	0	7.6
JEFFERSON	47	100	0	6.2
NATCHITOCHES	44	95	5	50.9
AVOYELLES	42	100	0	35.1
GRANT	42	100	0	33.0
CONCORDIA	35	26	74	62.7

County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
ACADIA	14	100	0	7.3	11.0
ALLEN	11	100	0	18.3	30.6
ASCENSION	16	100	0	7.0	21.6
ASSUMPTION	9	100	0	20.7	30.6
AVOYELLES	42	100	0	15.3	35.1
BEAUREGARD	8	100	0	18.0	31.4
BIENVILLE	17	100	0	34.0	42.4
BOSSIER	25	100	0	13.0	14.4
CADDO	79	100	0	8.2	9.2
CALCASIEU	27	100	0	8.6	9.1
CALDWELL	18	100	0	26.2	30.6
CAMERON	6	100	0	34.0	35.5
CATAHOULA	20	95	5	51.4	53.7
CLAIBORNE	16	81	19	12.7	54.9
CONCORDIA	35	26	74	61.2	62.7
DE SOTO	15	100	0	16.2	28.7
EAST BATON ROUGE	71	100	0	3.7	4.9
EAST CARROLL	13	15	85	55.9	62.6
EAST FELICIANA	7	100	0	26.0	31.9
EVANGELINE	9	100	0	13.5	25.7
FRANKLIN	16	100	0	44.0	48.6
GRANT	42	100	0	19.3	33.0
IBERIA	7	100	0	20.0	22.2
IBERVILLE	13	100	0	14.3	16.7
JACKSON	14	100	0	35.0	35.7
JEFFERSON	47	100	0	4.6	6.2
JEFFERSON DAVIS	7	100	0	12.8	15.5
LA SALLE	19	100	0	38.7	40.6
LAFAYETTE	20	100	0	3.0	5.9
LAFOURCHE	16	100	0	17.2	31.1
LINCOLN	21	100	0	28.8	35.5
LIVINGSTON	19	100	0	11.8	20.4
MADISON	9	67	33	59.3	60.9
MOREHOUSE	15	100	0	24.9	32.6
NATCHITOCHES	44	95	5	15.6	50.9
ORLEANS	81	100	0	3.6	5.2
OUACHITA	50	100	0	4.8	7.6
PLAQUEMINES	29	72	28	41.7	42.5
POINTE COUPEE	17	100	0	29.6	31.9

Access standard: 2 in 60 Miles

Provider group: Hospitals

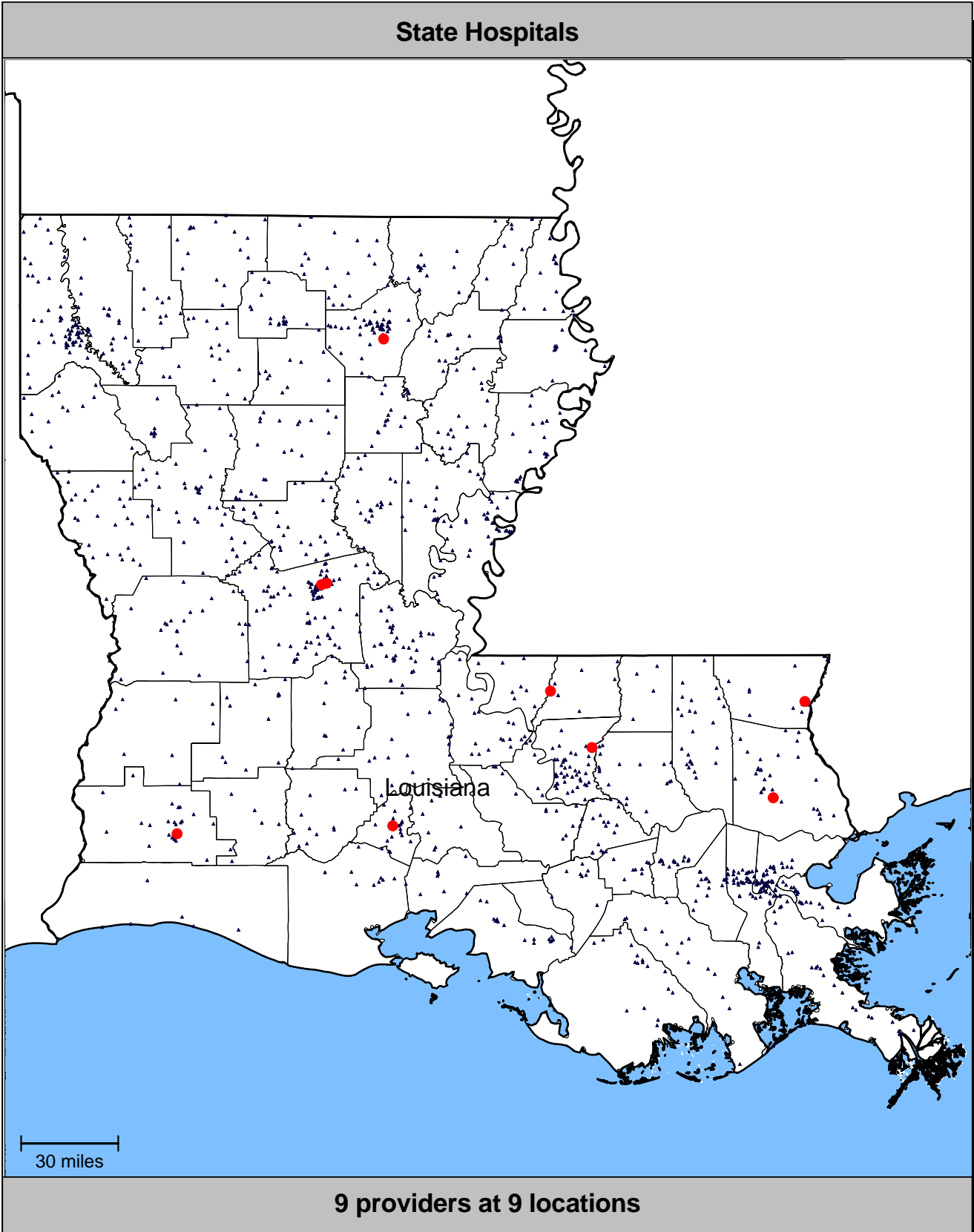
County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
RAPIDES	107	100	0	12.7	14.5
RED RIVER	7	100	0	30.4	41.0
RICHLAND	16	100	0	26.0	29.1
SABINE	26	100	0	36.5	48.6
ST. BERNARD	19	100	0	16.4	17.0
ST. CHARLES	14	100	0	5.7	12.1
ST. HELENA	7	100	0	18.2	26.6
ST. JAMES	9	100	0	20.4	27.9
ST. JOHN THE BAPTIST	14	100	0	18.7	23.7
ST. LANDRY	24	100	0	15.1	21.9
ST. MARTIN	10	100	0	14.5	19.9
ST. MARY	14	100	0	41.8	44.8
ST. TAMMANY	29	100	0	12.5	27.4
TANGIPAHOA	22	100	0	8.5	24.2
TENSAS	28	0	100	68.1	71.9
TERREBONNE	16	100	0	20.8	42.1
UNION	19	100	0	27.1	30.6
VERMILION	10	100	0	4.2	12.6
VERNON	25	100	0	25.7	40.5
WASHINGTON	14	100	0	31.7	41.0
WEBSTER	17	100	0	25.6	34.4
WEST BATON ROUGE	5	100	0	15.3	15.7
WEST CARROLL	9	56	44	50.2	57.4
WEST FELICIANA	8	100	0	36.5	39.4
WINN	25	100	0	32.5	44.7

