

## **2. WORK PLAN / PROJECT EXECUTION**

---

- **Grievance Monitoring** – Any member, provider, or family member grievance regarding an alleged violations of member rights is forwarded to the PerformCare Quality Management department and escalated to other applicable departments (e.g., HR, Corporate Compliance, Credentialing), as needed, to ensure follow up.



## 2. WORK PLAN / PROJECT EXECUTION

### 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.**

#### Introduction

PerformCare's **Business Continuity, Disaster Recovery and Emergency Preparedness Plan (Appendix 26)** is comprehensive, effective and practical. It is integrated with our other contingency plans, such as our corporate-wide pandemic response, inclement weather approach and our building safety and evacuation plan. The plan establishes procedures to reduce the exposure to fires, accidents, natural disasters, and other emergencies that could disrupt necessary business operations. The procedures include a careful assessment of potential risks, a determination of essential business and personnel, steps to be taken in anticipation of an emergency that could shut down operations, identification of a recovery site, and a plan for recovery and restoration of normal business. Elements of the plan include:

- Establishing an Emergency Response Team (ERT)
- Risk Assessment and Analysis
- Definition of Information Technology Assets
- Risk Determination for Adequacy of Controls
- Business Continuity Preparation
- Departmental Recovery Kits
- Training
- Overall Approach to Business Continuity Assurance

#### Preparing for a Localized Emergency

In our response to *Question xiv. of Section G*, PerformCare has addressed the essential functions of business continuity, disaster recovery, and emergency preparedness planning associated with a disaster that might affect our national operations. The following description is focused on our response to an emergency that would affect Louisiana but not our corporate headquarters in Pennsylvania. In such an event, all communications, contract operations and IT functions will be restored through our Harrisburg center with minimal delay.

The objects of the plan are to:

- Anticipate and assess potential risks
- Prepare for a safe and secure cessation of operations at the Baton Rouge office
- Evacuate associates, as necessary
- Restore communications and network access for our key staff
- Continue and/or restore critical functions of the LBHP operations seamlessly.



*PerformCare CEO, Richard Edley, Ph.D., assisting with reconstruction efforts at the St. Bernard Project following Hurricane Katrina in Louisiana.*

#### Disaster Response Team

Effective restoration is accomplished through the immediate communication of our disaster response team consisting of local executives and operations staff and national security and safety officers. A call group conference protocol allows immediate contact with each of these individuals and initiates a conference call for the planning and execution of the Disaster Recovery operation best suited to the nature of the emergency. We also establish a communication and control site away from the office in order to

## 2. WORK PLAN / PROJECT EXECUTION

provide a safe haven for congregation of key staff and confidential decision making. The Disaster Response Team for LBHP is expected to consist of the following individuals by position.

LBHP Management	National Security and Disaster Recovery Staff
Chief Executive Officer	AMFC Security Officer
Chief Operating Officer	PerformCare Security Officer
LBHP Security Coordinator	PerformCare Director of Information Technology
LBHP Facilities Coordinator	PerformCare CEO
CM/UR Administrator	Telecommunications and Security Administrator
	Network Systems Manager

### Assessment of Potential Risks

PerformCare has established a master list of potential sources of risk for business continuity (See **Appendix 27**, Risk Assessment and Analysis.) which we will review and modify specifically for our LBHP office. The table shown in this Attachment defines a number of potential origins, such as natural and other external sources, IT or Communication Failures, Sabotage, Pandemics, etc. For each category there are a number of specifically designated risk potentials.

For each risk potential, the following factors are calculated and described:

- Likelihood
- Potential for Disruption
- Security Control Recommendations
- Determination of Need for Additional Controls
- PHI Impact (Confidentiality or Integrity or Availability)

### Hurricane and Tropical Storm Plan

PerformCare will operate its Louisiana Hurricane and Tropical Storm plan in close affiliation with our sister Company, LaCare. Please see **Appendix 28** for a sample regional plan. Both PerformCare and La Care are members of the AmeriHealth Mercy Family of Companies, and our collective experience with tropical storms in Florida and South Carolina has enabled us to create a comprehensive plan for our Louisiana facility. Our plan encompasses the actions and planning taken before a hurricane or tropical storm strikes to mitigate damage and injury from the storm.

Our Hurricane and Tropical Storm plan for the Louisiana operations and all of its critical functions and processes will be finalized in conjunction with the overall PerformCare Business Continuity and Disaster Recovery Plan and will include response and recovery strategies for our members, providers, employees, data, communications and information processing as well as the following components:

- **The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)** is a federal program created to support states and territories in establishing standardized volunteer registration programs for disasters and public health and medical emergencies. The program, administered on the state level, verifies health professionals' identification and credentials so that they can respond more quickly when disaster strikes. By registering through ESAR-VHP, volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified in advance, saving valuable time in emergency situations. PerformCare of Louisiana will encourage all of our providers to register.

## 2. WORK PLAN / PROJECT EXECUTION

- **Medical Reserve Corp (MRC)** units are community-based and function as a way to locally organize and utilize volunteers who want to donate their time and expertise to prepare for and respond to emergencies and promote healthy living throughout the year. MRC volunteers supplement existing emergency and public health resources. MRC volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists. Many community members—interpreters, chaplains, office workers, legal advisors, and others—can fill key support positions.
- According to the **American Red Cross Disaster Relief** website, all volunteers must participate in specific Red Cross provided training in one or more specialty areas of service, and participate in at least one annual disaster drill for the volunteer's specific unit. Additionally, volunteers may be asked to stand ready for on-site training to take on additional roles and to consider participating in non-disaster volunteer opportunities in the chapter.

### Pandemic Crisis

Another important part of our Business Continuity and Disaster Recovery program involves how to address a pandemic crisis. The pandemic action plan uses five stages to monitor changes in demand for services and our capacity to meet that demand. We have identified essential business functions, critical skills and strategies to manage essential business activities up to and during the declaration of a pandemic. Each department has identified changes they will implement in their business processes to address increased demand and/or decreased capacity. PerformCare of Louisiana will have direct access to AmeriHealth Mercy's enterprise-wide resources of trained professionals to assure the ability to respond to increased demand and decreased availability of local staff in the event of a disease outbreak. Key strategic partnerships with select vendors give us the ability to expand capacity quickly to meet the demand.

### Declaration Protocols

In the case of an acute emergency, a declaration of disaster for LBHP may be issued directly from the site by the Program Manager or onsite Security Coordinator. When time permits the declaration will be issued by the PerformCare Security Officer. Additionally, the Governor of Louisiana may issue a statewide or regional declaration. If the LBHP office is within the affected area, the declaration will be considered specifically applicable to our operations. The Security Officer, in consultation with the Network Systems Manager and LBHP Security Coordinator will determine, to the best of their abilities, the scope of the emergency, potential duration, and likelihood of recovery at the location.

A declaration of emergency will be issued through the AMFC AlertFind System, and will immediately trigger a Disaster Recovery Teleconference and assembly at the command and control center if practical. When the declaration is made, notification will go to all senior PerformCare and AMFC staff, DHH-OBH, the five WAAs and the regional FSOs. Alerts will also be placed on our website, and transmitted electronically to all CSOC and other stakeholders. We will coordinate a process with the State of Louisiana for all additional notification procedures.

### Communications with Staff, Members, Providers, and Suppliers

Effective and quick communication is another critical element to the success of PerformCare's Business Continuity and Disaster Plan, and PerformCare has developed the infrastructure for an effective and responsive communication plan, which is the foundation for our plan. PerformCare's communication plan includes representatives from all levels of the organization to make sure that everyone is on the same page and working together to quickly manage the incident. Our communication infrastructure provides a framework to:

- Receive critical community and company information and accurately decide on the scope of the event and the need to expand a response.

## 2. WORK PLAN / PROJECT EXECUTION

- Communicate and escalate the critical incident or emergency situation to the appropriate crisis management team structure and the AmeriHealth Mercy executives who are the key decision makers.
- Obtain support and assistance from other Incident Command/Crisis Management Support Teams.

We communicate regularly with our employees to keep them mindful of the actions they need to take in the event of a disaster. We distribute messages through several different outlets, as outlined below:

- **iNSIGHT** (Internal employee website) is our Intranet website and is available to employees in all our offices who have access to our computer network. The network is used to share information, updates and tools about the Business Continuity Program. The site allows us to easily and efficiently share information regarding business continuity planning. Specific information such as crisis management (emergency notification, evacuation, and inclement weather), business continuity planning (planning and software tools, business recovery, and glossary terms), disaster recovery (disaster recovery test information) and pandemic awareness (flu information and inter-office communications) are also available on this site.
- Providing a more direct and immediate communication link to our associates and management in a crisis is the **AlertFind Emergency Notification System**. AlertFind quickly and automatically notifies internal crisis management team members, senior management and employees of issues that may affect our operations. AlertFind sends emails, two-way SMS (text) messages, or makes voice calls to anyone, anywhere, at any time and on any device. These notifications provide instructions, ask questions and/or collect responses. AlertFind is also used to provide updates, additional instructions or information to business continuity coordinators and employees related to business recovery. The AlertFind communication process is engaged when a problem escalates into a critical incident that significantly impacts our members, providers, and employees, business operations or technology services.
- AlertFind is supplemented by other methods of communication, such as email or the company-wide Emergency Hotline number. The Emergency Hotline is an available tool to provide updates, additional instructions or information for crisis management team members, senior management and to make sure that any new employees are familiar with the components of our business continuity program. It is a long-term tool, frequently updated, to allow for the passive dissemination of information.

### Contingency Plans

In the event a disaster affects staff, physical buildings, or other portions of the business, we have contingency plans in place that allow us to continue operations while minimizing down time. Because PerformCare of Louisiana is part of a national organization with facilities in other states, we are able to rapidly shift operations as necessary to other affiliate locations. For instance, if a hurricane, fire or other natural disaster were to impact PerformCare of Louisiana's Baton Rouge facility, we can quickly route incoming calls and local operations to a call centers run by an affiliate plan in another state. Because our IT infrastructure is shared throughout the organization, member services, provider services, and medical management employees in other regions can be quickly granted permission to access PerformCare member and provider data, making the transition seamless to the caller.

### Shutdown and Evacuation

The first priority of the Shutdown and Evacuation Procedure is the protection of all building occupants and other individuals in the area that may be affected. Prior to occupation of the LBHP office site, PerformCare will have developed a specific evacuation plan modeled after the evacuation plan for our national headquarters. Please see **Appendix 29**.

## **2. WORK PLAN / PROJECT EXECUTION**

If the type of disaster (power meltdown, flooding, etc) and time permits, staff will be instructed on salvaging equipment, material and documents. We will also take steps described in the plan to do a safe shutdown of all computer and communications equipment.

### **Restoring Communication and Critical Business Procedures**

All telephone lines will be transferred via Virtual PBX in order to maintain full telecommunications functionality. Per the Disaster Recovery Plan, critical staff will be issued cell phones, and through our virtual PBX staff will be able to communicate through ground lines.

Similar protocols exist for network connectivity. Because our corporate computer center will not be affected by a local disaster, the network will remain intact. Staff will have continued secure access through the use company laptops or Internet capable through VPN and Citrix applications.

### **Continuing Care**

PerformCare's response must be carefully calculated to mitigate the impact of a local or statewide emergency on our members. As soon as possible, PerformCare will marshal the resources to implement an emergency referral and placement team. The team will be constituted by our local Care Management, Member Services, and Provider Development staff; other Louisiana associates with the requisite skills to assist in referrals; and, when necessary, out of state professionals that will be trained on the Louisiana system. Specifically, we are concerned with the continuing care of individuals who:

- are in ambulatory care but have been physically displaced,
- are in ambulatory care and not displaced, but their provider is no longer able to provide care,
- are in a residential care facility that has been impacted by a catastrophic occurrence; **or**
- Have endured emergencies which make them no longer able to participate in treatment.

For individual that have been displaced, PerformCare will first refer them to local authorities that have the capability to assist them in finding either temporary or permanent housing. Our organization will then put into place our emergency referral process in order to find appropriate providers in proximity to their new residence. For members that move out of state, PerformCare will coordinate transition to Medical Assistance plans in the receiving state.

When providers close their offices because of a catastrophe, PerformCare coordinates with them and assists in transitioning members to alternative providers or in finding community assistance to bridge the gap until the former provider can implement its own business continuity plan.

For individuals in residential care, PerformCare will look for placement in similar or more intensive facilities. Geographic proximity will not be as important for these individuals as those in ambulatory care. In all cases in which there is a transition from one provider to another, PerformCare will work with the sending and receiving providers to ensure that the transfer of medical records is accomplished smoothly and within the parameter of HIPAA and other regulatory standards.

Some members may choose, or be forced to choose, to suspend treatment during and immediately after a catastrophe. In these instances, PerformCare will refer them to Case Management to provide for their community support needs, and will standby to facilitate the recurrence of treatment as soon as possible.

In all instances, PerformCare will be particularly mindful of the needs of individuals with special needs, and will ensure either transfer to a facility that can accommodate those needs, or an aftercare plan with sufficient community support.



## 2. WORK PLAN / PROJECT EXECUTION

### i. Implementation Plan

**Provide an implementation plan that addresses the requirements of the 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 describes the Proposer's approach to implementation, highlighting tasks identified in the Implementation Plan.**

PerformCare agrees and commits to meeting the implementation requirements set forth for the contractor defined in the RFP. We will collaborate actively with DHH-OBH from the point of contract award to ensure the timely and successful implementation of the contract. We are committed to completing the implementation period on or before January 1, 2012.

#### **Establishing a Louisiana Site**

PerformCare will locate its Louisiana office at a location within 10 miles of DHH-OBH offices. PerformCare intends to gain efficiencies and promote physical health-behavioral health collaboration by having these offices at the same site as AmeriHealth Mercy of Louisiana (AML). AML was recently recommended for award of a contract with DHH to provide Prepaid Coordinated Care Network (CCN-P) services in DHH's Geographic Service Areas A, B and C. AML is operating as LaCare, and already has executive offices located at 8550 United Plaza Blvd., in Baton Rouge (shown below left). PerformCare will be able to receive mail and locate implementation staff at the United Plaza address immediately upon contract award.

In addition to this space, we have already located additional operational space at 10000 Perkins Rowe in Baton Rouge, which has office space suitable to house PerformCare's LBHP staff and LaCare staff (building shown at right). This opportunity allows us to: 1) benefit from and build upon the existing resources and support available at LaCare to bring cost and process efficiencies for DHH, and 2) potentially allow us to effectively address the needs of the members with co-occurring physical and behavioral health services whom we will be jointly serving.



**AML Offices in Baton  
Rouge, Louisiana**  
(8550 United Plaza Blvd., Baton  
Rouge, LA)



**Additional Offices Located by  
PerformCare**  
(10000 Perkins Rowe, Baton Rouge, LA)

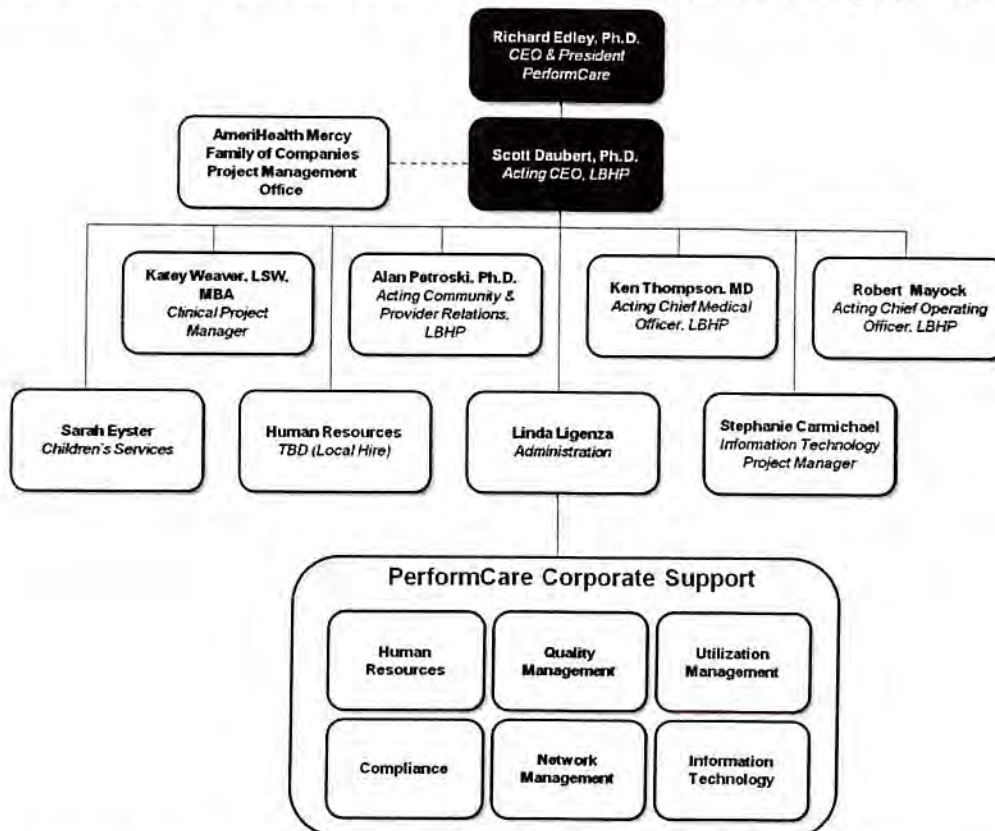
## 2. WORK PLAN / PROJECT EXECUTION

### Establishing Deliverables and Priorities

Upon contract award, we will meet with DHH-OBH within five days of contract award to review the initial implementation plan and begin defining implementation deliverables, timeline, and role and responsibilities. We have already identified the Project Transition Team leadership that will be working with DHH-OBH and have mobilized them to plan for these initial and ongoing discussions and plans. The identified PerformCare team will include the following individuals:

- **Scott Daubert, Ph.D.** – Louisiana Acting CEO, currently PerformCare national COO
- **Ken Thompson, MD**- Louisiana Acting Chief Medical Officer
- **Robert Mayock** – Louisiana Acting COO
- **Katey Weaver** – Clinical Project Manager
- **Alan Petroski, Ph.D.** – Clinical and Community Development
- **Linda Ligenza** – Administration
- **Stephanie Carmichael** – IT Project Manager
- **Sarah Eyster** – Children Services
- Network Management, Information Technology, Human Resources and Corporate Support staff

This team will be assisted by the New Business Activation Team of our parent organization, the AmeriHealth Mercy Family of Companies. The Project Transition Team will also be actively involved in recruiting, interviewing, and hiring local staff to support the services offered within Louisiana and will work closely with all of PerformCare's national corporate resources that will be brought to this implementation and ongoing operation. This implementation team is noted in the graphic below.