Access standard: 2 in 60 Miles

Provider group: Hospitals

Provider locations



- Provider locations (9)
- Louisiana

Accessibility summary

Accessibility analysis specifications	
Provider group:	State Hospitals 9 providers at 9 locations (based on 9 records)
Member group:	Membership 1,438 members
Access standard:	2 in 60 Miles
All members:	1,438 (100%) 44.4% with access 55.6% without access

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Miles	41.1	65.0	83.0	105.6	124.1

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
RAPIDES	107	100	0	15.7
ORLEANS	81	16	84	62.3
CADDO	79	0	100	127.7
EAST BATON ROUGE	71	100	0	28.8
OUACHITA	50	0	100	87.8
JEFFERSON	47	0	100	68.1
NATCHITOCHES	44	57	43	59.8
AVOYELLES	42	100	0	38.9
GRANT	42	100	0	34.4
CONCORDIA	35	37	63	58.4

County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
ACADIA	14	86	14	28.1	49.5
ALLEN	11	82	18	42.8	51.9
ASCENSION	16	100	0	27.8	52.7
ASSUMPTION	9	22	78	43.6	63.1
AVOYELLES	42	100	0	37.0	38.9
BEAUREGARD	8	0	100	39.2	76.2
BIENVILLE	17	0	100	60.3	91.7
BOSSIER	25	0	100	90.5	118.8
CADDO	79	0	100	101.9	127.7
CALCASIEU	27	7	93	9.6	72.5
CALDWELL	18	28	72	25.4	64.5
CAMERON	6	0	100	34.9	86.5
CATAHOULA	20	85	15	48.3	52.1
CLAIBORNE	16	0	100	69.4	119.5
CONCORDIA	35	37	63	55.3	58.4
DE SOTO	15	0	100	106.3	110.0
EAST BATON ROUGE	71	100	0	15.7	28.8
EAST CARROLL	13	0	100	62.6	129.3
EAST FELICIANA	7	100	0	12.7	26.0
EVANGELINE	9	100	0	37.0	42.0
FRANKLIN	16	0	100	43.1	75.9
GRANT	42	100	0	33.5	34.4
IBERIA	7	0	100	29.9	73.1
IBERVILLE	13	100	0	30.6	41.6
JACKSON	14	0	100	35.1	72.2
JEFFERSON	47	0	100	34.1	68.1
JEFFERSON DAVIS	7	100	0	32.1	47.5
LA SALLE	19	100	0	35.8	37.7
LAFAYETTE	20	0	100	4.9	70.8
LAFOURCHE	16	0	100	66.5	81.7
LINCOLN	21	0	100	37.7	90.6
LIVINGSTON	19	100	0	18.6	38.6
MADISON	9	0	100	58.6	108.5
MOREHOUSE	15	0	100	34.0	112.8
NATCHITOCHES	44	57	43	57.6	59.8
ORLEANS	81	16	84	27.9	62.3
OUACHITA	50	0	100	8.5	87.8
PLAQUEMINES	29	0	100	64.6	90.7
POINTE COUPEE	17	100	0	28.5	36.2

Access standard: 2 in 60 Miles

Provider group: State Hospitals

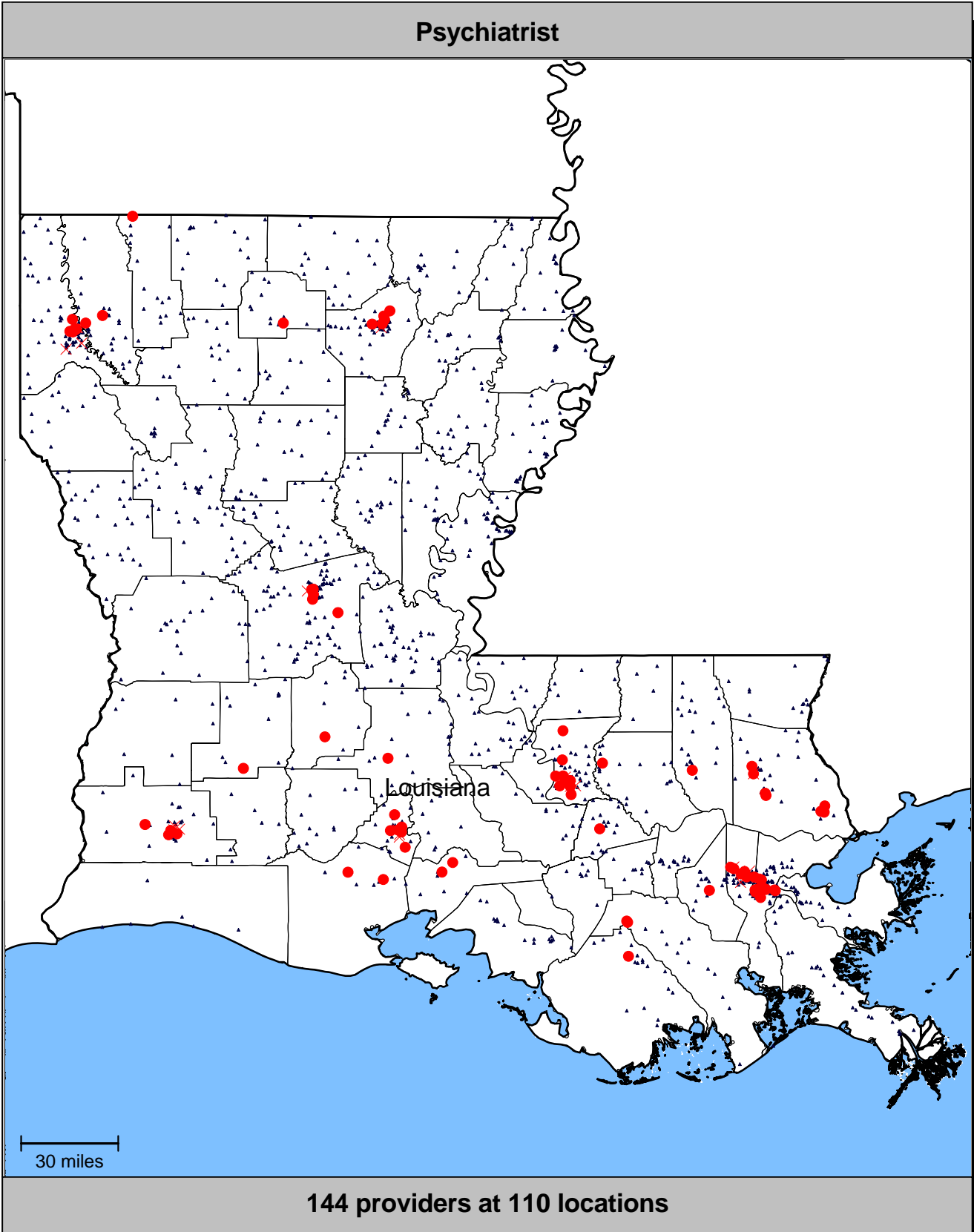
County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
RAPIDES	107	100	0	14.1	15.7
RED RIVER	7	0	100	81.4	83.6
RICHLAND	16	0	100	25.4	95.2
SABINE	26	0	100	78.5	79.7
ST. BERNARD	19	5	95	37.8	63.9
ST. CHARLES	14	0	100	42.2	66.4
ST. HELENA	7	100	0	31.5	36.7
ST. JAMES	9	78	22	45.1	57.2
ST. JOHN THE BAPTIST	14	100	0	44.6	52.9
ST. LANDRY	24	67	33	31.3	53.6
ST. MARTIN	10	30	70	27.0	65.3
ST. MARY	14	0	100	59.1	71.4
ST. TAMMANY	29	100	0	13.6	32.8
TANGIPAHOA	22	100	0	33.4	39.2
TENSAS	28	0	100	66.9	77.2
TERREBONNE	16	0	100	75.7	83.1
UNION	19	0	100	36.3	103.7
VERMILION	10	10	90	21.5	68.8
VERNON	25	88	12	47.5	50.5
WASHINGTON	14	100	0	12.2	38.5
WEBSTER	17	0	100	79.9	118.8
WEST BATON ROUGE	5	100	0	23.4	26.8
WEST CARROLL	9	0	100	58.0	131.1
WEST FELICIANA	8	100	0	15.2	39.4
WINN	25	88	12	45.0	49.8