## 2. WORK PLAN / PROJECT EXECUTION

### Establishing Mutual Goals and Processes

In addition to addressing any issues or deliverables identified by DHH-OBH, we would like to accomplish the following goals during that initial meeting:

- Identify and introduce key members of the PerformCare Project Management Team, including: the Transition Team members, key PerformCare executives and senior staff available and assisting with the implementation and initial management of the program
- Introduce PerformCare resources who will be used for the successful implementation of the program. This executive management team is described in more detail in *Section 4. Personnel Qualifications*.
- Identify and introduce key members of the DHH-OBH Project Management Team including:
  - DHH-OBH Contract Monitor
  - DHH-OBH Project Manager
  - Other DHH-OBH Project Management resources and Subject Matter Experts (SMEs) as appropriate
- Define roles and responsibilities of the various members of the Implementation Team (inclusive of both PerformCare and DHH-OBH representatives), communication processes, reporting standards, and other related issues.
  - Review and update, as necessary, the Implementation Plan submitted with this proposal (**Appendix 30**), including the schedule for key activities and milestones as well as specific deliverables and associated timelines. As part of this process, we look forward to reviewing the Implementation Plan and Soliciting DHH-OBH feedback on the structure of the plan and its suitability for DHH-OBH reporting requirements
  - Identify key (high-level) dependencies between the PerformCare and DHH-OBH Implementation Teams
  - Gather additional information and further define the plan to include detailed tasks, milestone (dates) requirements, and additional (more detailed) DHH-OBH/PerformCare inter-dependencies.

The PerformCare Proposal Implementation Team has been reviewing and analyzing the RFP and other detailed information provided by DHH-OBH to fully understand the requirements associated with our contractual obligations. This, however, is only the first step in this process. We know from previous experience that an open dialogue between PerformCare and DHH-OBH will ensure that our systems and processes are designed and configured to accurately accept enrollment information, provide timely and appropriate care management and utilization management services, process and pay claims, and report encounters (including indicators for funding source) according to the rules/requirements of DHH-OBH.

The PerformCare Implementation Plan includes tasks that the PerformCare staff is required to complete but it also includes inter-dependent tasks that we will complete in partnership with DHH-OBH. Agreed upon deliverables and timeframes will keep the project on target to meet readiness expectations and program requirements.

- Provide, review, refine, and confirm the various materials that will be used to outreach and educate providers, members, family members, agencies, community programs, and other stakeholders regarding the LBHP, PerformCare's role and responsibilities, and other essential information. We will be prepared to provide sample materials (as appropriate) from previous implementations with other state and local agencies, such as the following for DHH-OBH's initial review.
  - Member/Provider Handbooks

## 2. WORK PLAN / PROJECT EXECUTION

- Member Rights and Responsibilities
- Member/provider website screenshots/content
- Staff training program outlines and materials
- Other materials as available and desired by DHH-OBH

We will also establish a timeline for the delivery of initial and final drafts of these materials to DHH-OBH and the process for reviewing and making final revisions to the documents prior to their production and use with stakeholders.

### Implementation Methods

PerformCare's implementation methods are based upon established processes that have been used and proven in the numerous implementations that we have successfully completed to date. For example, in two of its three most recently awarded contracts, PerformCare was only given three months to complete program implementation and transition from an existing vendor. PerformCare was chosen to provide behavioral health management services under the Indiana Medicaid program, in which approximately 150,000 members statewide had been served for multiple years by a competitor. The implementation of the Indiana program was successfully completed with no delays. Similarly, the New Jersey Systems of Care program was awarded to PerformCare after eight years with the previous contractor. This start-up had a truncated implementation period in order to assist the State with the transition and went live three months earlier than had been originally projected.

These accelerated implementations, in the State of Indiana and the State of New Jersey, also testify to PerformCare's "organizational DNA," which builds on strong community-based relationships, empowers and rewards key stakeholders, and shares data and information with stakeholders in as near to real-time as is possible. PerformCare's assurance to DHH-OBH is that every critical component of the program is working from shared perspectives and toward commonly held objectives, is being measured by objective and readily available data and information, and that program improvement is a constant and ongoing collaborative process.

Our implementation methods are inclusive of the following:

- **Use of a dedicated Louisiana Project Management Team** – As mentioned previously, a dedicated Louisiana project team has been established that has already begun working on a seamless and carefully thought-out implementation plan. The project team and local management led by Scott Daubert, Ph.D., interim CEO of PerformCare of LA, will work closely with DHH-OBH to ensure the timely implementation of mutually agreed upon plans. Dr. Daubert will report directly to Richard Edley, Ph.D., CEO of PerformCare (corporate).
- **Use of a fully detailed implementation plan** – The customized LBHP implementation plan, provided as **Appendix 30**, is organized to address all tasks necessary to meet the requirements of the RFP and allows PerformCare to operate efficiently and effectively from the commencement of the contract period. The PerformCare project team has already begun executing certain tasks within our plan such as identifying key personnel, developing staffing models/plans, initiating space planning and evaluating locations, and obtaining Letters of Intent (LOIs) from key providers in order to ensure that a robust provider network will be available at the start of the contract.

## 2. WORK PLAN / PROJECT EXECUTION

- **Initial and Ongoing Communication and Reporting to DHH-OBH** - As part of the implementation process, PerformCare will maintain ongoing communication and reporting with DHH-OBH, ensuring that lines of communication are open and that issues and concerns of both parties are addressed expeditiously and accurately. The following are examples of the types of reports we have used in some of our other implementations. We would welcome DHH-OBH's recommendations in defining the reporting process and timeline that best meets DHH-OBH's needs.

- **Weekly Executive Summary Report** – focusing on the status and issues of individual implementation activities.
- **Weekly Status Review Meeting** – focusing on discussing detail-level concerns and used as a forum to escalate inter-dependencies as they arise between project team members, project deliverables, functional departments and business areas.
- **Monthly Services Review** – meetings to present information focusing on schedule, financial status, risk identification, and issue management along with other material issues.

*PerformCare Implementation Methodology was built on the following principles:*

- *Consistent utilization of industry standard best practices in project management methodologies*
- *A dedicated project/program management team with significant experience*
- *A stable and predictable implementation staffing model*
- *Vendor management expertise, to ensure that subcontracted organizations meet implementation deliverables in terms of quality and timeliness*
- *Effective and accurate communications by building strong relationships with DHH-OBH personnel*
- *Execution of a detailed implementation work plan*

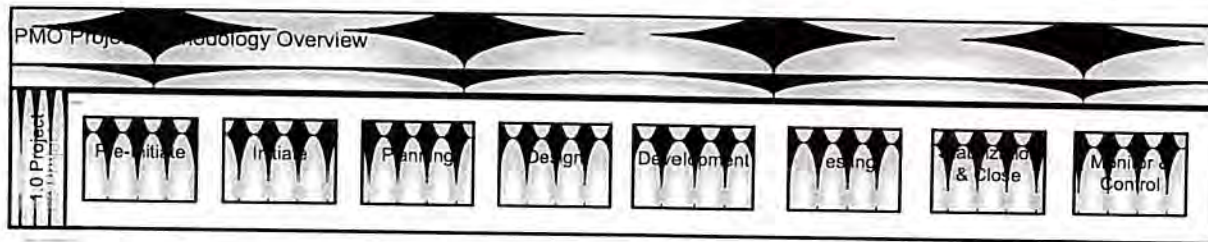
Additional information about our communication with DHH-OBH is submitted later in this section.

We will use all needed methodology, tools, techniques, and education to ensure that we adhere to repeatable processes, operate efficiently, maximize resources, and produce quality end-results.

Our methodology provides a template for each of our LBHP deliverables, ensuring consistency and completeness. It also brings a discipline and standardization to each implementation project providing the tools, techniques, project leadership, training, and guidance necessary to maximize the use of time and resources. The ability to leverage this successful project management methodology provides a structure for an efficient, effective, and predictable quality outcome.

- **Use of the Enterprise-wide Program Management Office (EPMO)** - PerformCare, as a member of the AmeriHealth Mercy Family of Companies (AMFC), has an established, innovative Enterprise-wide Program Management Office (EPMO) which incorporates methodologies enabling our organization to not only prioritize activities and execute implementation projects but to do so with key personnel focused exclusively on serving the needs of the Louisiana Behavioral Health Partnership. The EPMO is staffed by a large group of project management experts with experience in delivering managed health care solutions. PerformCare will leverage the resources and methodology of our EPMO in our PerformCare of Louisiana implementation.

## 2. WORK PLAN / PROJECT EXECUTION



### Project Management Methodology

The EPMO methodology offers the appropriate levels of control for monitoring throughout the lifecycle of the implementation. Each phase builds on the previous work and can be completed in iterative, overlapping or functional phases based on the project team's assessment and recommendations.

- **Pre-Initiation:** The Pre-Initiation phase allows PerformCare to accept new requests in a structured manner. This phase of the methodology includes an assessment and estimation of project resource needs and anticipated benefits.
- **Initiation:** Communication, resource and project management plans are next developed. This phase also marks the formal start of Monitor and Control activities which will continue throughout the implementation lifecycle, including Risk Management, Issue Management, and Change Management.
- **Planning:** The project management plan baseline is created during the planning phase; this phase also includes the development of the project communications plan (see further detail below), the formal approval of business requirements and functional requirements and the development of the traceability matrix. This phase is critical to assure a successful, quality and timely implementation for the PerformCare Louisiana program.
- **Design:** System/solution architecture and technical designs are confirmed during the Design phase. The Design phase allows the organization to be certain that the system requirements will meet the needs of Louisiana.
- **Development:** This phase encompasses any additional development effort needed, which includes coding, unit testing and development of operations guidance for the operational teams.
- **Testing:** The testing phase, also known as QAT (Quality Assurance Testing), includes approval of the test plan, Systems Integration testing, Test Script Execution and User Acceptance testing. Test execution and user training typically occur during this phase along with the final stages of preparation for the deployment to production. This critical phase of the methodology assures that defects are discovered and corrected prior to any systems going into production. Business users are required to participate in the User Acceptance testing and systems will not be deployed to production without formal acceptance and approval from appropriate authorities.
- **Stabilization and Close:** The project team continues in place during the stabilization period of the project, any production issues are addressed and managed by the project management team during this phase.
- **Monitor and Control:** Activities included in Monitor and Control are conducted throughout the implementation lifecycle. This assures that the project team has documented all required deliverables throughout the implementation cycle.

## **2. WORK PLAN / PROJECT EXECUTION**

### **Communicating with DHH-OBH**

PerformCare believes that effective communication is the cornerstone to building a strong collaborative relationship with DHH-OBH. The combined AMFC and PerformCare history and experience in establishing Behavioral Health and Medicaid programs in various states across the country will assist us in our efforts to communicate with DHH-OBH in an effective and timely manner regarding the implementation of the project.

The size and nature of this contract requires that formal communication protocols be established to ensure that the project is being managed appropriately and implementation is proceeding as planned. PerformCare is prepared to meet weekly with the DHH-OBH State Contract Monitor and other State staff to provide the requested status reporting including:

- Updated implementation plan and responsibility matrix
- Tasks that are behind schedule
- Items requiring the State Contract Monitor's attention
- Anticipated staffing changes
- Outstanding issues, current status and plans for resolution
- Any issues that can affect schedules for project completion
- Identification, timeframes, critical path effects, resource requirements and materials for unplanned in-scope items

PerformCare will provide written meeting minutes/summaries to the State Contract Monitor within three business days after the date of the meeting. This documentation will include:

- List of individuals invited to the meeting (required and optional)
- List of meeting attendees
- Topics discussed
- Decisions recommended and/or made
- List of action items (including responsible group or individual assigned and date required).

We will work throughout the implementation with DHH-OBH to assess the suitability and effectiveness of our status reporting process, as defined above, and make adjustments as necessary and approved by DHH-OBH. In addition, to ensure a smooth transition between the implementation and operational phases of the contract, PerformCare will continue to provide any and all implementation reports until such time as DHH-OBH deems it no longer necessary.

As part of the communication and reporting process, we will also develop a communication plan that meets the specific needs and requirements of DHH-OBH. Developing a formal project communication plan allows us to think through how we can communicate most efficiently and effectively to the various project stakeholders. The project communications plan is our roadmap for planned interactions with DHH-OBH. It establishes an agreement up front between DHH-OBH and the respective members of the PerformCare Louisiana Implementation Team as to how information and status will be communicated throughout the engagement.

During the time immediately following contract award, PerformCare will take the following steps to define the LBHP/PerformCare of Louisiana implementation project communication plan:

## **2. WORK PLAN / PROJECT EXECUTION**

- Identify the project stakeholders/stakeholder groups, including:
  - Project Governance team members from DHH-OBH/PerformCare
  - Project Managers
  - Implementation Experts
  - Subject Matter Experts (SMEs) from DHH-OBH, PerformCare, Continuum of Care Partners (WAAs, FSOs, LGEs), and other child-serving State agencies such as:
    - Department of Health and Hospitals (DHH),
    - Department of Children and Family Services (DCFS),
    - Department of Education (DOE), and
    - Office of Juvenile Justice (OJJ)
- Identify the communication needs of each stakeholder/stakeholder group. For each of the stakeholders/stakeholder groups identified above, PerformCare will establish their communication needs, and develop the process and templates to facilitate these communications. Examples include:
  - Meetings or presentations (formats/frequency)
  - Status reporting templates
  - Plan/Schedule reviews
  - Reports (formats/frequency)

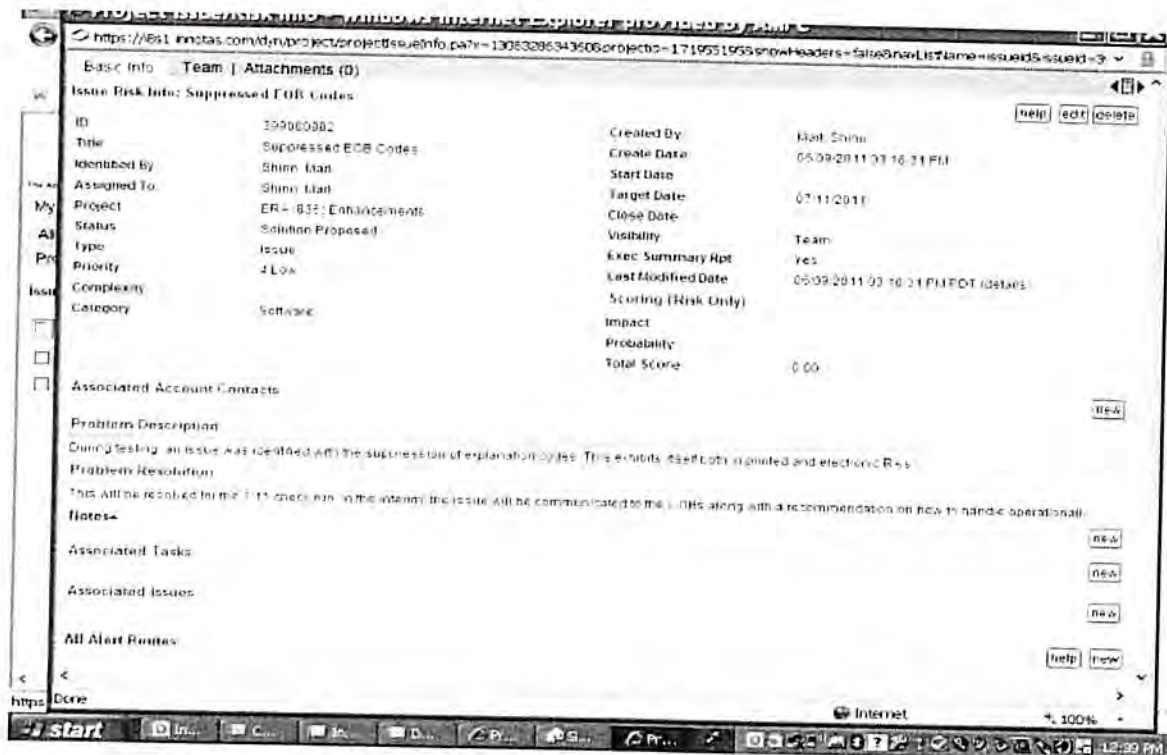
PerformCare will document each of the communication activities for each stakeholder and assign frequencies and responsible person(s) for each activity.

### **Issue Management and Resolution**

Timely, efficient and effective issue identification, assessment, alternatives analysis and resolution is a critical factor for a successful implementation. PerformCare employs an Issue Resolution process that describes how issues will be identified and captured, assigned, and assessed during the course of the implementation.

This process defines the level of information that must be captured for each issue in each step of the process. Issues will be prioritized based on the level of potential impact and magnitude of the issue as it relates to the schedule, a specific region or level of functionality. An important part of the issue resolution process considers the effectiveness of careful coordination as certain risks can become an issue during the lifecycle of the implementation. The outcome of an issue may result in a change, which will follow the change management process for inclusion in the work schedule and scope.

As the DHH-OBH requirements are implemented, we will use a log to document the concerns that have been assessed and closed for the implementation. The project transition team will adhere to the issue resolution process to ensure consistent and best practice issue resolution processes are in place for all issues identified during the implementation. These issues are identified and captured in an issue log, as in the following example:



## Issue Assessment, Analysis and Resolution

As appropriate, we will document all issues that arise in PerformCare's project management tracking system, which is outlined in more detail below. To ensure that any issues that could negatively impact the project are addressed in a timely manner, we will use the following guidelines:

- Issues and other general questions that arise during the course of this implementation will be acknowledged and responded to within a 24-hour period.
- Response to general questions pertaining to activities will be directed to appropriate workgroup(s)
- The expected resolution time for issues is 48 hours based on severity and priority
- All issues exceeding a 48-hour response timeline will be escalated for resolution.

In the event that the resolution of an issue results in a change to the project scope, schedule and/or budget, we will follow a formal change management process. The individual or party requesting the change will be required to complete a change request document that includes documentation of a detailed reason for the change, associated costs, resources needs, internal and/or external impact to the project or other projects and any new dependencies or assumptions. The request must be accompanied by a realistic mitigation and/or contingency plan(s).

## Information Systems Implementation

Our Technology, Processes and People will deliver and execute a sound information system implementation plan through:

- Industry-proven applications and infrastructure (Technology)
- Consistent and repeatable methodologies and best-practices for implementing state Medicaid programs (Process)

- Our core platforms are industry-leading, highly configurable applications allowing us to tailor functionality for leverage repeatable best practices. Please see the following page for a graphical depiction of our proposed IT system and refer to Section 2.g Technical Requirements for more detailed information.