Access standard: 2 in 60 Miles

Provider group: State Hospitals

Provider locations



- Single provider locations (89)
- × Multiple provider locations (21)
- Louisiana

Accessibility summary

Accessibility analysis specifications	
Provider group:	Psychiatrist 144 providers at 110 locations (based on 144 records)
Member group:	Membership 1,438 members
Access standard:	2 in 60 Miles
All members:	1,438 (100%) 94.0% with access 6.0% without access

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Miles	21.3	24.7	26.2	27.2	28.0

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
RAPIDES	107	100	0	12.9
ORLEANS	81	100	0	3.2
CADDO	79	100	0	7.7
EAST BATON ROUGE	71	100	0	3.8
OUACHITA	50	100	0	4.9
JEFFERSON	47	100	0	3.9
NATCHITOCHES	44	86	14	51.9
AVOUELLES	42	100	0	34.3
GRANT	42	100	0	32.9
CONCORDIA	35	29	71	62.1

County detail information

Membership						
County	Total number of members	All members				
		Pct		Average distance to providers		
		w	wo	1	2	
ACADIA	14	100	0	19.7	23.3	
ALLEN	11	100	0	20.1	32.0	
ASCENSION	16	100	0	6.8	19.3	
ASSUMPTION	9	100	0	19.1	24.8	
AVOYELLES	42	100	0	27.1	34.3	
BEAUREGARD	8	100	0	29.5	36.1	
BIENVILLE	17	100	0	28.5	38.5	
BOSSIER	25	100	0	8.3	10.5	
CADDO	79	100	0	6.9	7.7	
CALCASIEU	27	100	0	6.3	8.1	
CALDWELL	18	100	0	28.9	29.0	
CAMERON	6	100	0	32.7	34.1	
CATAHOULA	20	95	5	52.3	52.9	
CLAIBORNE	16	100	0	26.5	42.5	
CONCORDIA	35	29	71	59.9	62.1	
DE SOTO	15	100	0	23.8	23.8	
EAST BATON ROUGE	71	100	0	2.1	3.8	
EAST CARROLL	13	54	46	56.0	58.5	
EAST FELICIANA	7	100	0	20.4	26.8	
EVANGELINE	9	100	0	13.0	24.1	
FRANKLIN	16	100	0	46.5	46.5	
GRANT	42	100	0	32.8	32.9	
IBERIA	7	100	0	6.4	11.0	
IBERVILLE	13	100	0	12.7	14.3	
JACKSON	14	100	0	20.1	35.5	
JEFFERSON	47	100	0	3.4	3.9	
JEFFERSON DAVIS	7	100	0	20.0	27.4	
LA SALLE	19	100	0	40.3	40.7	
LAFAYETTE	20	100	0	2.6	3.7	
LAFOURCHE	16	100	0	20.2	23.0	
LINCOLN	21	100	0	6.7	31.5	
LIVINGSTON	19	100	0	9.0	17.7	
MADISON	9	67	33	60.6	60.7	
MOREHOUSE	15	100	0	24.9	27.9	
NATCHITOCHE	44	86	14	50.1	51.9	
ORLEANS	81	100	0	2.8	3.2	
OUACHITA	50	100	0	3.8	4.9	
PLAQUEMINES	29	79	21	37.9	38.2	
POINTE COUPEE	17	100	0	25.8	29.1	

Access standard: 2 in 60 Miles

Provider group: Psychiatrist

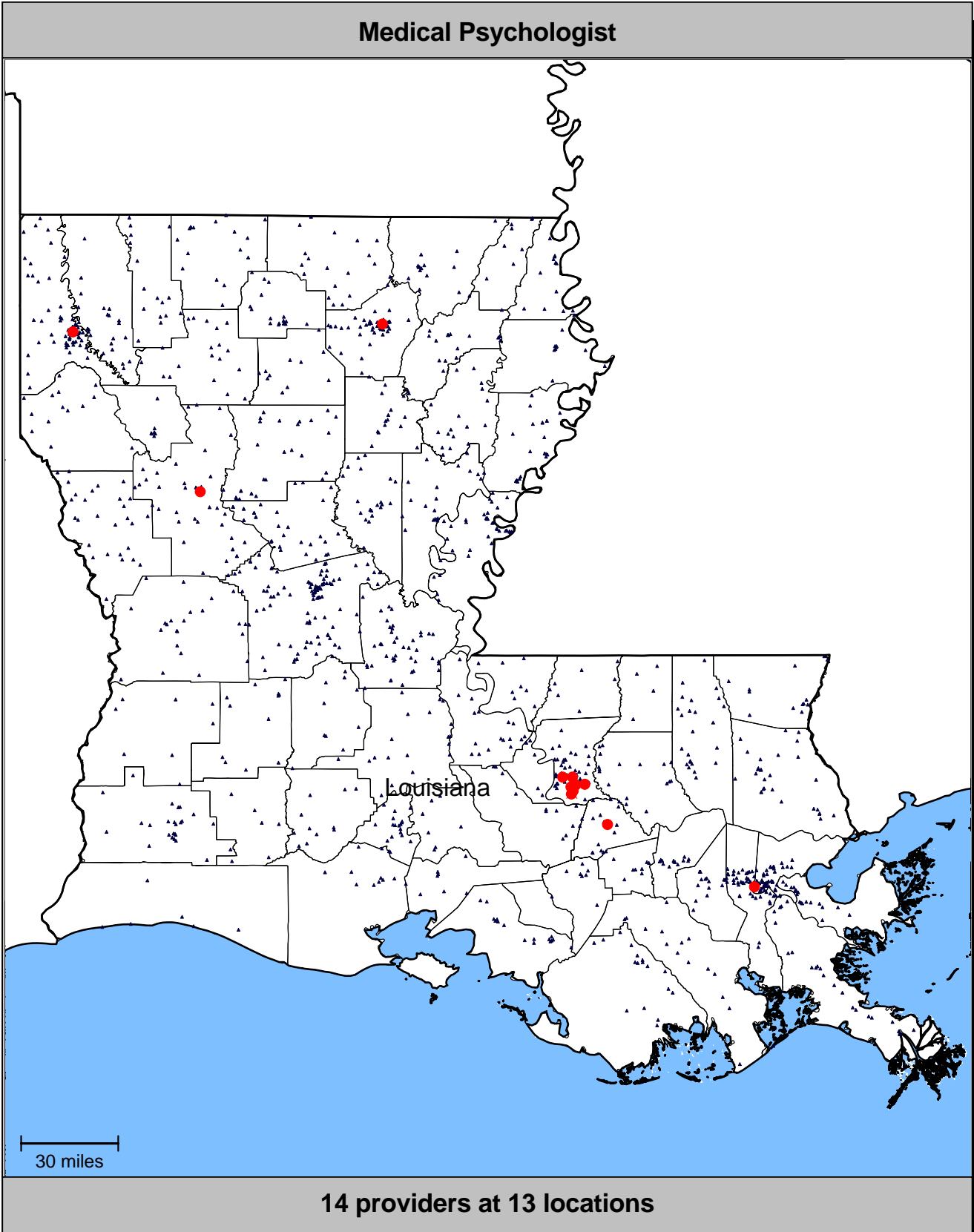
County detail information

Membership					
County	Total number of members	All members			
		Pct		Average distance to providers	
		w	wo	1	2
RAPIDES	107	100	0	11.6	12.9
RED RIVER	7	100	0	42.7	42.7
RICHLAND	16	100	0	27.7	27.7
SABINE	26	62	38	55.9	55.9
ST. BERNARD	19	100	0	11.9	12.2
ST. CHARLES	14	100	0	5.6	11.9
ST. HELENA	7	100	0	24.9	31.6
ST. JAMES	9	100	0	17.5	20.6
ST. JOHN THE BAPTIST	14	100	0	18.8	19.3
ST. LANDRY	24	100	0	15.5	27.8
ST. MARTIN	10	100	0	14.6	15.8
ST. MARY	14	100	0	28.2	28.8
ST. TAMMANY	29	100	0	5.9	6.9
TANGIPAHOA	22	100	0	15.0	26.7
TENSAS	28	4	96	70.2	70.2
TERREBONNE	16	100	0	13.5	21.4
UNION	19	100	0	24.9	29.1
VERMILION	10	100	0	4.3	12.4
VERNON	25	100	0	41.5	42.6
WASHINGTON	14	100	0	31.4	33.3
WEBSTER	17	100	0	16.3	28.3
WEST BATON ROUGE	5	100	0	10.7	12.5
WEST CARROLL	9	78	22	50.2	53.0
WEST FELICIANA	8	100	0	27.5	35.2
WINN	25	100	0	39.2	45.2

Access standard: 2 in 60 Miles

Provider group: Psychiatrist

Provider locations



- Single provider locations (12)
- × Multiple provider locations (1)
- Louisiana

Accessibility summary

Accessibility analysis specifications	
Provider group:	Medical Psychologist 14 providers at 13 locations (based on 14 records)
Member group:	Membership 1,438 members
Access standard:	2 in 60 Miles
All members:	1,438 (100%) 32.6% with access 67.4% without access

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Miles	38.0	70.6	82.8	112.2	113.4

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
RAPIDES	107	0	100	94.3
ORLEANS	81	25	75	60.5
CADDO	79	0	100	78.5
EAST BATON ROUGE	71	100	0	6.0
OUACHITA	50	0	100	87.0
JEFFERSON	47	77	23	56.3
NATCHITOCHES	44	18	82	73.2
AVOYELLES	42	0	100	77.9
GRANT	42	5	95	79.5
CONCORDIA	35	0	100	87.3

County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
ACADIA	14	0	100	82.4	83.3
ALLEN	11	0	100	78.1	105.5
ASCENSION	16	100	0	6.5	18.6
ASSUMPTION	9	100	0	23.9	29.3
AVOYELLES	42	0	100	74.7	77.9
BEAUREGARD	8	0	100	80.5	124.1
BIENVILLE	17	100	0	41.4	50.0
BOSSIER	25	12	88	14.4	69.9
CADDO	79	0	100	9.5	78.5
CALCASIEU	27	0	100	108.6	129.6
CALDWELL	18	0	100	30.0	72.3
CAMERON	6	0	100	135.6	143.3
CATAHOULA	20	0	100	65.5	77.1
CLAIBORNE	16	19	81	56.9	68.6
CONCORDIA	35	0	100	80.4	87.3
DE SOTO	15	53	47	28.9	60.1
EAST BATON ROUGE	71	100	0	3.8	6.0
EAST CARROLL	13	0	100	60.2	139.9
EAST FELICIANA	7	100	0	32.7	34.1
EVANGELINE	9	0	100	80.2	82.9
FRANKLIN	16	0	100	47.2	90.3
GRANT	42	5	95	28.0	79.5
IBERIA	7	71	29	57.4	57.6
IBERVILLE	13	100	0	14.2	15.4
JACKSON	14	64	36	38.1	56.4
JEFFERSON	47	77	23	8.5	56.3
JEFFERSON DAVIS	7	0	100	101.2	103.3
LA SALLE	19	47	53	54.0	60.1
LAFAYETTE	20	35	65	61.4	61.6
LAFOURCHE	16	69	31	39.3	57.6
LINCOLN	21	10	90	34.6	66.0
LIVINGSTON	19	100	0	16.9	19.8
MADISON	9	0	100	60.9	129.9
MOREHOUSE	15	0	100	30.3	113.4
NATCHITOCHES	44	18	82	15.6	73.2
ORLEANS	81	25	75	5.9	60.5
OUACHITA	50	0	100	5.6	87.0
PLAQUEMINES	29	0	100	44.1	96.2
POINTE COUPEE	17	94	6	34.0	36.7