## Overall Systems Implementation Approach

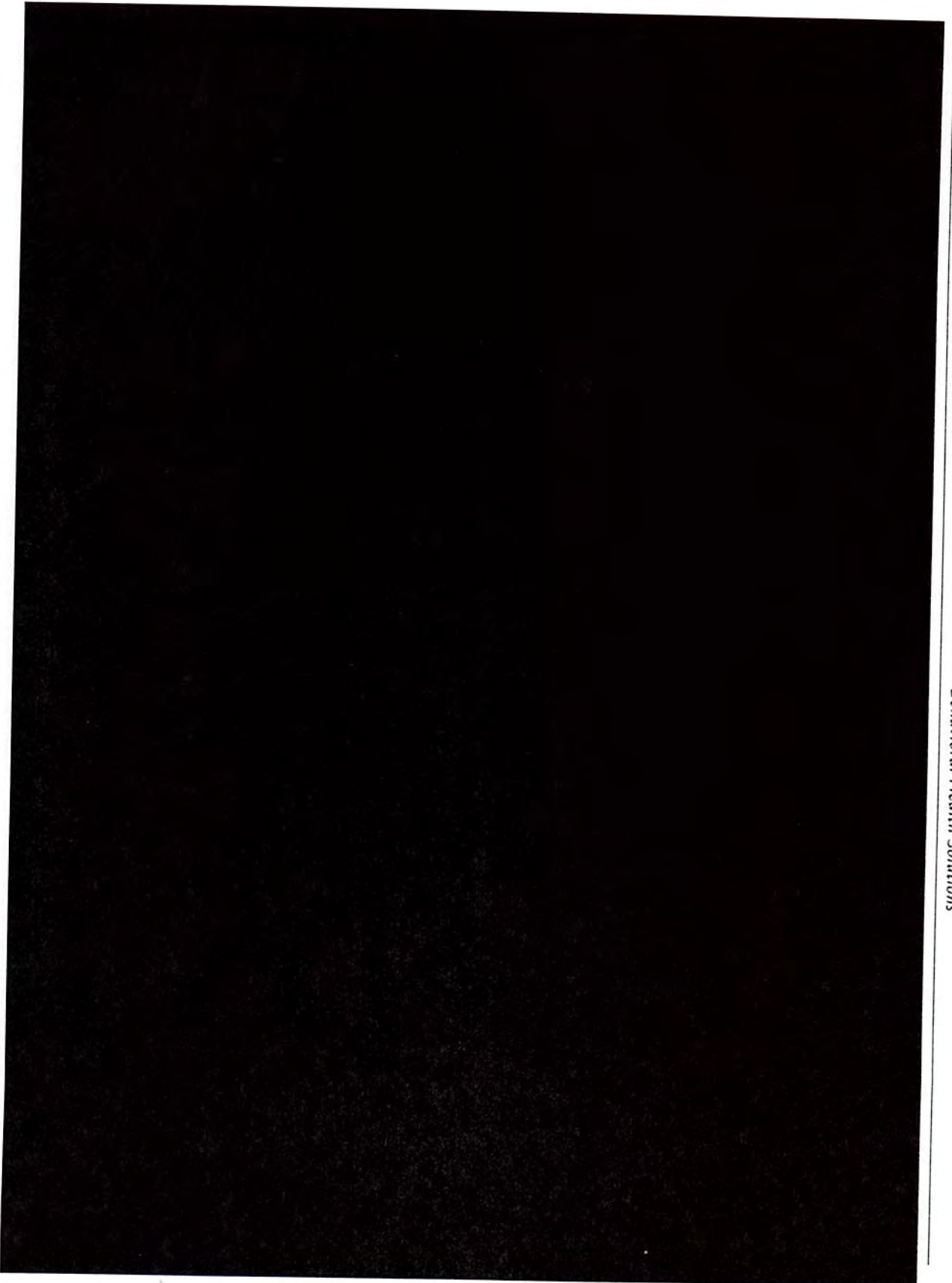
- Initiation and Planning Phase
- Design, Development and Configuration Phase
- Testing and Implementation Phase

- Our existing infrastructure capacity will accommodate Louisiana's business volumes.
- Our technical application has the capabilities and features to address Louisiana requirements.
- We will leverage resources from business partners already knowledgeable with our organization and core business applications to quickly move from assessment to readiness and then implementation.
- We will use proven test scripts to facilitate joint testing with DHH-OBH and other required stakeholders for systems interfaces.

[illegible]

## 2. WORK PLAN / PROJECT EXECUTION

**PerformCare**  
Behavioral Health Solutions



## **2. WORK PLAN / PROJECT EXECUTION**

### **Internal and Joint Testing**

#### **Internal Testing**

All of the programmatic software changes/enhancements made across the application environments require QA and Testing support with the rare exception of emergency changes. The deliverables from the PerformCare IT QA and Testing Team will be made available to DHH-OBH as requested and dictated by the needs of the Louisiana implementation project.

#### **Joint Testing**

Joint Testing includes data intake and output testing with each trading partner (including clearing houses, subcontractors, and state agencies). The purpose of joint testing is to ensure data requirements needed for Louisiana are accurately met for all data flows between PerformCare and each of the trading partners.

The first level of joint testing involves testing file transfer protocols and processing schedules to ensure transfer utilities are available and secure for sending and receiving data and data files. The second level of testing involves compliance checking of HIPAA and proprietary file formats and associated business rules prior to the loading of data to internal databases. If file or data errors are found, iterative tests are performed between trading partners to resolve issues. The third level of testing involves completeness and accuracy tests on the data content. All of the three levels of testing are performed in accordance with a pre-defined test plan and against pre-scripted test scenarios during systems integration testing with trading partners to ensure all the necessary requirements and service levels for Louisiana are met or exceeded.

#### **Implementation Plan**

PerformCare has taken great care to develop a comprehensive LBHP Implementation Plan that includes a Work Breakdown Structure, which outlines all of the activities required to successfully implement the LBHP program. We have organized this Work Breakdown Structure by functional activities or “capabilities.” Rather than building the plan according to organizational structure or departmental silos, this capability-driven model allows PerformCare and DHH-OBH to track the progress in delivery of key services as the project lifecycle evolves. It also permits all implementation team participants to have a holistic view of the work involved in delivering their specific capability, regardless of department affiliation or organizational reporting structure. Finally, by organizing the plan around the work required to deliver a key service or capability, PerformCare and DHH-OBH staff are more easily able to identify critical risks and task interdependencies.

That said, there are certain aspects of the delivery plan, such as Human Resources/Staffing and Information Systems delivery, which play a facilitative role in delivery of many key services or capabilities and also have significant resource interdependencies unto themselves. These special areas benefit from being viewed as a comprehensive unit of work, despite the fact that they do not, in and of themselves, constitute a distinct capability or key service that PerformCare delivers. In these cases, we have broken out these highly resource-dependent, and inter-related tasks into “Summary” level sub-plans. Within these specific sub-plan areas, the majority of the tasks involved in the delivery are located together, however, we have clearly identified activities that take place within a particular key service/capability area (such as defining business requirements for an IT solution) and put those tasks into the functional area with clearly defined dependencies between the two related sections of the plan. In this manner, each implementation team member or group has a view of the delivery plan that is at once holistic and centered around delivery of key services and capabilities and also organizational/work-team centered in areas where the high complexity and level of resource expertise require an explicit and granular view of tasks related by resource and/or departmental specialization.

The major functional activities used as the building blocks of our plan include:

**2. WORK PLAN / PROJECT EXECUTION**

---

- **Stakeholder Communications/Outreach**

This plan section contains activities relating to communicating with members, providers, and other stakeholders, including Member Services and Provider Services Call Centers. Development of member/provider handbooks, the PerformCare of Louisiana website, and member/provider web sites are also included in this section, along with Outreach and training to ensure a smooth transition to managed care for members, providers and other State agencies.

- **Provider Network Management**

This plan section contains all activities relating to Provider Network Development and Management, a transition plan for State Operated Providers, and Network Monitoring and Network Adequacy reporting. Provider training is also highlighted in this area.

- **Care Management / Utilization Management**

The CM/UM plan section covers all aspects of care coordination (including outlier management and the CSoC program for children) and specifically breaks out our Clinical Transition and Service Continuation Plan.

- **Quality Management**

The Quality Management section of the plan outlines how we will implement our comprehensive QM plan, including provider network and UM reporting, our Grievances & Appeals program, call monitoring standards, documentation audits, and monitoring and trend reporting.

- **Member Services**

The Member Services section outlines how we will implement our Member Services call center, including the physical aspects of coordinating facilities and phone system configuration, and also covers all policies and standard operating procedures for handling member inquiries and resolving or escalating member concerns.

- **Claims Processing/Claims Call Center**

The Claims Processing/Claims Call Center section of the plan covers end-to-end claims processing activities: from electronic and paper receipt of claims to providing support and training for providers in claims submissions, to handling provider claims inquiries and concerns.

- **Program Integrity/Corporate Compliance**

This section covers all activities related to contract compliance and Fraud, Waste, and Abuse monitoring.

- **Facilities**

The Facilities section of the plan incorporates all tasks related to establishing our PerformCare of Louisiana offices in Baton Rouge.

- **Finance and Administration**

Our Finance and Administration section outlines activities related to setting up our new Louisiana business from a financial perspective. This includes ensuring that required state insurances are acquired, capitalization requirements are met, and a performance bond is secured in order to allow us to operate in the State of Louisiana. In addition, the organization of the finance and accounting functions is also covered, with activities to set up the systems, processes, controls, and reporting that will be required.

## **2. WORK PLAN / PROJECT EXECUTION**

---

- **Human Resources/Staffing**

This section of the implementation plan outlines how that staffing will be accomplished. This section also covers new employee on-boarding activities, which includes New Employee Orientation and corporate training. Job-specific training is explicitly called out within each of the functional areas.

- **Information Systems/Infrastructure**

This section of the plan covers how our information systems will be implemented from the network and connectivity backbone to the hardware and software implementation, configuration and testing. Nearly every other section of the implementation plan has interdependencies defined which relate to the systems that will be implemented according to this plan section in order to support the business functions.

- **Vendor Contracting**

The Vendor Contracting section allows us to highlight and manage the numerous dependencies within the functional areas of the plan on procuring the resources necessary to bring up our new business. Having all vendor contracting activities in this consolidated view will also allow us to leverage more purchasing power and negotiate better, thus lowering overall costs.

Our initial draft of our full PerformCare of Louisiana Implementation Plan can be found in **Appendix 30**. Please note that while comprehensive in the scope of the tasks outlined, additional details and coordination (both internally and with DHH-OBH and other Louisiana stakeholders) are required in order to complete the plan.

## 2. WORK PLAN / PROJECT EXECUTION

### 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.**

AmeriHealth Mercy of Louisiana, Inc. (AML), as the primary contractor with DHH-OBH for the provision of SMO services, will execute a subcontract with PerformCare – under which PerformCare will be responsible for carrying out substantially all SMO functions. This subcontract, as well as all downstream subcontracts that PerformCare enters into with lower-tier subcontractors, will hold PerformCare (and lower-tier subcontractors, as the case may be) accountable for all functions and responsibilities delegated through the specific subcontract.

PerformCare will ensure that all subcontractual relationships are evidenced by a written contract that specifies the activities and functions to be performed. These subcontracts are prepared by our corporate Legal Affairs Department, which is also involved as appropriate in the negotiation of contract terms and conditions. PerformCare will monitor subcontractor performance on an ongoing basis, including through periodic formal reviews conducted on a schedule consistent with DHH-OBH requirements, Louisiana state laws and regulations, industry standards, PerformCare standards, and other relevant standards (e.g., accreditation standards). When performance deficiencies are identified through these monitoring activities, PerformCare will require the subcontractor to institute appropriate corrective actions. PerformCare will also reserve the right to impose sanctions against the subcontractor for substandard performance, including but not limited to revoking delegation or terminating the subcontract. As an NCQA-accredited organization, PerformCare (known as CBHNP in Pennsylvania) is familiar with subcontracting/delegation requirements; and also has experience as a subcontractor in participating in numerous oversight audits under other program subcontracts.

PerformCare and AML are both part of the AmeriHealth Mercy Family of Companies, one of the largest Medicaid managed care organization in the United States and a leader in the delivery of quality health care to low income populations covered by publicly funded programs such as Medicaid. Throughout the AmeriHealth Mercy Family of Companies, the approach to subcontracting/delegation is to use a standard form of agreement that has all required elements built into the template, and to incorporate State-specific requirements that are applicable to the particular circumstance. We have successfully used this model to implement a variety of subcontractual relationships; PerformCare will draw upon this experience to successfully implement any of its own subcontracts.

PerformCare recognizes that the first step in ensuring compliance with this requirement is to obtain prior approval from DHH-OBH before entering into a subcontract for any of the work and professional services required under the SMO Contract. Toward this end, PerformCare will furnish DHH-OBH with the subcontract document prior to its execution, so that DHH-OBH can be assured that all subcontractor requirements are covered and included. PerformCare will develop standard language that will be included in all subcontracts, applicable to all subcontractors, to implement the following requirements, and all other applicable requirements:

- The subcontractor will be required to accept all provisions of the contract.
- The subcontractor will be required to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract.
- The subcontract will meet all requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract.



## 2. WORK PLAN / PROJECT EXECUTION

### 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 with the risk and liability insurance requirements of the RFP (not included in the suggested number of pages).

AmeriHealth Mercy of Louisiana, Inc. (AML) is covered under the AmeriHealth Mercy Family of Companies' corporate insurance program. It is AmeriHealth Mercy's policy to comply with all contractual requirements for insurance coverage. The coverages that are provided under the corporate insurance program meet the requirements set forth in the RFP in all material respects. Attached as **Appendix 31** are specimen declaration pages for the following insurances that would be required of AML under the SMO Contract:

- **Workers' Compensation** – covering all of AML's employees that will be employed to provide services under the SMO Contract. Employer's liability coverage (for employees who would not be covered under the Workers' Compensation Statute) is provided under the same policy.
- **Commercial General Liability** – Coverage is provided through a captive program, with combined single limits of \$1,000,000 per occurrence.
- **Auto Liability** – Coverage is for any auto, with combined single limits (per accident) of \$3,000,000.
- **Special Hazards** – Upon notice from DHH-OBH of specific special hazards coverage requirements, AML will ensure that its CGL or other insurance policies include coverages of the types and in the amounts required by DHH-OBH.

Certificates in AML's name for worker's compensation and for auto have not yet been issued; however, coverage would be provided under the same policies evidenced by these specimen certificates.

As the prime contractor to DHH-OBH under the SMO Contract, AML will be responsible for obtaining any necessary reinsurance. AML is evaluating whether it will purchase reinsurance coverage from a third party or whether it will self-insure. Whichever reinsurance arrangement AML ultimately decides to proceed with will comply with DHH-OBH reinsurance requirements.

PerformCare (under its registered corporate name "Community Behavioral HealthCare Network of Pennsylvania") also maintains a corporate insurance program. It is PerformCare's policy to maintain full insurance coverage including risk and liability protection in sufficient amounts to meet the requirements specified for all lines of business by contractual obligations as well as corporate standards. Consistent with this approach, we have secured appropriate risk and liability insurance against loss and liability for all different aspects of our operations and services. A listing of the key components of our insurance program, including the type of coverage, carrier, deductibles and co-insurance, and coverage limits, is shown below.

Description of Coverage	Carrier	Deductibles or co-insurance	Minimum/ maximum benefit (per occurrence /aggregate)
Public liability and property damage (general liability)	Hartford Casualty	NA	\$ [REDACTED]
Casualty and fire (property)	Hartford Casualty Ins. Co	\$ [REDACTED]	Replacement cost for Building Umbrella Liability \$ [REDACTED] \$ [REDACTED]
Boiler and Machinery	Phoenix Insurance		\$ [REDACTED]

## 2. WORK PLAN / PROJECT EXECUTION

Description of Coverage	Carrier	Deductibles or co-insurance	Minimum/ maximum benefit (per occurrence /aggregate)
	Company		
Excess general and professional liability	Hartford Insurance	\$ [REDACTED]	\$ [REDACTED]
Fiduciary	Federal Ins. Co./Great Am. Ins.	SIR \$ [REDACTED]	\$ [REDACTED]
Crime	Great American Insurance Co.		\$ [REDACTED]
Errors and Omissions	OneBeacon America Ins. Co	SIR \$ [REDACTED]	\$ [REDACTED]
Employee Dishonesty	Great American Insurance Co.	\$ [REDACTED]	\$ [REDACTED]
Directors and Officers	Federal Ins Co	SIR \$ [REDACTED]	\$ [REDACTED]
Employee Dishonesty	Great American Ins	\$ [REDACTED]	\$ [REDACTED]
Workers Compensation	American Casualty Insurance Company		\$ [REDACTED] \$ [REDACTED]

Please note that PerformCare's registered corporate name is Community Behavioral HealthCare Network of Pennsylvania, and our policies are written to that name. Copies of the declaration pages for each policy that illustrates compliance with the risk and liability insurance requirements of the RFP are submitted As **Appendix 31**.

- 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.

AML and PerformCare will secure and maintain all required coverages, and will likewise require all subcontractors to do so, throughout the term of the SMO Contract or until all of their obligations have been discharged. AML and PerformCare both understand and acknowledge that work under the SMO Contract may not commence until they have obtained all required insurance coverage. Promptly upon notice of an award from DHH-OBH, we will secure the requisite certificates evidencing coverage, for submission to DHH-OBH for approval.

Under its subcontract with AML, PerformCare will be primarily responsible for conducting the day-to-day business of the Louisiana Behavioral Health program.. For instance, PerformCare will have day-to-day operational responsibility for SMO activities, will be the employer of Key Personnel, Required Personnel and support staff, and will further be responsible for obtaining appropriate office space for performing under the SMO Contract. PerformCare recognize the types of coverage listed below as being required under the terms of the RFP, and to insure its Louisiana operations. To the extent that our current insurance policies do not specifically provide these coverages, we will work with our brokers to modify the policies as necessary to ensure requisite coverages. PerformCare will require its subcontractors to obtain similar insurance prior to commencing work. PerformCare's contracts with its subcontractors will include flow-down provisions that carry forth the applicable insurance requirements as set forth in the

**2. WORK PLAN / PROJECT EXECUTION**

---

RFP – PerformCare’s subcontractors will be contractually required to maintain insurance of the same nature and in the same amounts as required of AmeriHealth Mercy of Louisiana (AML, as the primary contractor and as required of PerformCare (under its subcontract with AML).

- **Workers’ Compensation Insurance** - We currently provide \$1 million coverage for each occurrence and aggregate in existing lines of business. This policy will be modified to include Louisiana business.
- **Commercial Liability Insurance** - PerformCare’s General Liability has aggregate coverage of \$2 million. This is supported and expanded by our Boiler and Equipment policy and our Umbrella Policy. The policy includes a schedule of **special hazards**. This policy or equivalent coverage will be extended to Louisiana; we will ensure that additional special hazards identified by DHH-OBH as requiring coverage will also be included.
- **Insurance Covering Licensed and Non-Licensed Motor Vehicles** - All PerformCare vehicles are fully insured for liability under a Business Auto Rider to our Commercial Business package.

Expansion of current policies to include Louisiana facilities, business and staff can be quickly accomplished through notification of our brokers. .

The policies will be fully executed by the officers of the respective insurance companies. AML and PerformCare will further ensure that all required insurance coverage may not be canceled, permitted to expire, or be changed without 30 days advance notice to and consent from DHH-OBH.



**2. WORK PLAN / PROJECT EXECUTION****I. 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.**

PerformCare is proud to respond that our organization has never had a cancellation or termination of a contract from a government client. We are, therefore, unable to provide a client reference.