Access standard: 2 in 60 Miles

Provider group: Medical Psychologist

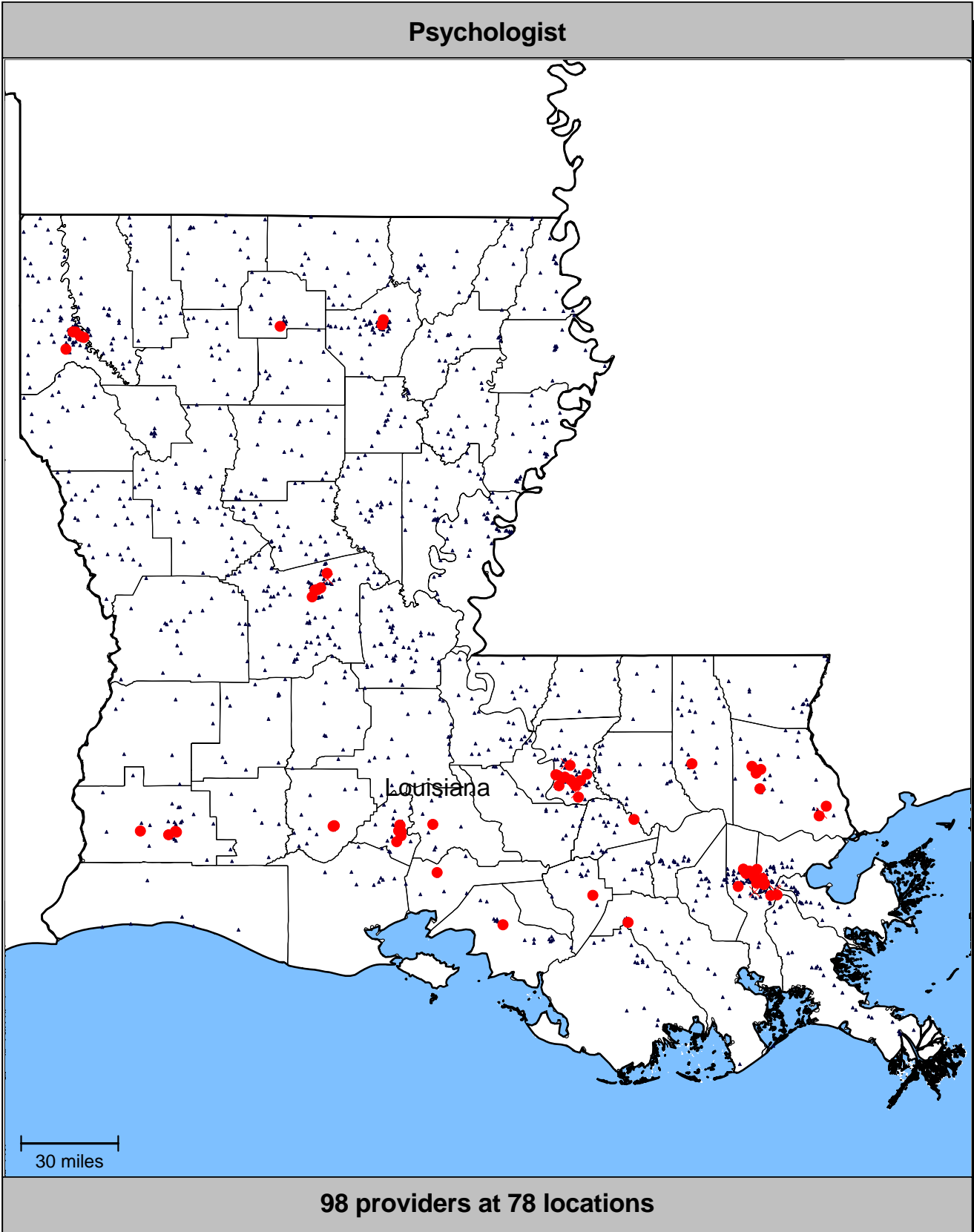
County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
RAPIDES	107	0	100	56.6	94.3
RED RIVER	7	100	0	30.9	47.6
RICHLAND	16	0	100	28.2	102.8
SABINE	26	46	54	38.2	64.1
ST. BERNARD	19	0	100	18.8	74.3
ST. CHARLES	14	100	0	17.3	44.2
ST. HELENA	7	86	14	46.2	47.6
ST. JAMES	9	100	0	19.6	36.0
ST. JOHN THE BAPTIST	14	100	0	28.1	32.6
ST. LANDRY	24	46	54	55.3	58.0
ST. MARTIN	10	100	0	48.5	49.0
ST. MARY	14	100	0	51.7	52.6
ST. TAMMANY	29	62	38	39.6	61.8
TANGIPAHOA	22	86	14	45.4	47.2
TENSAS	28	0	100	70.9	103.1
TERREBONNE	16	63	37	49.7	57.2
UNION	19	0	100	32.0	89.0
VERMILION	10	0	100	76.4	76.6
VERNON	25	0	100	48.0	107.9
WASHINGTON	14	0	100	66.2	78.6
WEBSTER	17	24	76	35.8	71.3
WEST BATON ROUGE	5	100	0	15.2	16.9
WEST CARROLL	9	0	100	55.0	135.9
WEST FELICIANA	8	100	0	40.0	42.2
WINN	25	68	32	33.8	61.2

Access standard: 2 in 60 Miles

Provider group: Medical Psychologist

Provider locations



- Single provider locations (67)
- × Multiple provider locations (11)
- Louisiana

Accessibility summary

Accessibility analysis specifications	
Provider group:	Psychologist 98 providers at 78 locations (based on 98 records)
Member group:	Membership 1,438 members
Access standard:	2 in 60 Miles
All members:	1,438 (100%) 93.5% with access 6.5% without access

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Miles	22.8	25.9	29.9	36.2	38.6