In preparation for the possibility that this could occur, PerformCare has given thought to the development of such a plan. Attached as **Appendix 32**, is a sample Transition Plan, including several areas which will need to be considered in such an event, including:

- Contractual Close-out
- Member Continuity of Care
- Care Coordination
- Utilization Management
- Service Transition
- Member/Provider Services
- Provider Network Management
- Quality Management
- Human Resources
- Communication Plan
- Infrastructure
- Insurance
- Finance and Accounting
- Vendor Contracts
- Compliance
- Records
- Systems
- Claims Payment
- Reporting
- File and Data Transfer



## 3. RELEVANT CORPORATE EXPERIENCE

### 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.

PerformCare has over 14 years of experience providing services to a wide range of populations covered under government/public sector funds, and is one of the only behavioral health organizations that has effectively and successfully implemented, and currently manages, a statewide CSoC program. We have successfully touched the lives of over 4 million members across the country, always adhering to the highest standards of quality and timeliness. Our success is a result of our ability to effectively collaborate with our customers, such as DHH-OBH, to meet program goals while continuously expanding the scope and quality of the services offered. It is also based on our ability to connect members with appropriate providers and services, enabling provider access to evidence-based practice and needed resources, and joining with partners to enhance the availability of employment, housing, transportation, and other services for members and families. **Our mission and our success are about the connections we form and maintain with and on behalf of members.**

#### Offering High Quality and Timely Services In and Outside of Louisiana

For over a decade, we have provided services to these and many other target populations through diverse and challenging programs such as Pennsylvania HealthChoices, MDwise Hoosier Alliance in Indiana, Select Health of South Carolina, and most recently, the New Jersey Children's System of Care program. In each of these programs, we have worked closely with providers to develop and offer a wide range of community- and evidence-based practices that are timely, easily accessible, and culturally sound. As described in detail in Section 1, Introduction and Administrative Data, we have a history of serving as active partners to our customers, focusing on understanding and responding to their short and long-term service and system objectives, and ensuring that we meet and strive to exceed all performance standards set forth in our contracts.

Additionally, we capitalize on the strength and presence of our parent and sister companies, AmeriHealth Mercy Family of Companies and AmeriHealth Mercy of Louisiana (AML, operating as LaCare), respectively. AmeriHealth Mercy is one the largest Medicaid managed care plans in the United States, currently employing over 2200 staff members and touching more than 6 million Medicaid, SCHIP, Medicare lives nationwide through managed care, behavioral health, and pharmacy programs. The AmeriHealth Mercy of Family of Companies is one of the nation's experts and industry leaders in the delivery of quality health care to low-income populations covered by publicly-funded programs. Notably, AML was recently recommended for award of a contract with DHH to provide Prepaid Coordinated Care Network (CCN-P) services in DHH's Geographic Service Areas A, B and C.

#### Experience Successfully Managing Coordinated System of Care Programs

There are numerous examples from our corporate experience that can be put forth in terms of our strength in the implementation and management of BH-Service and CSoC. Throughout this proposal, we have offered descriptions and data from this experience and have chosen to specifically highlight our unique CSoC program in New Jersey in this section.

PerformCare has successfully implemented, and is currently effectively managing, a statewide CSoC program. In July 2009, PerformCare was selected by the New Jersey Department of Children and Families, Division of Child Behavioral Health Services, to serve as the Contract Systems Administrator (CSA) to enhance its Children's System of Care program.

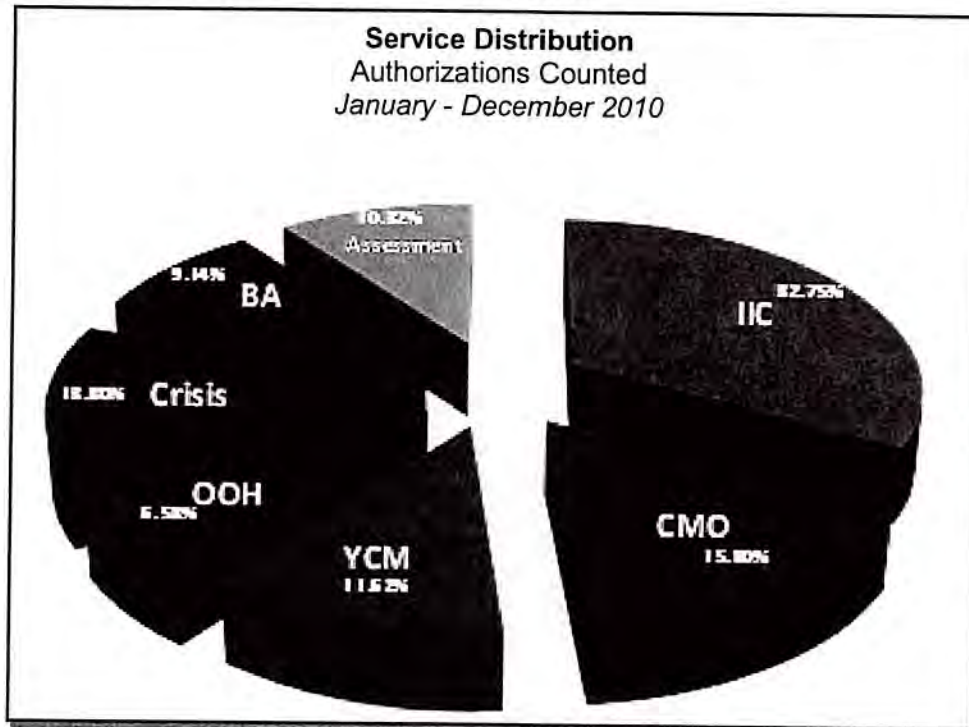
Louisiana's Coordinated System of Care program requirements are similar to the requirements that PerformCare is achieving for New Jersey's CSoC:

- Provide children, youth and young adults behavioral health care services appropriate to their needs, at the appropriate level of service, and for the appropriate length of time.

## 3. RELEVANT CORPORATE EXPERIENCE

- Enable children to remain at home, in school and out of trouble.
- Individualize services based on the unique strengths of each child and their family/caregivers.
- Ensure that care is family-guided, with families engaged as active participants at all levels of planning, organization and service delivery.
- Facilitate collaboration across child-serving systems involving mental health, juvenile justice, developmental disability, child welfare, and school systems.

To date, we have served 39,270 youth through a wide range of services including: Care Management or Unified Care Management Organizations, Youth Case Management (YCM), Mobile Response and Stabilization Services, Family Support Organizations (FSO), Intensive In-Community Services (IIC), Psychiatric Inpatient, and Outpatient and Partial Care Services:



We also manage youth in out-of-home placement. These youth require varying intensities of service based on risk behaviors, diagnosis, trauma indicators, and functioning in a number of life domains such as family, social and cognitive functioning. In addition to implementing a complaints, reconsideration, and appeals process, we have implemented a quality and outcomes management and a system measurement program that supports the State of New Jersey's goal of promoting best practices and assuring compliance with State and federal guidelines.

### Number of Services Accessed by Children

Type of Service	FY2007	FY2008	FY2009	FY2010
Intensive In-Community	19,027	18,006	18,913	20,876
Mobile Response	7,341	7,669	8,792	8,404
Wrap-Flex	5,578	6,816	8,266	8,812

## 3. RELEVANT CORPORATE EXPERIENCE

Type of Service	FY2007	FY2008	FY2009	FY2010
Behavioral Assistance	7,953	6,568	6,965	7,967
Outpatient	2,417	3,269	5,273	5,792
Out-of-Home Treatment	3,465	3,289	3,100	3,048
Partial Care	353	370	296	299
Hospital	145	168	178	146
<b>Total</b>	<b>46,279</b>	<b>46,155</b>	<b>51,783</b>	<b>55,344</b>

*Note: the above demonstrates movement to the stated NJ goal of an increase in community services and a decrease in out of home placement.*

PerformCare can assist DHH-OBH with the implementation and management of its BH services and CSoC program because PerformCare is successfully conducting similar services for New Jersey. For example, PerformCare's responsibilities in New Jersey include the following:

- Function as a common single point of entry for all children, youth and young adults needing behavioral health services
- Provide a Call Center with 24/7/365 Care Coordination and customer service including Intensity of Service Determinations
- Triage and dispatch mobile response for crisis stabilization services statewide or police for emergency situations
- Provide care management services including utilization management and outlier management
- Provide a dedicated DYFS Unit to facilitate services for those children involved in the child welfare system
- Effectively match youth to Out of Home treatment
- Verify Medicaid status for all children and properly execute eligibility matching with Medicaid
- Help the State maximize federal matching funds used to serve children and families
- Manage billing and claims processing
- Manage the complaints, reconsiderations and appeals process
- Ensure services are accessible through a network of local service delivery providers
- Ensure the availability of an enhanced service delivery technology-CYBER medical record (real-time)
- Manage data dashboards and aggregate

### Case Example

*Jose was enrolled in a CMO at the age of 7 due to violent outbursts. Prior to enrollment he was in the child welfare system for two years. His mom, also involved in child welfare at a young age, was overwhelmed by her son's needs. Through the Child and Family Team process and through the support of the FSO, the mom began feeling confident in her strengths. She also learned about her son's diagnosis and medications. In spite of the fact that he experienced two inpatient hospitalizations and a stay in an Out of Home facility, Jose did gain control over his disruptive behaviors and was able to stay at home and in the community. His mom now volunteers time at the local FSO and supports other parents/caregivers within the system of care.*

**3. RELEVANT CORPORATE EXPERIENCE**

- reports per service line provider accessible through the medical record portal
- Manage a comprehensive training and support program for providers, stakeholders and state staff
- Ensure flexibility to allow for changes per state policies
- Manage an outcomes management system that helps clinicians understand the effectiveness of child-specific goals in treatment.

**2010 New Jersey CSoc Service Parameter Highlights**

Calls answered	Total children served	Authorizations for services created	Treatment plans reviewed	Percent of DYFS (child-welfare) involved youth served
111,633	39,270	183,365	123,198	19.5%

**Experience Successfully Managing Behavioral Health Services**

In addition to the CSoc program example in New Jersey, we also have national experience in successfully implementing and managing Medicaid behavioral health services programs. Our programs respect member rights and promote member responsibilities while addressing their behavioral health needs. We have woven recovery and resiliency principles into every aspect of our service delivery and have ensured that members have access to a full array of evidence-based home and community based services.

One example of our corporate experience in managing behavioral health services is the services we provide in Pennsylvania for the PA HealthChoices program. In that program we have worked with community providers to develop a number of unique program alternatives to serve Medicaid populations, including: peer support, respite care, psychiatric rehabilitation, mobile psychiatric nursing, specialized autism services (e.g., after school programs), multi-systemic therapy (MST), MST for problem sexual behaviors, and summer therapeutic activity programs (STAP), including those for autism and developmental disabilities. Within each of these services and throughout the treatment process, we work closely with members and families to increase their reliance on natural supports that can sustain the member within the home setting. Furthermore, each of our programs includes well-defined and easily measurable outcomes that allow us to continuously address the quality of the services we provide, their effectiveness, and member and family satisfaction with services.

Recently one of our programs covering five counties in central PA released a nine-year report evaluation. In summary, the Capital Area Behavioral Health Collaborative (CABHC) noted:

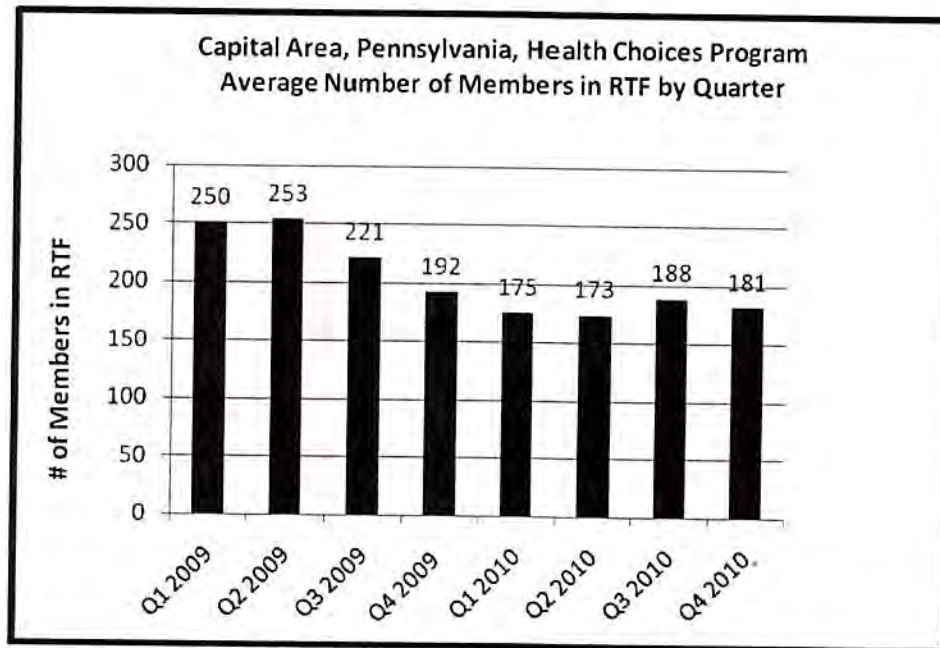
*"At the end of calendar year 2000, which was the year prior to our implementation of HealthChoices BH Program, the fee-for-service cost per MA enrolled member per month (take the total cost of treatment divided by the total number of months all members were enrolled in MA), commonly referred to as PMPM, to provide mental health and substance abuse services was \$84.90 PMPM. At the end of our ninth year of operation (June 30, 2010), the cost was \$101.74 PMPM. If you factor in a very conservative 5% annual growth rate in Medicaid FFS costs and using the same enrollment numbers that we have experienced, this would equate to a gross reduction in the cost of treatment of \$216,158,857 over the nine year period. The net reduction in the cost of treatment to the state, using 46% state participation, would be \$99,433,074 or \$11,048,119 per year in just our five Counties. It should be noted that the administrative costs are directly tied to the required standards of management,*

## 3. RELEVANT CORPORATE EXPERIENCE

*accountability and oversight, which are set by OMHSAS. The administrative costs are not factored into this analysis since they are a required expense in any management structure. Clearly the Program has met this objective!"*

(Excerpted from report on [www.cabhc.org](http://www.cabhc.org))

To achieve these results, several initiatives have been redeveloped since the program inception in 2001. One such focused intervention area has been in the utilization children's Residential Treatment Facilities. A major problem with Capital Area utilization and quality, PerformCare (known as CBHNP in PA) set out on a detailed review and intervention into every child in Out-of-Home placement. Over time the results became evident as seen in the chart below. Note that the recent slight increase in RTF was due to a major PA system transformation whereby PerformCare assumed the management of all children in Out-of-Home placement that had previously been placed in such care by other systems such as Children & Youth. The fact that utilization of RTF remained relatively flat during this period was a major system accomplishment.



Based on our prior experience, PerformCare is confident that we can implement and further enhance the current service delivery model within Louisiana, offering culturally sensitive, evidence-based, and timely, services within a system of care approach that effectively support each member's recovery and resilience. In summary, our expertise and capabilities include:

- Demonstrated ability to implement managed care-based programs in previously non-managed care environments
- Significant proven experience providing systems of care approach and services, while maintaining fiscal responsibility
- Ability to provide high quality clinical services building on local expertise and utilizing culturally competent, fully specialized providers
- Strong credentials in collaboration and innovation
- NCQA accreditation as a behavioral health managed care organization (BH-MCO) for Medicaid

## 3. RELEVANT CORPORATE EXPERIENCE

- 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
  - viii. Contract active or terminated

PerformCare has held behavioral managed care contracts since 1997, serving government/public sector clients since 2001. All of these contracts have been implemented in a timely manner and managed within the highest standards of quality. The following is a summary description of each active contract, followed by a table that provides the information requested above.

- **New Jersey Department of Children and Families, Division of Behavioral Health Services (DCBHS)** - PerformCare was selected in July 2009 as the Contract Systems Administrator by the New Jersey DCF Division of Child Behavioral Health Services and is assisting New Jersey to enhance its Children's Systems of Care program, as described above in *Section 3.a*.
- **Capital Area (PA) HealthChoices** - In October 2001, PerformCare (doing business in PA as CBHNP) implemented the HealthChoices Medicaid contract in Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties. PerformCare manages the HealthChoices program under the oversight of the Capital Area Behavioral Health Collaborative (CABHC), a multi-county 501(c)3 organization that has become a model for regional approaches to HealthChoices. The Capital Area represents an unprecedented integration of county services and resources with HealthChoices and demonstrates the feasibility of modeling a program that takes advantage of existing county case management, crisis, and children's services. PerformCare is the only HealthChoices BH-MCO in Pennsylvania that holds full NCQA accreditation. PerformCare provides full-service BH-MCO functions (member services, utilization management, claims payment, reporting, quality improvement, contracting, credentialing, and fraud/waste/abuse).
- **North Central Counties (PA) Health Choices** - In July 2007, PerformCare (doing business in PA as CBHNP) was awarded four HealthChoices county option contracts for the North Central County Expansion. Counties served include Bedford/Somerset, Blair, Franklin/Fulton, and Lycoming/Clinton, for which we developed county-specific customized programs, building on experience in the Capital Area. PerformCare provides full-service BH-MCO functions (member services, utilization management, claims payment, reporting, quality improvement, contracting, credentialing, and fraud/waste/abuse).
- **Gateway HealthPlan (Medicare Advantage Plan)** - In January 2006, PerformCare was selected to provide full behavioral health management for Gateway's Medicare Advantage Plan, Medicare Assured<sup>SM</sup>, managed care program for dual eligibles in 27 counties in Pennsylvania and 12 counties in Ohio. Services include: network development, care management, utilization management, provider relations, quality management, and member services.
- **Select Health of South Carolina, Inc.** - In May 2008, PerformCare began providing behavioral health care and case management services for SelectHealth of South Carolina's SCHIP line of business. PerformCare provides full-service BH-MCO functions (member services, utilization management, claims payment, reporting, quality improvement, and fraud/waste/abuse). This population was folded into general Medicaid as of October 1, 2010. Effective May 1, 2011,

**3. RELEVANT CORPORATE EXPERIENCE**

PerformCare began managing the behavioral health benefits that are carved-in to the entire managed care population (approximately 206,000 members).

- **MDwise Hoosier Alliance of Indiana** - On January 1, 2009, PerformCare began managing the behavioral health benefits of Indiana's MDwise Hoosier Alliance, a statewide Medicaid Managed Care Organization serving approximately 142,000 TANF, CHIP, and uninsured adults. PerformCare provides case management, utilization management, and claims payment. We also participate in an integrated physical health/behavioral health CM program.
- **Unison Health Plan** -. In November 2006, PerformCare was awarded a contract with Unison Health Plan to provide after-hours member and utilization management services for the Medicare, Medicaid, and CHIP population in several states. Throughout the course of the contract, the client was fully satisfied with the services provided by PerformCare. In 2009, Unison was purchased by a competitor of PerformCare, who chose to maintain the contract with us for an additional two years. In 2010, however, Unison chose to bring the after-hours behavioral health services in-house due to the competitive nature of their parent organization with PerformCare.