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
RAPIDES	107	100	0	12.8
ORLEANS	81	100	0	2.5
CADDO	79	100	0	9.6
EAST BATON ROUGE	71	100	0	2.6
OUACHITA	50	100	0	6.5
JEFFERSON	47	100	0	5.0
NATCHITOCHES	44	82	18	53.5
AVOYELLES	42	100	0	38.6
GRANT	42	100	0	33.0
CONCORDIA	35	37	63	56.5

County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
ACADIA	14	100	0	13.2	13.5
ALLEN	11	100	0	39.5	40.9
ASCENSION	16	100	0	11.4	16.3
ASSUMPTION	9	100	0	10.3	23.3
AVOYELLES	42	100	0	38.4	38.6
BEAUREGARD	8	100	0	35.7	38.3
BIENVILLE	17	100	0	27.9	41.6
BOSSIER	25	100	0	11.9	12.8
CADDO	79	100	0	8.3	9.6
CALCASIEU	27	100	0	7.2	9.0
CALDWELL	18	100	0	29.9	31.3
CAMERON	6	100	0	31.8	34.2
CATAHOULA	20	95	5	47.3	48.4
CLAIBORNE	16	81	19	40.3	55.7
CONCORDIA	35	37	63	55.7	56.5
DE SOTO	15	100	0	24.1	29.1
EAST BATON ROUGE	71	100	0	1.9	2.6
EAST CARROLL	13	38	62	59.3	60.5
EAST FELICIANA	7	100	0	29.4	29.8
EVANGELINE	9	100	0	32.1	32.7
FRANKLIN	16	100	0	47.1	48.0
GRANT	42	100	0	31.7	33.0
IBERIA	7	100	0	7.2	19.3
IBERVILLE	13	100	0	13.1	14.4
JACKSON	14	100	0	19.6	38.0
JEFFERSON	47	100	0	4.0	5.0
JEFFERSON DAVIS	7	100	0	25.9	26.2
LA SALLE	19	100	0	33.6	35.0
LAFAYETTE	20	100	0	3.1	3.7
LAFOURCHE	16	100	0	23.2	32.4
LINCOLN	21	100	0	7.6	34.4
LIVINGSTON	19	100	0	9.5	16.2
MADISON	9	67	33	60.9	61.3
MOREHOUSE	15	100	0	28.9	30.6
NATCHITOCHES	44	82	18	51.0	53.5
ORLEANS	81	100	0	2.1	2.5
OUACHITA	50	100	0	5.1	6.5
PLAQUEMINES	29	79	21	36.4	37.6
POINTE COUPEE	17	100	0	31.4	31.7

Access standard: 2 in 60 Miles

Provider group: Psychologist

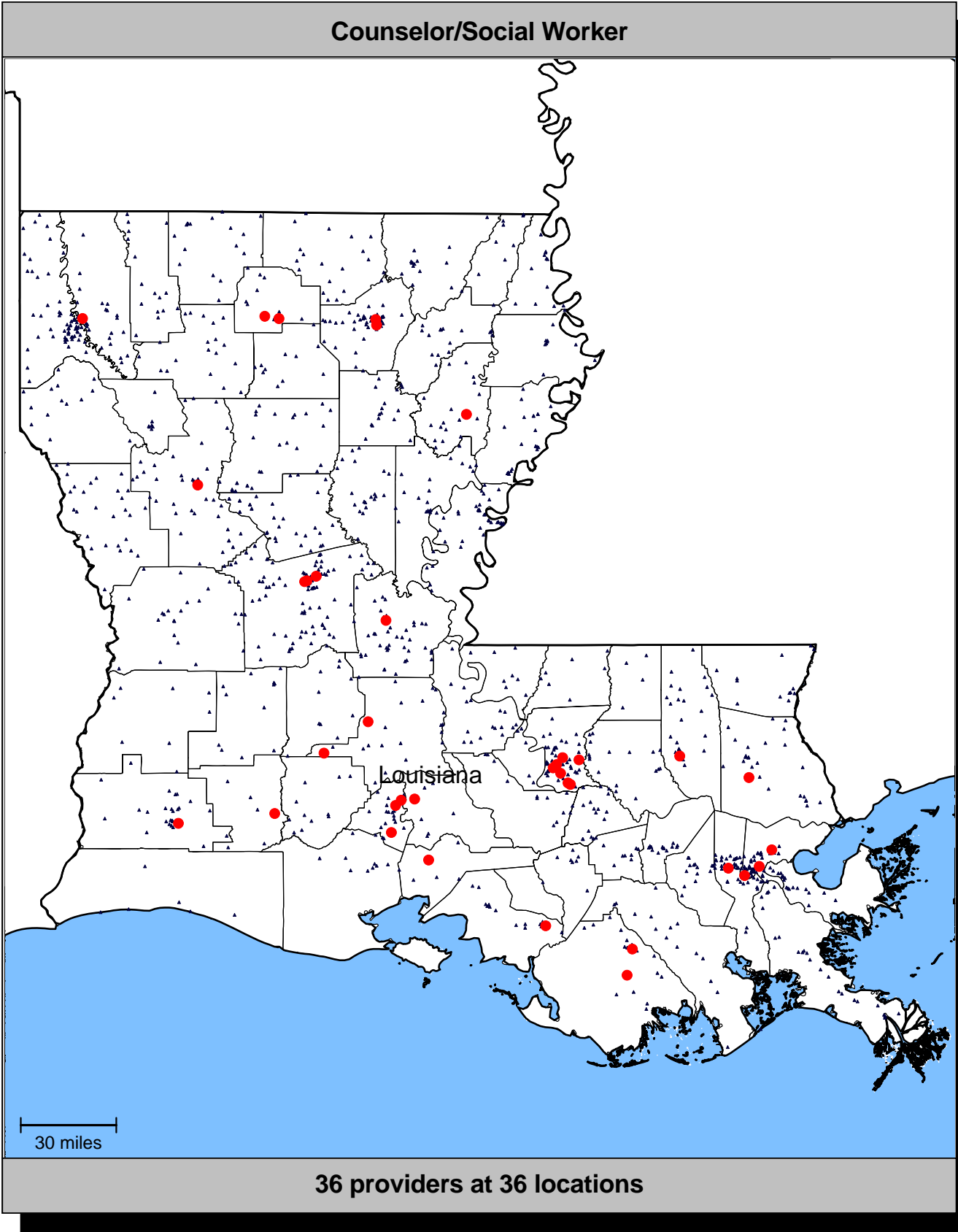
County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
RAPIDES	107	100	0	11.7	12.8
RED RIVER	7	100	0	43.6	44.8
RICHLAND	16	100	0	28.2	28.9
SABINE	26	58	42	56.8	58.4
ST. BERNARD	19	100	0	11.0	11.7
ST. CHARLES	14	100	0	12.0	15.0
ST. HELENA	7	100	0	25.4	33.7
ST. JAMES	9	100	0	16.7	19.1
ST. JOHN THE BAPTIST	14	100	0	21.5	23.9
ST. LANDRY	24	100	0	29.8	32.3
ST. MARTIN	10	100	0	10.1	14.9
ST. MARY	14	100	0	11.4	27.8
ST. TAMMANY	29	100	0	5.3	7.4
TANGIPAHOA	22	100	0	13.5	27.1
TENSAS	28	0	100	70.1	70.8
TERREBONNE	16	100	0	21.2	35.3
UNION	19	100	0	26.5	31.6
VERMILION	10	100	0	15.9	17.9
VERNON	25	96	4	43.0	45.0
WASHINGTON	14	100	0	30.6	32.3
WEBSTER	17	100	0	33.9	34.6
WEST BATON ROUGE	5	100	0	12.6	13.5
WEST CARROLL	9	67	33	53.9	55.3
WEST FELICIANA	8	100	0	37.1	37.1
WINN	25	100	0	38.2	45.6