### 3. RELEVANT CORPORATE EXPERIENCE



#### PerformCare Government/Public Sector Customers

Customer Name	Number of Eligibles	Approx. Revenue	Payment Type	Agency or Health Plan Contract	Populations Served	Years Contract Held	Active or Terminated
<b>New Jersey Department of Children &amp; Families</b> Statewide	██████████	\$██████████	ASO	New Jersey Department of Children & Families- Division of Child Behavioral Health Services	Youth & families obtaining services through Medicaid, NJ Family Care, 3560 state funding	Since July 2009	Active
<b>Capital Area HealthChoices</b> Cumberland, Dauphin, Lancaster, Lebanon, and Perry	██████████	\$██████████	ASO	Contract with State of Pennsylvania HealthChoices Program	Adults with SMI and children with SED covered through HealthChoices Program	Since Oct. 2001	Active
<b>North Central Counties HealthChoices</b> Bedford/Somerset, Blair, Franklin/Fulton, Lycoming/Clinton	██████████	\$██████████	Risk/ASO	Contract with State of Pennsylvania HealthChoices Program	Adults with SMI and children with SED covered through HealthChoices Program	Since July 2007	Active
<b>Gateway Health Plan</b> 27 counties in PA	██████████	\$██████████	ASO	Gateway Medicare Advantage Plan	Dual eligibles	Since Jan. 2006	Active
<b>Select Health of South Carolina, Inc.</b> Statewide	██████████	\$██████████	ASO	Select Health of South Carolina, Inc.	TANF, CHIP	Since May 2008 (Revised May 2011)	Active
<b>Midwise Hoosier Alliance of Indiana</b> Statewide	██████████	\$██████████	ASO	Midwise Hoosier Alliance of Indiana	TANF, CHIP, and uninsured adults	Since Jan. 2009	Active
<b>Unison Health Plan</b> Delaware, Maryland, Pennsylvania and District of Columbia	██████████	██████████	ASO	Unison Health Plan	Medicaid and Medicare, CHIP	Nov. 2006 – Dec. 2010	Terminated (Purchased by competitor)

## 3. RELEVANT CORPORATE EXPERIENCE

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

The percentage of PerformCare's managed behavioral health care revenue attributed to government/public sector clients is provided below.

Fiscal Year	Percentage Attributed to Government/Public Sector Customers
2006	94.4%
2007	96.4%
2008	94.8%
2009	96.5%
Third Quarter of 2010	93.4%

- d. For all current government/public sector customers for whom the Proposer currently managed Medicaid BH care services provide the following information for state contracts:**

- i. Name**
- ii. Address**
- iii. City, State, Zip**
- iv. Telephone Number**
- v. Email address**

PerformCare holds contracts with the Counties in the Capital and North Central areas of Pennsylvania for its HealthChoices program, which is a State Medicaid program administered through local counties, and with the New Jersey Department of Children and Families Division of Child Behavioral Health Services for its Systems of Care for Children and Adolescents contract. All of our other public sector contracts are held with health care plans, including Gateway HealthPlan (Medicare Advantage), Select Health of South Carolina, Inc., and MDwise Hoosier Alliance of Indiana.

Contact information for the government/public sector customers is provided below.

### **Pennsylvania Capital Area HealthChoices Program**

#### **Scott Suhring**

Chief Executive Officer  
Capital Area Behavioral Health Collaborative  
2300 Vartan Way  
Suite 206  
Harrisburg, PA 17110  
(717) 971-7190  
[ssuhring@cabhc.org](mailto:ssuhring@cabhc.org)

### **Pennsylvania North Central HealthChoices Program**

#### **Lycoming, Clinton Counties**

#### **Deborah Duffy**

MH/MR Administrator  
Lycoming-Clinton MH/MR  
Sharwell Building

**3. RELEVANT CORPORATE EXPERIENCE**

---

200 East Street  
Williamsport, PA 17701  
(570) 323-6467  
[dduffy@joinder.org](mailto:dduffy@joinder.org)

**Bedford / Somerset Counties**

Pamela Marple, MBA  
HealthChoices Coordinator  
Behavioral Health Services of Somerset and Bedford Counties, Inc.  
The Bennett Building  
245 West Race Street  
Somerset, PA 15501  
Office: (814) 443-4891, ext. 4121  
Mobile: (814) 289-9797  
[pamm@besmhmr.dst.pa.us](mailto:pamm@besmhmr.dst.pa.us)

**Franklin / Fulton Counties****Missy Reisinger****Executive Director****Tuscarora Managed Care Alliance**

Melissa Reisinger, Executive Director  
Tuscarora Managed Care Alliance  
425 Franklin Farm Lane  
Chambersburg, PA 17202  
(717) 709-4332  
[mlreisinger@co.franklin.pa.us](mailto:mlreisinger@co.franklin.pa.us)

**Blair County****Blaine Smith, Executive****Director – Blair HealthChoices**

Blaine L. Smith  
1906 N Juniata Street  
Hollidaysburg, PA 16648  
(814) 696-5680 ext. 202  
(814) 931-4516 (cell)  
[bsmith@blairhealthchoices.org](mailto:bsmith@blairhealthchoices.org)

**New Jersey Department of Children and Families Division of Child Behavioral Health Services**

Jeffrey Guenzel, Director  
50 E. State Street, 4<sup>th</sup> Floor  
PO Box 717  
Trenton, NJ 08625  
(609) 292-4741  
[Jeffrey.Guenzel@dcf.state.nj.us](mailto:Jeffrey.Guenzel@dcf.state.nj.us)

## 3. RELEVANT CORPORATE EXPERIENCE

- 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 number of complaints per 1,000 members received during the past two years and the most common types of complaints ranked by order of frequency for the contracts noted in the *Question d* are provided in the table that follows.

Client Name	Number of complaints		Most frequent member complaints
	2009	2010	
Pennsylvania HealthChoices Program	.59/1000	.57/1000	1. Dissatisfied with treatment 2. Treatment felt to be inappropriate
New Jersey Department of Children and Families Division of Child Behavioral Health Services	3.2/1000 (4 months of operation)	3.3/1000	1. Dissatisfied with NJSOC Partners (CMO/YCM/UCM/MRSS/OOH): Dissatisfaction with System of Care providers was frequently due to a lack of understanding about the scope of their services. 2. Delay in Intensive In-Community Services: IIC providers not beginning treatment on a timely basis

- 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
- v. Email address

PerformCare is pleased to submit the following two references from government/public sector clients with whom we currently hold contracts for management of behavioral health services. The third reference is from a healthcare plan with whom we hold a contract.

### Pennsylvania Capital HealthChoices Program

**Scott Suhring**

Chief Executive Officer

Capital Area Behavioral Health Collaborative

2300 Vartan Way

Suite 206

Harrisburg, PA 17110

(717) 971-7190

[ssuhring@cabhc.org](mailto:ssuhring@cabhc.org)

**3. RELEVANT CORPORATE EXPERIENCE**

---

**New Jersey Department of Children and Families Division of Child Behavioral Health Services**

Jeffrey Guenzel, Director  
50 E. State Street, 4<sup>th</sup> Floor  
PO Box 717  
Trenton, NJ 08625  
(609) 292-4741  
[Jeffrey.Guenzel@dcf.state.nj.us](mailto:Jeffrey.Guenzel@dcf.state.nj.us)

**MDwise Hoosier Alliance of Indiana**

Lynn Bradford, Ph.D., HSPP  
Director of Behavioral Health  
1200 Madison Avenue  
Suite 400  
Indianapolis, IN 46225  
(317) 822-7307  
[lbradford@mdwise.org](mailto:lbradford@mdwise.org)

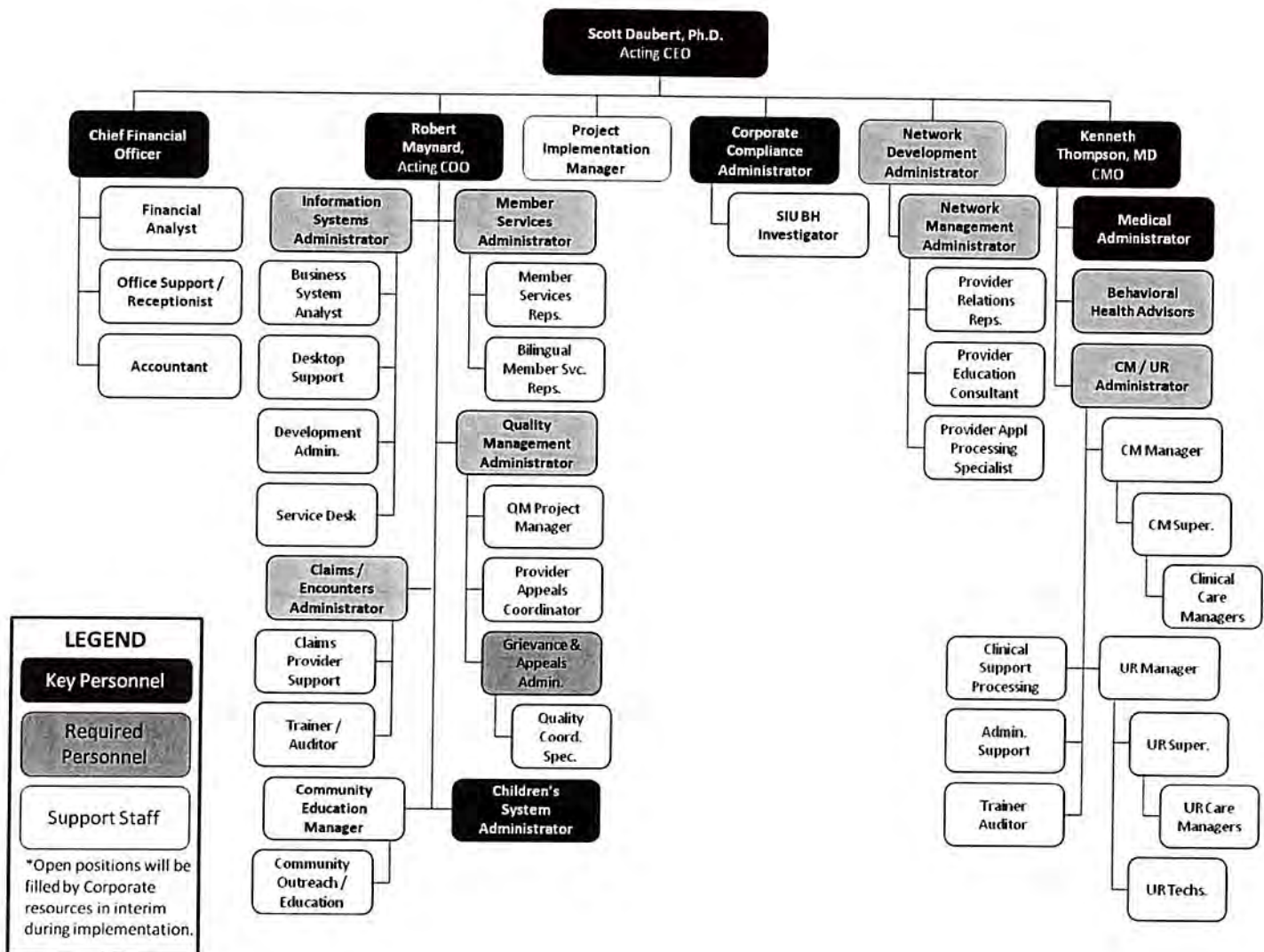
## 4. PERSONNEL QUALIFICATIONS

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

- a. Job descriptions of key and required personnel including the percentage of time allocated to the project, minimum education, training, experience, special skills and other qualifications for each staff position as well as specific job duties identified in the proposal.

### PerformCare Personnel

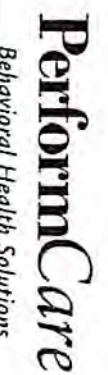
The following depicts the organizational chart for PerformCare. Job descriptions for all staff positions are submitted as Appendix 33.



## 4. PERSONNEL QUALIFICATIONS

Staff Qualifications			
Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
KEY PERSONNEL			
Chief Executive Officer Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Master's degree in behavioral health related field. PhD Preferred.</li> <li>Ten years experience in behavioral health management.</li> <li>Prior experience in supervision/ management (7-10 years).</li> <li>Minimum of five years experience working in a managed care environment; OR 10 years minimum working in the mental/behavioral health program administration with knowledge of managed care and an equivalent combination of program management, program development, and/or management experience.</li> <li>Knowledge of managed care policies and procedures.</li> <li>Knowledge of Medicaid program administration and the different populations served</li> <li>Previous Executive Director level experience strongly preferred.</li> <li>Previous QM and UM experience preferred.</li> <li>Previous Louisiana care experience preferred.</li> </ul>	<ul style="list-style-type: none"> <li>Ultimate responsibility for contract management</li> <li>Comply with all federal, state, and local regulations and laws and LBHP contract</li> <li>Develop and monitor goals and objectives.</li> <li>Maintain appropriate staffing levels.</li> <li>Responsible for the interviewing and selection process for the LBHP.</li> <li>Develop and conduct performance reviews.</li> <li>Identify and manage corrective action situations.</li> <li>Administer policies and procedures</li> <li>Supervises senior management staff.</li> <li>Provides day-to-day oversight to ensure contract deliverables are met in a timely manner.</li> <li>Directs the development and operations of policies and procedures for the organization.</li> <li>Assures fiscal solvency of the organization.</li> <li>Coordinates the development of new business.</li> <li>Assures that all systems (MIS, clinical, quality management, utilization review) function within contracted expectations.</li> <li>Participates in the development and attainment of PerformCare goals and objectives, through strategic planning and implementation.</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS



Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Chief Financial Officer Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>• Certified Public Accountant</li> <li>• A minimum of 10 years experience in finance, with 3+ years supervisory experience and at least two years of work in managed care.</li> <li>• Demonstrates knowledge of prescribed and established accounting procedures and practices.</li> <li>• Knowledgeable of Generally Accepted Accounting Procedures.</li> <li>• Knowledgeable of Regulatory requirements and HIPAA Standards for finance and MIS</li> <li>• Maintains familiarity with federal, state and local regulations that may pertain to the fiscal operation of PerformCare Capital region.</li> <li>• Experience in financial and accounting software, Excel/Lotus program, and Microsoft Word.</li> <li>• Experience in Premium Rate Development, Capitation Development, IBNR Calculation and all other aspects of Managed Care Finance and Actuarial Analysis.</li> </ul>	<ul style="list-style-type: none"> <li>• Other duties as assigned.</li> <li>• Effective implementation and oversight of budget, accounting systems, and all financial operations.</li> <li>• Comply with all federal, state, and local regulations and laws and LBHP contract.</li> <li>• Directs the fiscal program of PerformCare so that it runs efficiently and smoothly.</li> <li>• Prepares detailed budgets and reports as required by contracts or directed by Chief Executive Officer.</li> <li>• Provides detailed and accurate financial reports regularly and at the request of the Chief Executive Officer.</li> <li>• Establishes policies and procedures for all financial transactions.</li> <li>• Assist the Chief Executive Officer in contract negotiations.</li> <li>• Directs and supervises the provision of detailed Utilization Management Reports.</li> <li>• Recommends actions and protocols to protect fiscal well being of the corporation and its programs.</li> <li>• Approves all major expenditures for LBHP.</li> <li>• Directs and supervises the processing and payment of provider claims.</li> <li>• Provide leadership to Finance department.</li> <li>• Interview and select qualified candidates for new and existing open positions.</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

*Behavioral Health Solutions*

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Chief Medical Officer Baton Rouge , LA	100%	<ul style="list-style-type: none"> <li>Physician board certified in general or child psychiatry</li> <li>Valid Louisiana license</li> <li>Minimum of five years experience in the public sector managed behavioral health arena</li> <li>Public-sector program management experience</li> <li>Experience in crisis intervention, utilization management, and benefit plans</li> <li>Meets all PerformCare Provider Credentialing criteria.</li> <li>Membership in a national professional organization</li> </ul>	<ul style="list-style-type: none"> <li>Develop and conduct performance reviews.</li> <li>Identify and manage corrective action situations.</li> <li>Effective implementation of all clinical, QM and UM programs</li> <li>Comply with all federal, state, and local regulations and laws and LBHP contract</li> <li>Develop, implement, and interpret clinical/medical P&amp;P</li> <li>Recruit and supervise physicians</li> <li>Approve/deny provider credentialing</li> <li>Design and interpret provider profile</li> <li>Oversee all QM/UM activities</li> <li>Assess and improve quality of services to members</li> <li>Develop and implement QM Plan</li> <li>Serve as chair of QM, UM, and Peer Review Committees</li> <li>Consult on complex cases</li> <li>Participate in provider education</li> <li>Attend DHH-OBH designated medical director meetings</li> <li>Assures that organization medical policies and procedures adhere to contractual obligations.</li> <li>Development and oversight of Medical Necessity Matrix</li> <li>Liaison with CNN's Medical Director and participation</li> </ul>

# PerformCare

Behavioral Health Solutions

## 4. PERSONNEL QUALIFICATIONS

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Medical Administrator Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Physician board certified in general or child psychiatry</li> <li>Valid Louisiana license</li> <li>Minimum of five years experience in the public sector managed behavioral health arena</li> <li>Public-sector program management experience</li> <li>Experience in crisis intervention, utilization management, and benefit plans</li> <li>Meets all PerformCare Provider Credentialing Criteria</li> <li>Membership in a national professional organization</li> </ul>	<ul style="list-style-type: none"> <li>on the CNN Formulary Committee</li> <li>Perform clinical case reviews in conjunction with Clinical Department</li> <li>Design clinical/medical programs.</li> <li>Comply with all federal, state, and local regulations and laws and LBHP contract.</li> <li>With the Chief Medical Officer, ensures the provision of quality and clinically sound behavioral health care services to all LBHP members by PerformCare care managers, network facilities, and providers.</li> <li>Acts as contingency for Chief Medical Officer, and may perform all duties of the Chief Medical Officer in his/her absence.</li> <li>Responsible for the development and implementation of cohesive policies and procedures for children's services, and acts as liaison for all programs for programs for children and adolescents with other community organizations.</li> <li>Provides consultation on all children's care authorizations, and approves all denials of service for children's services.</li> <li>Oversees all quality monitoring, accreditation, quality assurance, and outcomes activities for children services for LBHP program.</li> <li>Perform clinical case reviews in conjunction with Clinical department</li> </ul>
Chief Operations Officer	100%	<ul style="list-style-type: none"> <li>Licensed Masters or Doctoral level clinician required</li> </ul>	<ul style="list-style-type: none"> <li>Clinical program development.</li> <li>Child/youth and adult with SMI mental health and</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

*Behavioral Health Solutions*

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Baton Rouge, LA		<ul style="list-style-type: none"> <li>At least seven years experience managing behavioral health contracts</li> <li>At least five years of work in managed care environment</li> <li>Strong and proven leadership background and experience.</li> <li>At least five years Supervisory/Management experience preferably in behavioral health services</li> <li>Previous Clinical Practice and Quality Improvement experience; Experience with Utilization Management, NCQA, etc.</li> <li>Experience with finance, budgets, contracts, negotiations etc.</li> </ul>	<p>addictive disorders staff oversight.</p> <ul style="list-style-type: none"> <li>Serve as Adult System Administrator.</li> <li>Comply with all federal, state, and local regulations and laws and LBHP contract.</li> <li>Responsible for the overall development, maintenance, coordination and revisions of PerformCare Policy and Procedure manuals for all assigned lines of business.</li> <li>In coordination with the multiple LBHP Program Managers and UM/QI Directors will lead the development of Utilization Management / Quality Improvement Program Description, Work Plan, and Annual Evaluation.</li> <li>Lead the development, organization, and implementation of UM/QI committees as outlined in PerformCare's UM/QI Plan and in accordance with regulatory and accreditation requirements that pertain to the operations of PerformCare's managed behavioral health programs.</li> <li>Assist Chief Medical Officer with the UM/QM initiatives and activities and other duties as necessary to ensure the coordination of LBHP contracts and compliance with DHH-OBH UM/QM requirements.</li> <li>Establish and maintain processes to insure that care delivered is appropriate and based on approved criteria consistent with professionally accepted standards of behavioral health practices.</li> <li>Coordinate data reporting, analysis, and interventions focused on identified performance indicators, quality initiatives, and organizational objectives.</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS



Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Children's System Administrator Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>At least seven years experience in special behavioral health needs of children and their families who are at risk of out-of-home placement</li> <li>At least three years experience managing or delivering EBP and child and youth best practices, including CSoc experience</li> <li>Minimum of seven years post-graduate health care administrative or clinical experience.</li> <li>Minimum five years experience in a managed care environment preferred.</li> <li>Minimum of three years experience working under DHH-OBH, NCQA and other related guidelines.</li> <li>Minimum of five years supervisory background and/or experience.</li> </ul>	<ul style="list-style-type: none"> <li>Work closely with CSoc Governance, DHH-OBH, and the WAA to implement a statewide program.</li> <li>Comply with all federal, state, and local regulations and laws and LBHP contract.</li> <li>Oversees and operationalizes clinical functions for PA LBHP (Medicaid). Establishes policies and procedures related to clinical operations of the organization.</li> <li>Directs communication with primary contractors concerning clinical operations, policies and performance.</li> <li>Assists in the development and implementation of new evidence-based and innovative clinical services in collaboration with Chief Medical Officer, county partners, regional offices, and PerformCare department heads.</li> <li>Participates as part of the Management team in the development of new programming.</li> <li>Supervise multiple Managers/Supervisors assigned to specific units within the Clinical department.</li> <li>Ensures compliance with NCQA and DHH-OBH guidelines.</li> </ul>
<b>REQUIRED PERSONNEL</b>			
Corporate Compliance Administrator Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Bachelor's degree in management, health care or business related field or its equivalent plus at least two years relevant management work experience.</li> <li>Must be able to pass all background and drug screenings required by agency policy</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate overall agency Compliance Program to ensure consistence with PerformCare Compliance Program.</li> <li>Develop, revise and/or approve all policies and procedures pertaining to Privacy and Confidentiality, Fraud and Abuse, Code of Conduct, and contractual</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

Behavioral Health Solutions

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
		<ul style="list-style-type: none"> <li>and/or funding sources.</li> <li>Knowledge of corporate compliance and HIPAA regulations</li> <li>Knowledge of fraud and abuse prevention, detection, and investigation Knowledge of licensure and accreditation requirements as well as applicable rules, statutes, codes, and regulations.</li> <li>Knowledge of management theory, systems theory, and applicable program theory and practice.</li> <li>Knowledge of program evaluation and performance appraisal.</li> <li>Knowledge of labor relations and contractual transactions.</li> </ul>	<ul style="list-style-type: none"> <li>compliance. Policies and procedures must not conflict with corporate and parent policies and must be consistent with federal and Louisiana regulations as well as contractual obligations and requirements.</li> <li>Enforce physical security protocols established by the PerformCare Privacy/Security Officer to protect associates, guarantee the confidentiality of information and documents, and safeguard all physical property and equipment.</li> <li>Ensure agency is in compliance with regulatory, licensure and accreditation standards.</li> <li>Participate on the PerformCare Corporate Compliance Committee.</li> <li>Monitor Louisiana corporate compliance activities and audits and prepare reports as required to the Corporate Compliance Committee and the Louisiana chief executive officer.</li> <li>Create staff awareness of goals and objectives and support required staff orientation, training and retraining of staff.</li> <li>Conduct annual review of policies and procedures and make recommendations for revisions and additions.</li> <li>Review CBHNP compliance with all applicable privacy and confidentiality regulations.</li> <li>Maintain current comprehensive Action Plan for Compliance with HIPAA Privacy Standards and Security Standards which will include periodic privacy and security inspections.</li> <li>Maintain current Fraud and Abuse Plan, Disaster</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS



Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
CM / UR Review Administrator Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>At least seven years experience in special behavioral health needs of children and their families who are at risk of out of home placement.</li> <li>At least seven years experience in meeting needs of adults with SMI or addiction problems.</li> <li>Minimum of seven years post-graduate health care administrative or clinical experience.</li> <li>Minimum five years experience in a managed care environment preferred.</li> <li>Minimum of three years experience working under DHH-OBH, NCCQA and other related guidelines.</li> <li>Minimum of five years supervisory background and/or experience.</li> </ul>	<ul style="list-style-type: none"> <li>Recovery Plan and Evacuation Plan.</li> <li>Provide training and consultation to Louisiana associates on Privacy and Security.</li> <li>Develop and oversee CM and UM program.</li> <li>Ensure members receive medically necessary community and family-based services.</li> <li>Comply with all federal, state, and local regulations and laws and LBHP contract.</li> <li>Oversees and operationalizes clinical functions for LBHP. Helps establish policies and procedures related to clinical operations of the organization.</li> <li>Directs communication with LBHP primary contractors concerning clinical operations, policies and performance.</li> <li>Assists in the development and implementation of new evidence-based and innovative clinical services in collaboration with Chief Medical Officer, and PerformCare department heads.</li> <li>Participates as part of the Management team in the development of new programming.</li> <li>Supervise multiple Managers/Supervisors assigned to specific units within the Clinical department.</li> <li>Ensures compliance with NCCQA and DHH-OBH guidelines.</li> </ul>
Quality Management Administrator	100%	<ul style="list-style-type: none"> <li>A minimum of five years experience in behavioral healthcare management or other MH/MR services.</li> </ul>	<ul style="list-style-type: none"> <li>Develop and oversee QM/UM Plan</li> <li>Comply with all federal, state, and local regulations and laws and LBHP contract</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

Behavioral Health Solutions

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Baton Rouge, LA		<ul style="list-style-type: none"> <li>• Previous and strong supervisory background and experience. Minimum three years.</li> <li>• Strong leadership skills.</li> <li>• Previous Quality Improvement experience. Minimum three years.</li> <li>• Exceptional knowledge and experience of the LBHP program and related regulations and statutes.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop, maintain, and revise quality improvement policies and procedures.</li> <li>• Develop, maintain, and revise Quality Improvement Program Description, Work Plan, and Annual Evaluation for assigned lines of business and / or programs.</li> <li>• Lead the development, organization, and implementation of quality improvement principles as outlined in PerformCare's Quality Improvement Program and in accordance with regulatory and accreditation requirements that pertain to the quality improvement operations of PerformCare's Programs.</li> <li>• Assist Medical Director with the quality improvement initiatives and activities of the Quality Improvement Committee and other duties as necessary to ensure the coordination of sub-committees and participation in associated PerformCare and external committees.</li> <li>• Coordinate data reporting, analysis, and interventions focused on identified performance indicators and quality initiatives.</li> <li>• Review and ensure compliance with applicable regulatory and accreditation standards</li> <li>• Assist in the development and implementation of methodology used by other PerformCare departments to monitor and evaluate the effectiveness of care, the performance of providers, and PerformCare internal quality control systems.</li> <li>• Organize and provide oversight of external audit and monitoring of provider performance and treatment records; and internal audit of clinical case records, denials of care, and complaints / grievances.</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

*Behavioral Health Solutions*

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Network Development Administrator Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>• Bachelor's degree</li> <li>• Masters or MBA preferred; or equivalent combination of education and work experience.</li> <li>• Two years Behavioral Health provider relations.</li> <li>• Public-Sector program management experience required.</li> <li>• Previous supervisory/leadership background and/or experience.</li> </ul>	<ul style="list-style-type: none"> <li>• Supervise the processes related to Critical Incident Management and associated quality of care monitoring.</li> <li>• Supervise handling of member and provider complaints indicating alleged or suspected fraud and abuse, and the referral of information to the Corporate Compliance Officer.</li> <li>• Coordinate activities associated with HIPAA Compliance with Corporate Compliance Officer and HIPAA Privacy Officer.</li> <li>• Assure network adequacy and appointment time access.</li> <li>• Develop network resources in response to unmet needs.</li> <li>• Ensure contracting of qualified service providers.</li> <li>• Comply with all federal, state, and local regulations and laws and LBHP contract..</li> <li>• Network development, contracting, and credentialing</li> <li>• Provider communications.</li> <li>• Supervise the activities of the credential verification organization in certifying and credentialing facilities and individuals in private practice for the network.</li> <li>• Ensure that the recommendations of the Credentialing Committee are documented and appropriately reflected in the Provider Profile.</li> <li>• Work with the Claims department to coordinate activities that result in recover of overpayment, termination or corrective action requirements for providers.</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

**PerformCare**  
Behavioral Health Solutions

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Network Management Administrator Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Licensed behavioral health practitioner with significant experience and expertise in development and management of BH services for adults with SMI or addictive</li> </ul>	<ul style="list-style-type: none"> <li>Contract with the qualified providers as necessary to provide sufficient capacity and access to care.</li> <li>Supervise the contracting process for Out-of-Network Providers, including Medicaid enrollment for Out-of-Network Providers as needed.</li> <li>Write, revise and implement Policy and Procedures for Provider Relations and Credentialing as necessary.</li> <li>Write and distribute Provider Info's and Provider News briefs.</li> <li>Participate in the review and decision-making process around identification of new supplemental services. Provide technical assistance to providers in completing necessary member enrollment applications for supplemental services</li> <li>With the MIS Director or designee, supervise the loading of all Provider information into the MIS system. Periodically assess the current capacity of the system to provide In-plan Services, reporting finding to senior management.</li> <li>With trainer and other staff as identified by Senior Management, coordinate provider trainings as required by LBHP contract or directed by the CEO.</li> <li>Participate in complaint process as it pertains to providers.</li> <li>Participate in appropriate LBHP committees.</li> <li>Ensure timely inter-provider referrals and appointment access</li> <li>Assist in resolving provider grievances and disputes</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

Behavioral Health Solutions

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Member Services Administrator Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>disorders and children with SED.</li> <li>Experience managing and overseeing provider networks for children and youth involved in multiple systems and adults with SMI or addictive disorders.</li> <li>Experience with SAMHSA EBP for above populations.</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate provider site visits</li> <li>Review provider profiles</li> <li>Implement corrective action plans</li> <li>Assure accuracy of provider service delivery report</li> </ul>
		<ul style="list-style-type: none"> <li>Bachelor's degree required, preferably in health care, business or related field.</li> <li>A combination of equivalent education and experience will be considered. Example would include but is not limited to:               <ul style="list-style-type: none"> <li>Non-degreed individual with 5-10 years in Human Services, Medicare, Medicaid, or Managed Care; and at least 5-10 years supervisory/management background and experience. Previous Call Center supervision/management experience required.</li> </ul> </li> <li>Experience managing member services department.</li> <li>Experience with grievance resolutions. processes</li> <li>Experience with SAMHSA EBP for above populations.</li> <li>A minimum of 3-5 years in behavioral healthcare operations; OR Equivalent amount of Call Center supervisory/management background and</li> </ul>	<ul style="list-style-type: none"> <li>Ensure timely telephone access by members.</li> <li>Ensure appropriate triage of all calls (including inquiries, service requests, crisis calls, and grievances and appeals).</li> <li>Comply with all federal, state, and local regulations and laws and LBHP contract regarding grievances and appeals.</li> <li>Ensure that telephone call volume is handled appropriately at all times by managing telephone traffic in the queue and adjusts staff to meet traffic needs. Manage call volume analysis, forecasting workflows, evaluating new requirements and determining staffing needs.</li> <li>Meet all telephone service objectives, initiatives, and requests.</li> <li>Analyze any call center statistical data provided/reported i.e., call-type tracking reports, access database reports and system reports, etc.</li> <li>Responsible for the supervision of all Member Services Specialists with coordination of PTO, trainings and meeting requests.</li> <li>Answer central questions and providing expertise with</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

Behavioral Health Solutions

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
		<ul style="list-style-type: none"> <li>experience in a healthcare related field.</li> <li>Managed care experience preferred.</li> <li>Knowledge of managed care policies and procedures.</li> <li>Knowledge of Medicaid and/or Medicare program administration and the different populations served</li> <li>Previous customer service experience preferably in a call center environment.</li> <li>Experience with call center technology (systems/phones etc.) strongly preferred.</li> <li>Proven track record in providing outstanding customer service.</li> </ul>	<p>regard to procedural and contract administration, specifically with regard to eligibility and benefit issues, and serves as a source for communication with other departments in order to provide the most accurate information in this regard.</p> <ul style="list-style-type: none"> <li>Review Incident Reports labeled Alleged Violations completed by Member Services specialists, ensuring necessary information is included, and referring to Director of Clinical Operations and Compliance Officer.</li> <li>Monitor daily telephone reports and individual Member Services Specialists performance to assure that service queue standards are achieved within established guidelines.</li> <li>Monitor the accuracy/ appropriateness of all outpatient authorizations completed by Member Services Specialists</li> <li>Participate in the telephone queue and completing intakes, etc, as necessary to assist in handling call volume which could be covering additional shifts should replacements not be found.</li> <li>Attend external and internal meetings as needed.</li> <li>Consult with the Clinical Director on an as-needed basis with regard to policy and procedure interpretation and /or clinical issues.</li> <li>Develop process improvements and work to continually enhance operating processes</li> <li>Plan, organize, implement and follow-up on all operational changes</li> </ul>
Information System	100%	<ul style="list-style-type: none"> <li>Bachelor's degree in Computer Science or a related field and 5-7 years experience in a</li> </ul>	<ul style="list-style-type: none"> <li>Oversee all information system requirements.</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

**PerformCare**  
Behavioral Health Solutions

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Administrator Baton Rouge, LA		<p>similar role, <u>OR</u> an equivalent combination of education and work experience.</p> <ul style="list-style-type: none"> <li>• Experience in behavioral health data systems.</li> <li>• Must have advanced and broad understanding of the theories, principles and practices related to information technology systems including the following: <ul style="list-style-type: none"> <li>◦ complex networking system infrastructure in a distributed environment</li> <li>◦ relational database concepts and application administration</li> <li>◦ software development life cycle and development tools and concepts including object oriented programming</li> <li>◦ help desk administration and customer service standards</li> </ul> </li> <li>• Experience with implementation of all facets of HIPAA requirements, auditing processes and standards, and industry standards and practices</li> <li>• 5-7 years of prior experience in information technology (7-10 if non-degreed).</li> <li>• Three years of previous leadership/supervisory experience.</li> <li>• Working knowledge of medical insurance and MA systems very helpful.</li> <li>• Project Management experience</li> <li>• Experience with strategic planning and</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all data interfaces.</li> <li>• Support contract reporting requirements.</li> <li>• Comply with all federal, state, and local regulations and laws and LBHP contract.</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

*Behavioral Health Solutions*

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Claims/ Encounter Administrator Baton Rouge	100%	<ul style="list-style-type: none"> <li>business development of core methodologies.</li> <li>Hardware/software knowledge with Microsoft technologies such as Windows Server Operating systems, CISCO equipment, Storage Area Network, Citrix, SQL server, Exchange, Active Directory, VPN, scripting languages, object oriented programming.</li> </ul>	<ul style="list-style-type: none"> <li>Oversee timely and accurate claims and encounters processes.</li> <li>Comply with all federal, state, and local regulations and laws and LBHP contract.</li> <li>Supervise the Claims Processing/Customer Service staff.</li> <li>Ensure accurate and timely claims processing for providers and members.</li> <li>Resolve problems regarding claims payments, retractions, and denials of claim.</li> <li>Provide clarification of DHH-OBH and Insurance policies.</li> <li>Develop Claims department Policies and Procedures, updating as necessary.</li> <li>Conduct claims analysis and reports on direction of CFO or Corporate Compliance Officer.</li> <li>Report improper or suspicious claims to the Corporate Compliance Officer.</li> <li>Serve as a technical resource to other members of the Claims staff.</li> <li>Generate and monitors departmental reports as</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

*Behavioral Health Solutions*

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Grievance and Appeals Administrator Baton Rouge	100%	<ul style="list-style-type: none"> <li>• Bachelor's degree required; or equivalent combination of educational background and experience.</li> <li>• Experience with resolving grievances and appeals.</li> <li>• Supervisory background and/or proven leadership experience required.</li> <li>• 3-5 years experience in mental health or a related field.</li> <li>• Previous and strong customer service background and experience</li> <li>• One year experience in complaints and grievances preferred.</li> <li>• One year minimum managed care background preferred</li> <li>• Clinical background preferred</li> </ul>	<p>required by executive management.</p> <ul style="list-style-type: none"> <li>• Timely processing of grievances and appeals and provider disputes.</li> <li>• Advocate for member rights.</li> <li>• Assure grievance and appeal trends are reported to and addressed within the QM/UM Committee.</li> <li>• Manage daily operations and the processing of all complaints and grievances, ensuring their completion in a manner which meets all mandated requirements.</li> <li>• Maintain G&amp;A Reference Manual ensuring it is current and accurate.</li> <li>• Maintain familiarity and compliance with federal, state and local regulations as well as other regulatory requirements (e.g. NCQA standards) relative to complaint and grievance operations.</li> <li>• Meet all internal and external reporting requirements for complaints and grievances.</li> <li>• Supervise the Grievance and Appeals Coordinator position</li> <li>• Support all PerformCare staff and departments with resolving appropriate procedural issues that affect maintaining effective operations.</li> <li>• Provide leadership to the Grievance &amp; Appeals unit</li> <li>• Maintain professional interactions with all parties involved with PerformCare.</li> <li>• Manage the on-call system for the complaint and grievance department to ensure continuous coverage.</li> </ul>

## 4. PERSONNEL QUALIFICATIONS

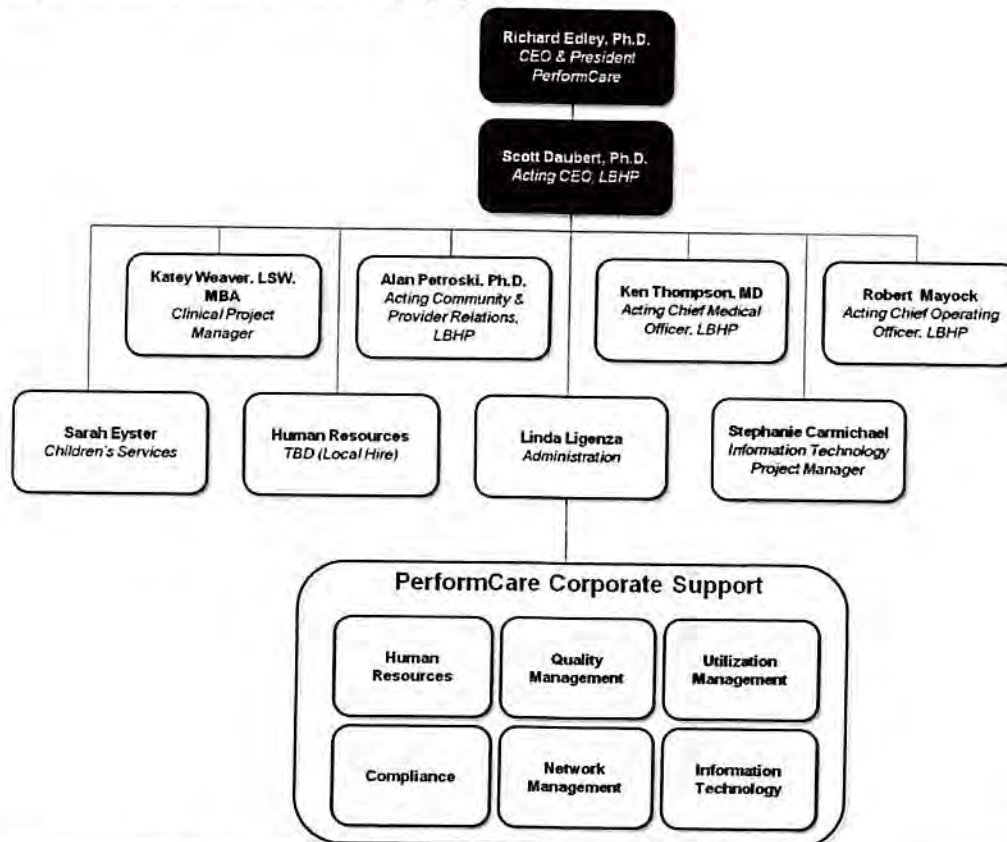
### Project Transition Team

In addition to Key and Required Personnel, AmeriHealth Mercy New Business Activation Team will assist with the implementation of the program, as well as the LBHP Project Transition Team composed of highly experienced PerformCare staff that will spend significant time in Louisiana prior to, during, and following implementation. This process will likely cover a six-month period, at a minimum. The Project Transition Team will also be actively involved in recruiting, interviewing, and hiring local staff to support the services offered within Louisiana. They will work closely with all of PerformCare's national corporate resources that will be brought to this implementation and ongoing operation.