Access standard: 2 in 60 Miles

Provider group: Psychologist

Provider locations



- Provider locations (36)
- Louisiana

Accessibility summary

Accessibility analysis specifications	
Provider group:	Counselor/Social Worker 36 providers at 36 locations (based on 36 records)
Member group:	Membership 1,438 members
Access standard:	2 in 60 Miles
All members:	1,438 (100%) 87.3% with access 12.7% without access

Average distance to a choice of providers for all members					
Number of providers	1	2	3	4	5
Miles	18.6	31.0	37.2	44.2	53.8

Key geographic areas				
County	Total number of members	All members		
		Percent w	Percent wo	Average distance to 2 providers
RAPIDES	107	100	0	13.9
ORLEANS	81	100	0	5.5
CADDO	79	1	99	66.8
EAST BATON ROUGE	71	100	0	4.9
OUACHITA	50	100	0	6.5
JEFFERSON	47	100	0	10.0
NATCHITOCHES	44	80	20	51.3
AVOYELLES	42	100	0	30.5
GRANT	42	100	0	33.5
CONCORDIA	35	91	9	52.0

County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
ACADIA	14	100	0	12.3	23.5
ALLEN	11	100	0	35.4	38.1
ASCENSION	16	100	0	16.1	17.2
ASSUMPTION	9	100	0	23.1	27.1
AVOYELLES	42	100	0	11.7	30.5
BEAUREGARD	8	50	50	40.4	56.6
BIENVILLE	17	100	0	25.8	31.2
BOSSIER	25	80	20	11.8	55.5
CADDO	79	1	99	12.1	66.8
CALCASIEU	27	96	4	10.7	37.1
CALDWELL	18	100	0	25.6	28.8
CAMERON	6	67	33	34.0	55.6
CATAHOULA	20	95	5	33.3	46.7
CLAIBORNE	16	100	0	36.4	40.2
CONCORDIA	35	91	9	35.2	52.0
DE SOTO	15	47	53	32.5	60.6
EAST BATON ROUGE	71	100	0	4.0	4.9
EAST CARROLL	13	38	62	58.5	60.8
EAST FELICIANA	7	100	0	30.8	32.2
EVANGELINE	9	100	0	17.0	22.0
FRANKLIN	16	100	0	12.2	45.4
GRANT	42	100	0	19.0	33.5
IBERIA	7	100	0	7.3	23.3
IBERVILLE	13	100	0	14.6	15.0
JACKSON	14	100	0	19.0	21.7
JEFFERSON	47	100	0	5.8	10.0
JEFFERSON DAVIS	7	100	0	13.5	27.3
LA SALLE	19	100	0	36.6	40.1
LAFAYETTE	20	100	0	4.4	7.8
LAFOURCHE	16	100	0	20.6	27.4
LINCOLN	21	100	0	5.2	9.4
LIVINGSTON	19	100	0	10.9	17.8
MADISON	9	67	33	43.4	59.8
MOREHOUSE	15	100	0	30.6	31.9
NATCHITOCHES	44	80	20	15.4	51.3
ORLEANS	81	100	0	3.0	5.5
OUACHITA	50	100	0	5.2	6.5
PLAQUEMINES	29	72	28	41.5	42.7
POINTE COUPEE	17	100	0	30.4	32.5

Access standard: 2 in 60 Miles

Provider group: Counselor/Social Worker

County detail information

Membership					
County	Total number of members	All members			
		Pct w wo		Average distance to providers	
				1	2
RAPIDES	107	100	0	12.2	13.9
RED RIVER	7	100	0	31.4	47.3
RICHLAND	16	100	0	23.5	27.4
SABINE	26	38	62	38.3	60.9
ST. BERNARD	19	100	0	14.8	16.2
ST. CHARLES	14	100	0	12.7	18.5
ST. HELENA	7	100	0	26.4	38.4
ST. JAMES	9	100	0	30.0	32.6
ST. JOHN THE BAPTIST	14	100	0	25.8	31.8
ST. LANDRY	24	100	0	17.5	24.1
ST. MARTIN	10	100	0	6.5	16.1
ST. MARY	14	100	0	13.9	33.5
ST. TAMMANY	29	100	0	13.2	26.1
TANGIPAHOA	22	100	0	14.5	34.5
TENSAS	28	7	93	25.3	68.0
TERREBONNE	16	100	0	9.1	15.7
UNION	19	100	0	26.2	28.2
VERMILION	10	100	0	16.3	20.6
VERNON	25	92	8	41.5	44.7
WASHINGTON	14	86	14	37.1	46.9
WEBSTER	17	88	12	31.2	44.7
WEST BATON ROUGE	5	100	0	15.7	16.0
WEST CARROLL	9	56	44	55.3	56.2
WEST FELICIANA	8	100	0	36.9	39.8
WINN	25	100	0	30.6	39.9

Access standard: 2 in 60 Miles

Provider group: Counselor/Social Worker

GeoNetworks Report

K:\Templates\LA - Geo Access 2 in 60 Miles.rpt

Summary Information:

Date created: January 18, 2011 **Version:** Release 3 2011
Author:
Company: Cenpatico Louisiana
Network: LA Providers
Notes:

Tables:

Employee tables:	Records:	Provider tables:	Records:
MEMBERSHIP @ K:\Data Bases\LA.mdb	1438	PROVIDERS @ K:\Data Bases\LA.mdb	351

Calculations:

Started at: 11:27:31 - August 08, 2011 **Elapsed time:** 2 minutes, 8 seconds
Completed at: 11:29:39 - August 08, 2011
Calculation method: Estimated driving distance
Capacity option: Unlimited

Printing:

Started at: 11:27:31 - August 08, 2011 **Elapsed time:** 2 minutes, 9 seconds
Completed at: 11:29:40 - August 08, 2011
Pages printed: 30 of 30 (all pages)