The team will be composed of the following individuals:

- **Scott Daubert, Ph.D.** – Louisiana Acting CEO, currently PerformCare national COO
- **Ken Thompson, MD**- Louisiana Acting Chief Medical Officer
- **Robert Mayock** – Louisiana Acting COO
- **Katey Weaver** – Clinical Project Manager
- **Alan Petroski, Ph.D.** – Clinical and Community Development
- **Linda Ligenza** – Administration
- **Stephanie Carmichael** – IT Project Manager
- **Sarah Eyster** – Children Services
- Network Management, Information Technology, and Human Resources staff

This implementation team is noted in the graphic below.



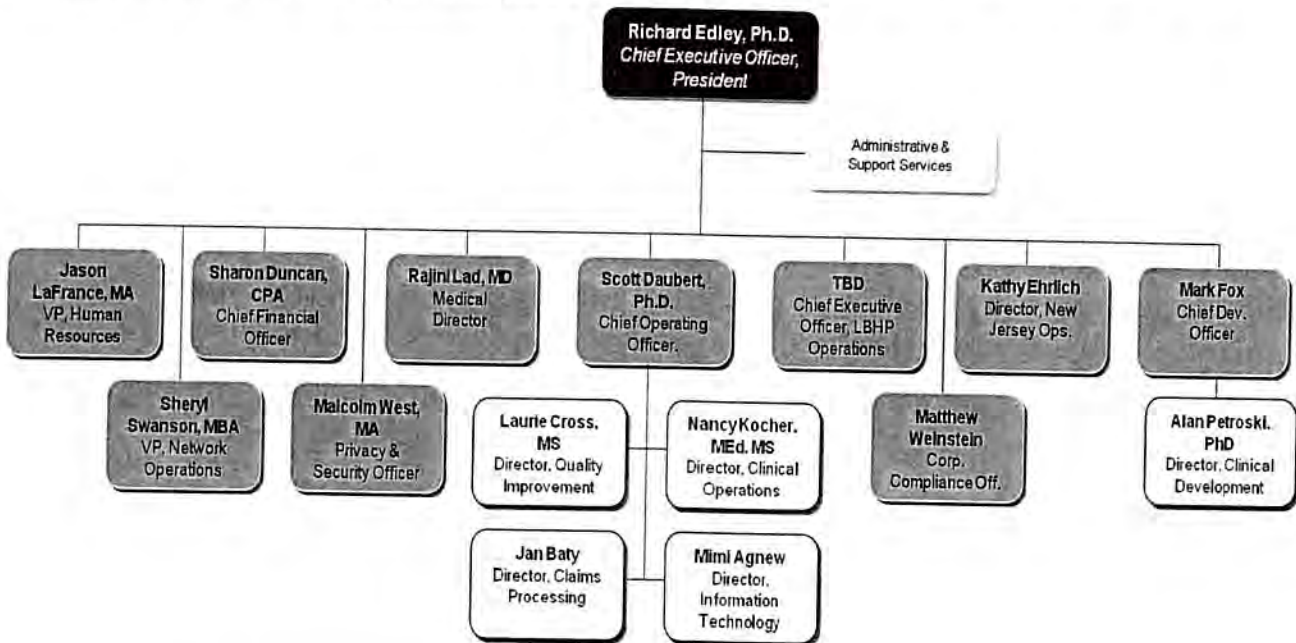
**4. PERSONNEL QUALIFICATIONS****PerformCare Executive Management Team (Corporate Support)**

Supporting the Project Transition Team will be PerformCare's executive staff, composed of long-term behavioral health managed care experts. The executive staff will have routine and ongoing responsibilities for the program's success, beginning prior to implementation, during the transition phase, and on an ongoing basis during the term of the contract. These staff members have worked together in the previous implementations of numerous programs that PerformCare manages for government and public sector populations. The following PerformCare leadership staff will be responsible for the overall management of the program, although PerformCare is proposing a model in which Louisiana-based PerformCare executives and staff will be fully authorized to operate the program on a daily basis within the State with autonomy and local decision making power.

- **President and CEO – Richard S. Edley, Ph.D.**, will work directly with DHH-OBH designated leadership on all policy, procedural, and contractual matters during transition and thereafter. Dr. Edley holds ultimate responsibility for the overall implementation and operation of the program.
- **Chief Operating Officer – Scott Daubert, Ph.D.**, will have overall responsibility for the smooth transition of the technological, clinical, and quality aspects of the program. Dr. Daubert will also act as the local Interim CEO for the LA program.
- **Chief Financial Officer – Sharon Duncan, CPA**, will ensure financial and related reporting services and will monitor program performance on an ongoing basis.
- **Medical Director – Rajni Lad, MD**, will be responsible for medical policy, development/augmentation of the physician review panel, and medical reviews.
- **Vice President of Network Operations – Sheryl Swanson, MBA**, will be responsible for continuity in the provider network transition processes and for fine-tuning the expansion thereafter.
- **Vice President of Human Services – Jason LaFrance, MA** will lead the HR team in the recruitment and interviewing for all recommended staff and others, as needed, all of them subject to DHH-OBH approval.
- **Director, Clinical Operations – Nancy Kocher, MEd, MS**, will be responsible for overall clinical operations and services.
- **Director, Clinical Development – Alan Petroski, Ph.D.**, will be responsible for advising how the clinical aspects of the technological environment will be developed over time with a view to an integrated system of care and systems of care-based approach.
- **Manager of Consumer and Family Affairs – Anthony D. House** will be responsible for community outreach and education activities and working closely with DHH-OBH personnel focused on Resiliency and Recovery.
- **Director of Quality Improvement – Laurie Cross** will be responsible for assisting in the development of a comprehensive quality improvement/utilization management (QI/UM) program description and work plan to ensure the highest quality of services to our members. Ms. Cross will be assisted by Amanda Hitz, MS, Complaint and Grievance Supervisor.
- **Director, Information Technology (IT) – Mimi Agnew** will ensure a smooth transition of platforms and will play an integral role in coordinating internal IT staff, consultants, and any subcontractor(s) DHH-OBH approves. She will also be responsible for assuring that all BH-MCO data in warehouses is accessible to DHH-OBH to maximize oversight and special research initiatives.
- **Director of Claims Processing – Jan Baty** will be responsible for the management of all claims-related processes and services.
- **Corporate Compliance Officer – Matthew E. Weinstein** will have overall responsibility for ensuring compliance and overseeing fraud and abuse monitoring during transition and thereafter.
- **Privacy and Security Officer – Malcolm West, MA**, will be responsible for assuring that all systems and services meet administrative security and federal, state, and local confidentiality and security laws and regulations and represent industry best practices.

## 4. PERSONNEL QUALIFICATIONS

Resumes for all of the executive management staff are submitted as **Appendix 34**. An organizational chart of the PerformCare corporate structure is provided below.



- b. Resumes of all known key and required personnel should be included. Resumes should include, but not be limited to:**
- Experience with Proposer**
  - Previous experience in projects of similar scope and size**
  - Educational background, certifications, licenses, special skills, etc.**

Resumes for the following identified personnel are submitted in **Appendices 34 and 35**.

### Key Personnel

- Acting CEO – Scott Daubert, Ph.D.
- Acting CFO – To be determined
- Acting Chief Medical Officer – Ken Thompson, MD
- Medical Administrator – To be determined
- Acting COO – Robert Mayock
- CSA – To be determined

*Note:* above Key personnel positions noted above as “To be determined”: will be managed by corporate personnel and the LBHP Project Transition Team as noted in previous section.

### Required Personnel

- Corporate Compliance Officer

*“While working in my capacity as the Medical Director for the Center for Mental Health Services within the Substance Abuse and Mental Health Administration, I had the pleasure to work with many people in Louisiana engaged in addressing the disasters of Katrina, Rita and the Deepwater Horizon oil spill during 2007-2010. I was able to visit Louisiana many times, maintaining close ties with community leadership. While there it became very clear to me that the citizens of Louisiana would be better served by having improvements in their publicly funded behavioral health care.*

*I am greatly looking forward to working with PerformCare in seeing these and other important initiatives progress and come to fruition in Louisiana.”*

- Kenneth S. Thompson, MD  
Interim Chief Medical Officer, PerformCare of LA,  
past-Associate Director for Medical Affairs,  
CMS/SAMHSA

## 4. PERSONNEL QUALIFICATIONS

- CM/UM Administrator
- QM Administrator
- Network Management Administrator
- Member Services Administrator
- Information Technology Administrator
- Claims & Encounters Administrator
- Acting Grievance and Appeals Coordinator

*Note:* above *Required* personnel positions to be managed by corporate personnel and the LBHP Project Transition Team until local staff are hired as noted in previous section.

During implementation, the Key and Required personnel will be assisted by PerformCare corporate office staff as well as the specific Project Transition Team staff noted in the previous section.

**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.**

Requested information for the following IT support staff positions, which will be filled by PerformCare's subcontractor, TAI Software, is provided on the following pages:

- CLARIS Project Manager
- Administrative Assistant
- Lead Developer
- Developer
- Build/Source Manager
- Database Administrator
- Report Developer
- Report Analyst
- Business Analyst
- Business Analyst/Change Control
- Trainer
- Quality Assurance Tester Lead
- Quality Assurance Tester
- Service Desk Supervisor
- Service Desk Technician

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

*Behavioral Health Solutions*

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
<b>KEY PERSONNEL</b>			
CLARIS Project Manager Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Bachelor's degree in Information Technology, Business or related field</li> <li>Ten years experience in information technology, including experience with software development</li> <li>Five years experience in managing/overseeing software development systems department</li> <li>Demonstrated leadership and motivation skills</li> <li>Self-motivation, direction, and detail orientation</li> <li>Excellent written, oral, and interpersonal communication skills</li> <li>Experience with strategic planning and execution</li> <li>Experience in high-pressure environment</li> <li>Healthcare industry experience highly desired</li> </ul>	<ul style="list-style-type: none"> <li>Direct supervisor of employees in IT Operations</li> <li>Primary liaison between organization and key client contacts</li> <li>Direct daily operations of department including, but not limited to, analyzing workflow, establishing priorities, developing standards, and setting deadlines</li> <li>Provide technical leadership to development and analysis staff</li> <li>Assign and review the work of systems analysts, programmers, developers, and other computer related workers</li> <li>Direct the development and implementation of computer information resources, data security and controls, strategic computing and disaster recovery procedures</li> <li>Recommend, develop and implement IT policies and procedures</li> <li>Recruit, hire, train, and supervise staff, or participate in staffing decisions</li> <li>Follow organization policies and applicable procedures</li> <li>Motivate and mentor team members for improving skills and taking on additional responsibilities</li> </ul>
Administrative Assistant	100%	<ul style="list-style-type: none"> <li>Associates degree (or equivalent) in appropriate field</li> <li>2-4 years experience in a professional office</li> </ul>	<ul style="list-style-type: none"> <li>Oversee all aspects of general office coordination</li> <li>Maintain office calendar to coordinate work flow and</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

Behavioral Health Solutions

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Baton Rouge, LA		<ul style="list-style-type: none"> <li>environment</li> <li>• Proficient in Microsoft Office products; Word, Excel, PowerPoint</li> <li>• Proficient in Microsoft Outlook</li> <li>• Excellent writing, analytical and problem-solving skills</li> <li>• Ability to communicate effectively</li> <li>• Administrative and supervisory ability</li> </ul>	<ul style="list-style-type: none"> <li>meetings</li> <li>• Maintain confidentiality in all aspects of client, staff and agency information</li> <li>• interact with clients, vendors, and visitors</li> <li>• Answer telephones and transfer to appropriate staff member</li> <li>• Open, sort and distribute incoming correspondence</li> <li>• Prepare responses to correspondence containing routine inquiries</li> <li>• Perform general clerical duties (i.e.: copying, faxing, mailing, filing, etc.)</li> <li>• Coordinate and maintain records for staff, office space, telephones, parking, company debit card, office keys</li> <li>• Create and modify documents such as reports, memos, and letters using word processing, spreadsheet, database and/or other presentation software such as Microsoft office</li> <li>• Set-up and coordinate meetings and conferences</li> <li>• Prepare agendas and make arrangements for committee or other meetings</li> <li>• Attend committee meetings or other meetings as requested in order to record minutes</li> <li>• Compile, transcribe, and distribute minutes of meetings</li> <li>• Make travel arrangements for staff when necessary</li> <li>• Maintain inventory of office equipment and supplies</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

*Behavioral Health Solutions*

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Lead Developer Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Bachelor's degree and 5-7 years in a related field or equivalent experience</li> <li>Knowledge of the software development lifecycle, requirements, and configuration management</li> <li>Working knowledge of Oracle, SQL, and use of Microsoft SQL Server tools</li> <li>Knowledge of various software language tools, such as .NET, Visual Basic, C#, ASP.Net, Silverlight and others (PHP)</li> <li>Knowledge of software packages and programming languages and the ability to use these to create code to link incompatible platforms to work together</li> <li>Strong analytical skills that aid in identifying a problem and determining a solution to the problem.</li> <li>Excellent interpersonal and customer service skills</li> <li>Demonstrated leadership skills</li> <li>Required to maintain a high-level of confidentiality of member data and TAI</li> </ul>	<ul style="list-style-type: none"> <li>Support staff in assigned project-based work</li> <li>May supervise volunteers and other support personnel</li> <li>Assist in special events, i.e., annual company meeting</li> <li>Other duties as assigned by Director of IT</li> <li>Consistently communicate and interact with team members in a professional, cooperative manner</li> <li>Design, code, test, debug, and configure software</li> <li>Complete complex programming projects as assigned</li> <li>Document software designs and user manuals according to company standards</li> <li>Develop ad hoc reports as requested by client</li> <li>Maintain client database</li> <li>Mentor junior developers</li> <li>Interact with customers of all levels of computer programming understanding</li> <li>Work with client to analyze complex problems and generate software modifications to support client needs</li> <li>Manage the team in following through on customer requests in a timely and effective manner</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

Behavioral Health Solutions

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Developer Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Health care industry experience is helpful</li> <li>proprietary information</li> <li>Bachelor's degree in a related field or equivalent experience</li> <li>2-5 years experience in software development</li> <li>Experience with the software development lifecycle, requirements and configuration management</li> <li>Experience with various software language tools, such as .NET, Visual Basic, C#, Silverlight, and others (PHP, ASP)</li> <li>Experience with software packages and programming languages and the ability to use these to create code to link incompatible platforms to work together</li> <li>Knowledge of software development lifecycle requirements</li> <li>Knowledge and use of requirements documentation</li> <li>Excellent interpersonal and customer service skills</li> <li>Required to maintain a high-level of confidentiality of member data and TAI proprietary information</li> <li>Excellent time management skills</li> </ul>	<ul style="list-style-type: none"> <li>Design, code, test, debug, and configure software</li> <li>Document software designs and user manuals according to company standards</li> <li>Interact with customers of all levels of computer programming understanding</li> <li>Follow through on customer requests and keep the team apprised of the status of the requests</li> <li>Maintain client databases</li> <li>Programmatically manipulate databases</li> <li>Develop ad hoc reports as requested by client</li> <li>Exhibit strong analytical skills that aid in identifying a problem and determining a solution</li> <li>Communicate and interact with team members in a professional, cooperative manner</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

Behavioral Health Solutions

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Build / Source Manager Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>• Must be detail oriented and thorough</li> <li>• Ability to problem solve</li> <li>• Ability to prioritize</li> </ul>	<ul style="list-style-type: none"> <li>• Gain and maintain a working knowledge of all products</li> <li>• Write programs and scripts to be included in deliverable products</li> <li>• Assure code functionality in multiple environments and configurations</li> <li>• Participate in the quality control aspect of all products</li> <li>• Manage the general release of completed projects</li> <li>• Oversee ongoing maintenance of projects</li> <li>• Provide internal and (occasionally) external customer support</li> <li>• Responsible for generation and management of test builds for test platforms</li> <li>• Oversight of software configuration, version control and release management</li> </ul>
Database Administrator Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>• Bachelor's degree in Computer Science or related field</li> <li>• 5-7 years of Oracle DBA experience including building objects and maintaining production environments</li> <li>• 5-7 years of experience in the IT industry, including full life cycle methodology, standard office products – such as Microsoft</li> </ul>	<ul style="list-style-type: none"> <li>• Interact with customers of all levels of computer programming understanding</li> <li>• Ensure that all assigned databases are designed and maintained to maximum utilization, monitored for peak performance, and secured with proper data security and database backups</li> <li>• Work with software development staff to define database requirements for any given application</li> </ul>

#### 4. PERSONNEL QUALIFICATIONS

## PerformCare

Behavioral Health Solutions

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Report Developer Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Office - and some application development</li> <li>Good understanding of Excel, including functions and macros</li> <li>Proficiency with common PC software, such as Microsoft Outlook</li> <li>Experience working in a networked MS Windows environment</li> <li>Demonstrated proficiency in database management, including strong working knowledge of network operating systems, database management applications</li> <li>Demonstrated ability to multi-task and work effectively with others when either or both parties are under stress and/or time pressure for perceived work priorities</li> <li>Excellent interpersonal skills (including tact, patience, and courtesy)</li> </ul>	<ul style="list-style-type: none"> <li>Organize the data into database structures; create database tables and indexes; modify database changes and upgrades as needed</li> <li>Generate complex Oracle queries quickly</li> <li>Create stored procedures</li> <li>Forecast database requirements</li> <li>Perform database monitoring and tuning</li> <li>Prepare status reports to accurately communicate progress</li> <li>Provide early notification of problems that could affect schedule or the integrity or availability of data</li> </ul>
		<ul style="list-style-type: none"> <li>Bachelor's degree (or equivalent) with 3-5 years related experience</li> <li>Experience with SQL query writing; SQL Server Reporting Services; MS Access report creation</li> <li>Proficient with Access, VBA, Crystal Reports, Oracle, and SQL.</li> <li>Advanced user of Excel</li> <li>Experience in creating reports for financial analysis</li> <li>Light Web development (ASP.NET, HTML,</li> </ul>	<ul style="list-style-type: none"> <li>Report writing, installation, customization and training</li> <li>Ensure correct and prompt development of reports and related services</li> <li>Maintain existing reports developed</li> <li>Expand and improve existing reports/products</li> <li>Composition of technical and end-user documentation as needed</li> <li>Product support as required</li> </ul>