Cenpatico Claim Pre-Processing Edits	
EDIT ID Number	EDIT Description
01	Invalid Mbr DOB
02	Invalid Mbr
06	Invalid Prv
07	Invalid Mbr DOB & Prv
08	Invalid Mbr & Prv
09	Mbr not valid at DOS
10	Invalid Mbr DOB; Mbr not valid at DOS
12	Prv not valid at DOS
13	Invalid Mbr DOB; Prv not valid at DOS
14	Invalid Mbr; Prv not valid at DOS
15	Mbr not valid at DOS; Invalid Prv
16	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv
17	Invalid Diag
18	Invalid Mbr DOB; Invalid Diag
19	Invalid Mbr; Invalid Diag
21	Mbr not valid at DOS; Prv not valid at DOS
22	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS
23	Invalid Prv; Invalid Diag
24	Invalid Mbr DOB; Invalid Prv; Invalid Diag
25	Invalid Mbr; Invalid Prv; Invalid Diag
26	Mbr not valid at DOS; Invalid Diag
27	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag
29	Prv not valid at DOS; Invalid Diag
30	Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag
31	Invalid Mbr; Prv not valid at DOS; Invalid Diag
32	Mbr not valid at DOS; Prv not valid; Invalid Diag
33	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid; Invalid Diag
34	Invalid Proc
35	Invalid DOB; Invalid Proc
36	Invalid Mbr; Invalid Proc
38	Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
39	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
40	Invalid Prv; Invalid Proc
41	Invalid Prv; Invalid Proc; Invalid Mbr DOB
42	Invalid Mbr; Invalid Prv; Invalid Proc
43	Mbr not valid at DOS; Invalid Proc
44	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Proc
46	Prv not valid at DOS; Invalid Proc
48	Invalid Mbr; Prv not valid at DOS; Invalid Proc
49	Invalid Proc; Invalid Prv; Mbr not valid at DOS
51	Invalid Diag; Invalid Proc
52	Invalid Mbr DOB; Invalid Diag; Invalid Proc
53	Invalid Mbr; Invalid Diag; Invalid Proc
55	Mbr not valid at DOS; Prv not valid at DOS; Invalid Proc
57	Invalid Prv; Invalid Diag; Invalid Proc
58	Invalid Mbr DOB; Invalid Prv; Invalid Diag; Invalid Proc
59	Invalid Mbr; Invalid Prv; Invalid Diag; Invalid Proc
60	Mbr not valid at DOS; Invalid Diag; Invalid Proc
61	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag; Invalid Proc
63	Prv not valid at DOS; Invalid Diag; Invalid Proc
64	Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag; Invalid Proc
65	Invalid Mbr; Prv not valid at DOS; Invalid Diag; Invalid Proc
66	Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
67	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
72	Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
73	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
74	Reject. DOS prior to 6/1/2006
75	Invalid Unit

August 12, 2011

Ms. Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
628 N 4th Street, 5th Floor
Baton Rouge, LA 70802

RE: ADDENDUM #4: Statewide Management Organization / RFP # 305PUR-DHHRFP-SMO-OBH

Dear Ms. Fuentes,

In connection with our bid submission on RFP # 305PUR-DHHRFP-SMO-OBH, Cenpatico of Louisiana, Inc. (Cenpatico) submits the following pursuant to Addendum #4:

1. Section B, 13. Administrative Organization, e., page 139 – addition of item viii

Cenpatico has no financial, contractual or employment relationship with any employee of the Louisiana Department of Health and Hospitals, or person who was employed at any time between January 1, 2010 and July 29, 2011 by the State of Louisiana and who during that period engaged in the drafting or discussion of this RFP. Cenpatico shall not employ or contract with or have a financial relationship with any employee or, between February 1, 2011 and January 1, 2012 with any former employee, of the State of Louisiana who participated in discussions regarding or assisted in the drafting of this RFP.

2. Section B, 13. Administrative Organization, g., page 141 – addition of item x

Cenpatico has no financial, contractual or employment relationship with any employee of the Louisiana Department of Health and Hospitals, or person who was employed at any time between January 1, 2010 and July 29, 2011 by the State of Louisiana and who during that period engaged in the drafting or discussion of this RFP. Cenpatico shall not employ or contract with or have a financial relationship with any employee or, between February 1, 2011 and January 1, 2012 with any former employee, of the State of Louisiana who participated in discussions regarding or assisted in the drafting of this RFP.

3. Section B, 13. Administrative Organization, h., page 142 – addition of item xv

Cenpatico has no financial, contractual or employment relationship with any employee of the Louisiana Department of Health and Hospitals, or person who was employed at any time between January 1, 2010 and July 29, 2011 by the State of Louisiana and who during that period engaged in the drafting or discussion of this RFP. Cenpatico shall not employ or contract with or have a financial relationship with any employee or, between February 1, 2011 and January 1, 2012 with any former employee, of the State of Louisiana who participated in discussions regarding or assisted in the drafting of this RFP.

If you have any questions or need more information, please contact me at 512-406-7515.

Sincerely,



Sam Donaldson, Ph.D.
President and CEO
Cenpatico of Louisiana, Inc.

CERTIFICATION STATEMENT

ATTACHMENT I

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Proposals (RFP), including attachments.

OFFICIAL CONTACT. The State requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. Identify the Contact name and fill in the information below: (Print Clearly)

Date	August 9, 2011
Official Contact Name	Sam Donaldson
Email Address	<u>sdonaldson@cenpatico.com</u>
Fax Number with Area Code	512-480-0574
Telephone Number	512-406-7200 or Toll Free at 877-264-6550
Street Address	504 Lavaca Street, Suite 850
City, State, and Zip	Austin, TX 78701

Proposer certifies that the above information is true and grants permission to DHH-OBH to contact the above named person or otherwise verify the information I have provided.

By its submission of this proposal and authorized signature below, proposer certifies that:

1. The information contained in its response to this RFP is accurate;
2. Proposer accepts the procedures, evaluation criteria, contract terms and conditions, and all other administrative requirements set forth in this RFP.
3. Proposer accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this RFP.
4. Proposer's technical proposal and cost proposal are valid for at least 120 days from the date of proposer's signature below;
5. Proposer understands that if selected as the successful Proposer, he/she will have business days from the date of delivery of final contract in which to complete contract negotiations, if any, and execute the final contract document
6. Proposer certifies, by signing and submitting a proposal for \$25,000 or more, that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA) in accordance with the requirements in OMB Circular A-133. (A list of parties who have been suspended or debarred can be viewed via the Internet at www.epls.gov).

Authorized Signature: _____

(Must be an original signature signed in ink)

Typed or Printed Name: **Sam Donaldson**

Title: **Chief Executive Officer**

Company Name: **Cenpatico Of Louisiana, Inc.**