**2. WORK PLAN / PROJECT EXECUTION****g. Technical Requirements****i. Describe the Proposer's telephone system capabilities, call center software and operating systems.**

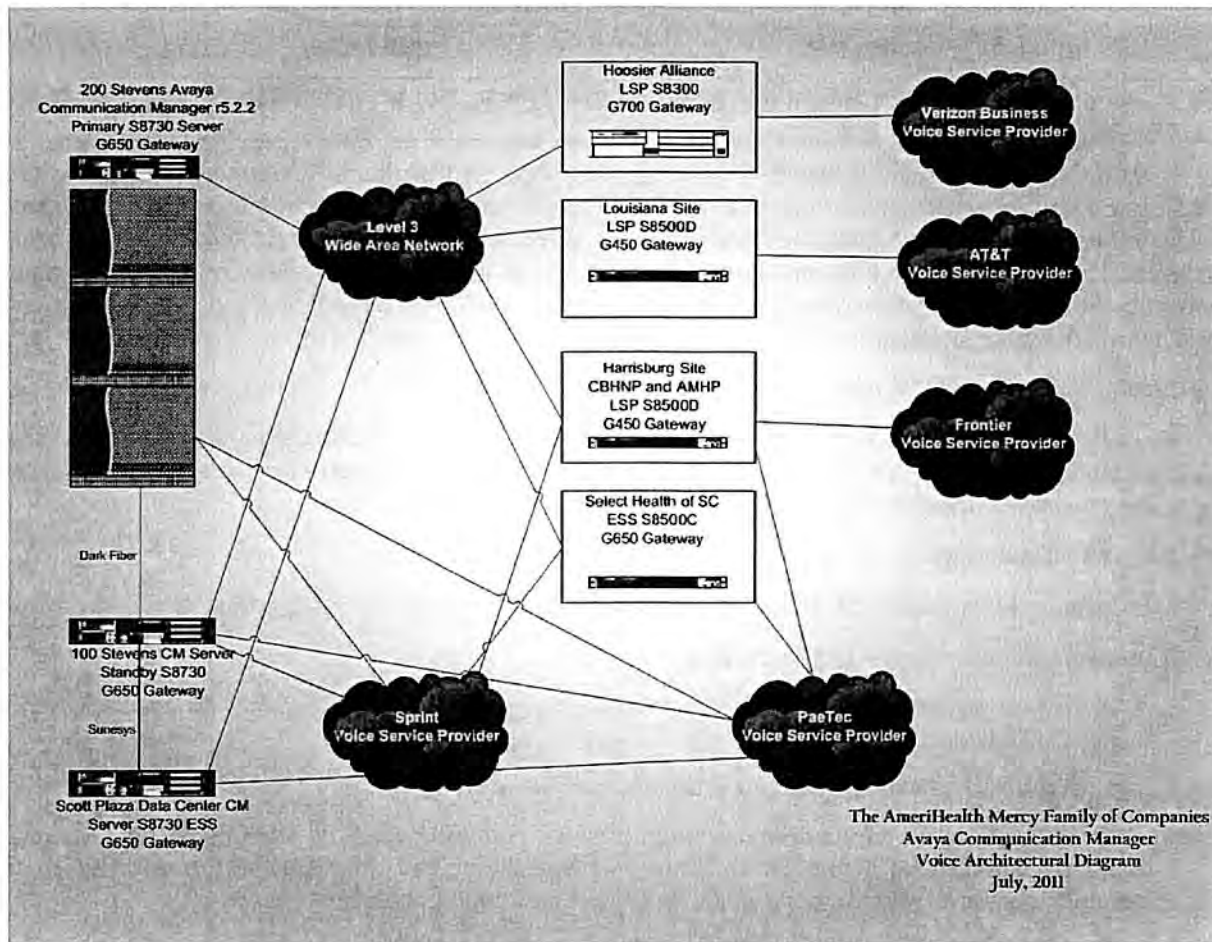
PerformCare uses a state-of-the-art Contact Center, with high availability, allowing us to provide industry-leading customer service any time of day or night. Staffed 24/7, 365 days a year by trained Member Services Representatives, our associates are always available to handle telephonic member inquiries. The member line will be answered by a live voice at all times. Our technology systems enable associates to access member or provider information at the touch of a button, and calls can be quickly routed throughout the organization to handle any type of potential inquiry.

Call Center Technology Highlights include:

- Avaya Aura Contact Center and Verint Impact 360 Workforce Optimization Suites. These are configured with the Critical Reliability architecture to ensure optimum performance and up time of all telephony systems and services needed to support our 24/7/365 call center
- 100 percent call logging
- Simultaneous recording of call and desktop screen activity for quality auditing purposes
- Automatic Call Distribution (ACD) System:
  - Effective management of all calls received and assignment of incoming calls to available staff using a skill set hierarchy
  - Transfers of calls to other telephone lines or departments
  - Detailed analysis for the reporting requirements, including the quantity, length and types of calls received elapsed time before the calls are answered the number of calls transferred or referred; abandonment rate; wait time; busy rate; response time; and call volume
  - Messaging that notifies callers that the call may be monitored for quality control purposes
  - Measurement of the number of calls in the queue at all times; the length of time callers are on hold; the total number of calls and average calls handled per day/week/month; the average hours of use per day
  - Assessment of the busiest times and days by number of calls
- Comprehensive back-up system with full redundancy capabilities
- Avaya Single Image Switch architecture; a fully distributed IP-based phone system
- High Availability - Voice Network Services ensures the highest level of support and availability of telephonic and contact center services for PerformCare.

The corporate design of our telephony network is a distributed model that affords the organization service availability in the event of a wide area connectivity failure or regional event. Service connectivity is maintained through two diverse carriers. If connectivity to the enterprise hub is interrupted, the local passive PBX will engage and is fully capable to support the telephony requirements of the affected office. In the event of a regional event or power loss, phone and fax services utilized by the local office can be redirected to our Harrisburg, PA location or another affiliate with a seamless transition. Alternate back-up virtual PBX capabilities also allows for continued telephonic capabilities of the Louisiana staff in the case of local outages. This ensures the continued service of our members in the event of a crisis.

## 2. WORK PLAN / PROJECT EXECUTION



- ii. Describe how Information Technology (IT) and claims management functions will be organized, including staff that will be Louisiana-based and staff available from the Proposer's corporate operations. Provide an organizational chart for IT and claims management that includes position titles, numbers of positions, and reporting relationships. Describe the qualification of staff.

PerformCare will maintain an office in Louisiana that is dedicated to the Louisiana line of business. The associates in this office will support the network infrastructure, application systems, claims functions and help desk support for the Louisiana providers and stakeholders. The office in Louisiana is backed by a full team of professionals in the corporate offices in Harrisburg. In addition, application development for the HealthCare systems will be performed by our technology subcontractor, TAI. TAI personnel will also be located in Louisiana.

PerformCare Information Technology (IT) functions interface with the claims functions. The IT functions will manage the intake of electronic claims and present them to the claims staff for processing. The two teams work together to establish audit controls for data integrity of the rate schedules, provider setup, system configuration and claims payment. The claims personnel utilize the help desk system to escalate system issues.

## 2. WORK PLAN / PROJECT EXECUTION

### Staff Qualifications

Role/Description	Responsibilities	Qualifications
<b>Network Systems Administrators</b> <i>The network system administrators are responsible to maintain all hardware and infrastructure equipment.</i>	<ul style="list-style-type: none"> <li>• Implementation and administration of all servers and storage devices</li> <li>• System security configuration, administration and monitoring, including policies and firewalls</li> <li>• Data Back-up and archiving</li> <li>• Backup power supply management</li> <li>• System engineering for all infrastructure equipment</li> <li>• Local support for telephone switches and related voice services equipment/infrastructure</li> <li>• Monthly and quarterly maintenance schedules of all equipment</li> <li>• Maintenance and testing of disaster recovery site, held in a warm state</li> </ul>	<ul style="list-style-type: none"> <li>• Bachelor's degree or equivalent combination of education and experience in the technology industry with three years or more related work experience</li> <li>• MCSA/MCSE or comparable Networking Certification is desired.</li> <li>• Working knowledge of Microsoft Windows Clustering and SAN technologies</li> <li>• Significant knowledge of Windows Network Administration including DNS, DHCP, Group Policy, and Active Directory experience is required.</li> <li>• Knowledge in and experience with Cisco Switching and Routing Equipment and related infrastructure</li> <li>• Knowledge of best practices for security of LAN/WAN</li> <li>• Knowledge of VPN Client Software &amp; general understanding of LAN to LAN VPN configurations along with Citrix Application Environments.</li> <li>• Ability to write and modify scripts with VBScript, batch files, or similar scripting languages.</li> <li>• Strong time management and organizational skills. Ability to work as a part of a team.</li> <li>• Strong Interpersonal/Customer Service skills</li> <li>• Must have advanced problem solving and critical thinking skills.</li> <li>• Excellent verbal and written communication skills and interpersonal skills</li> </ul>
<b>Database Administration Team</b>	<ul style="list-style-type: none"> <li>• Implementing and documenting all databases</li> </ul>	<ul style="list-style-type: none"> <li>• Bachelor's degree or equivalent combination of education and</li> </ul>

## 2. WORK PLAN / PROJECT EXECUTION

Role/Description	Responsibilities	Qualifications
<p><i>The database administration associates are responsible for all database related functions</i></p>	<ul style="list-style-type: none"> <li>Monitoring all jobs</li> <li>Database and reporting warehouse processing</li> <li>Data integrity and SQL programming as required</li> <li>Database back-ups</li> <li>Extract, Transact, and Load (ETL) processing for all data imports, exports and exchanges</li> </ul>	<ul style="list-style-type: none"> <li>experience in the technology industry with five to seven years related work experience</li> <li>Expert knowledge and experience of MS SQL and database administration including complex database objects (tables, views, queries, indexes, stored procedures, etc.).</li> <li>Expert understanding of tools, technologies and strategies involved in designing and developing ETL (Extract, Transform, Load) data processes.</li> <li>Familiarity with database best practices (data normalization, relational design, etc.) in order to assist with application development.</li> <li>Working knowledge of routine database maintenance functions, such as attaching/detaching databases, backing up and restoring databases and scheduling/executing database jobs and DTS packages</li> <li>Must have advanced problem solving and critical thinking skills.</li> <li>Excellent verbal and written communication skills and interpersonal skills</li> </ul>
<p><b>Business Systems Analysts</b></p> <p><i>The business systems analyst associates are responsible for all application systems related functions</i></p>	<ul style="list-style-type: none"> <li>Maintaining and supporting all applications with user interfaces</li> <li>Implementing, configuring, and administering applications</li> <li>Training end-users</li> <li>Application system testing</li> <li>EDI ANSI X12N processing</li> <li>Quality Assurance and Testing</li> <li>Change Control Procedures</li> <li>Business Requirement Specifications for requested changes or enhancements</li> </ul>	<ul style="list-style-type: none"> <li>Bachelor's degree or equivalent combination of education and experience in the technology industry with three to five years related work experience</li> <li>Experience with client/server architectures and application configuration and management</li> <li>Experience in leadership role and project management skills</li> <li>Working knowledge of Microsoft SQL and use of Microsoft SQL Server tools</li> <li>Must have advanced problem</li> </ul>

## 2. WORK PLAN / PROJECT EXECUTION

Role/Description	Responsibilities	Qualifications
		<p>solving and critical thinking skills.</p> <ul style="list-style-type: none"> <li>• Excellent verbal and written communication skills and interpersonal skills</li> <li>•</li> </ul>
<p><b>Application Development</b></p> <p><i>The application development associates / software developers are responsible for programming all system the technology employed by PerformCare</i></p>	<ul style="list-style-type: none"> <li>• Application system design</li> <li>• Programming languages</li> <li>• Application development</li> <li>• Unit Testing</li> </ul> <p>Note: This area focuses on internal interfaces and the CYBER component of the CLARIS system is performed by our technology subcontractor, TAI</p>	<ul style="list-style-type: none"> <li>• Bachelor's degree or equivalent combination of education and experience in the technology industry with three years related work experience in VB.net and object oriented programming techniques required.</li> <li>• Advanced encoding and object oriented programming skills with Microsoft supported languages, preferably VB.net.</li> <li>• Advanced database development skills, preferably with SQL.</li> <li>• Must have advanced problem solving and critical thinking skills.</li> <li>• Excellent verbal and written communication skills and interpersonal skills</li> <li>• Strong time management and organizational skills. Ability to work as a part of a team.</li> <li>• Other Technical skills: SQL, Visual Basic, C++, Crystal Reports.</li> </ul>
<p><b>Help Desk</b></p> <p><i>The help desk associates are the front line to every need. They handle the intake of all requests and are responsible to record, track, and resolve or escalate all technology issues and requests. Help is available via toll free telephone number and email 24 hours a day, 7 days a week.</i></p>	<ul style="list-style-type: none"> <li>• Single Point of Contact for all incidents, requests and problems</li> <li>• Recording, routing, escalating and tracking incidents, requests and problems through resolution</li> <li>• Coordinating second and third line support</li> <li>• Resetting passwords</li> <li>• Keeping customers informed on request status and progress</li> <li>• Making an initial assessment of all incidents, requests and problems</li> </ul>	<ul style="list-style-type: none"> <li>• High School Diploma or GED and 2 years experience in a similar role.</li> <li>• Significant knowledge of PC hardware, desktop support, network printers, Microsoft technologies, and software as normally acquired through completion of technical training in computer related areas or equivalent combination of work experience is required.</li> <li>• Significant knowledge of desktop Operating Systems</li> </ul>

## 2. WORK PLAN / PROJECT EXECUTION

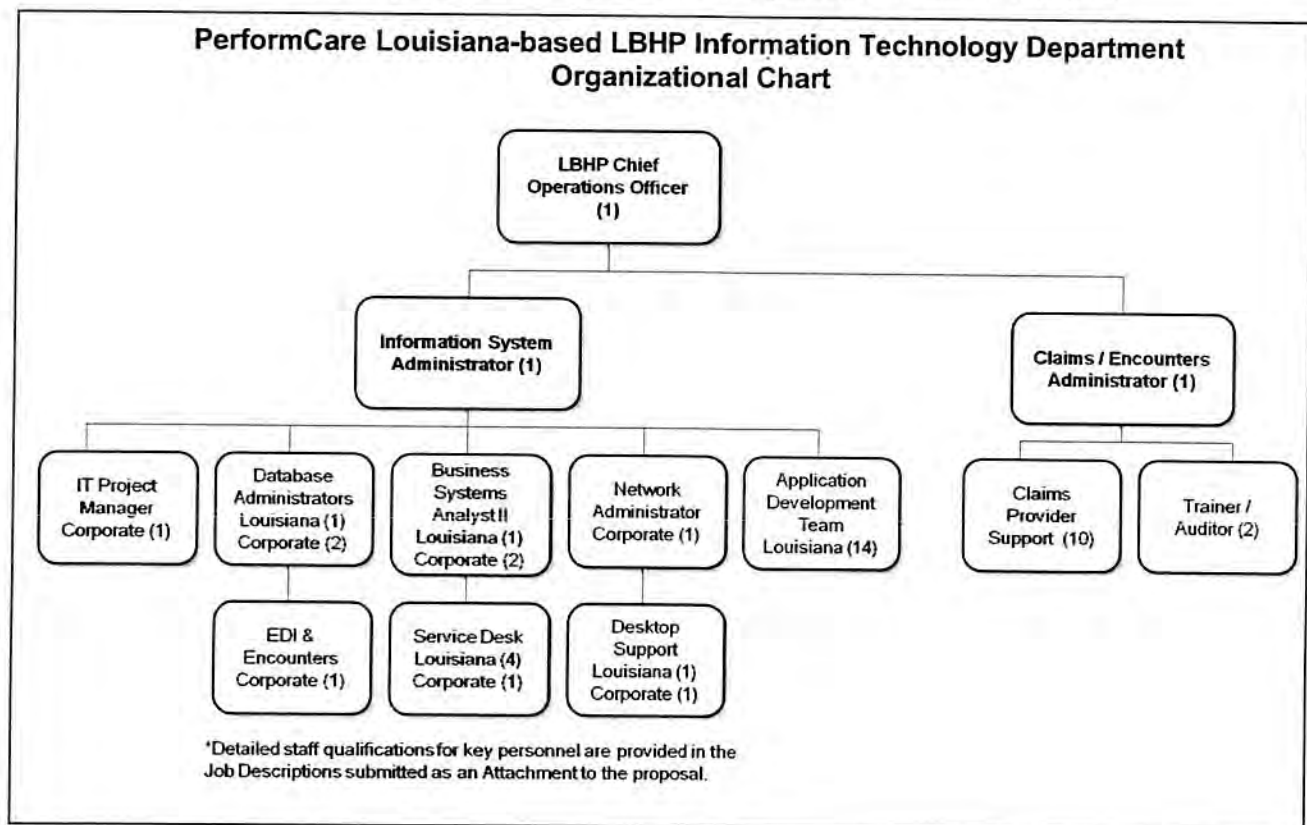
Role/Description	Responsibilities	Qualifications
	<ul style="list-style-type: none"> <li>Monitoring and escalation procedures relative to the appropriate service level agreements (SLAs)</li> <li>Notification of customers when incidents, requests and problems are resolved</li> <li>Facilitating root cause analysis to ensure resolution of recurring incidents and problems</li> </ul>	<ul style="list-style-type: none"> <li>Basic knowledge of Windows Active Directory and Exchange</li> <li>Basic knowledge of VPN Client Software along with Citrix Application Environments.</li> <li>Strong time management and organizational skills. Ability to prioritize. Ability to work as a part of a team.</li> <li>Excellent customer service/Interpersonal skills necessary in order to provide quality service to IS customers.</li> <li>Analytical, deductive reasoning, and problem solving skills</li> <li>Working knowledge of Microsoft Office products including but not limited to Word, Excel, Access, Outlook and Power Point.</li> </ul>
<b>Claims Management</b>	<ul style="list-style-type: none"> <li>Call answering, recording and tracking in a call-logging system</li> <li>Claim batch processing</li> <li>Claim batch adjudication</li> <li>Claim denial review</li> </ul>	<ul style="list-style-type: none"> <li>HS diploma or GED and business school training or Associates degree preferred and</li> <li>Experience of 2 years experience in an office setting with Data Entry Experience required (Alpha/Numeric).</li> <li>2 years Claims Processing Experience in health care setting required.</li> <li>Previous clerical experience in any/or all of the following: (filing, incoming/outgoing mail, faxing, phone work, typing etc.)</li> <li>Must type 40-50 wpm with accuracy.</li> <li>Ability to communicate well verbally and in writing.</li> <li>Time management skills.</li> <li>Ability to use PC's in a Windows-based environment.</li> <li>The incumbent must be organized and be able to work independently.</li> </ul>

## 2. WORK PLAN / PROJECT EXECUTION

Role/Description	Responsibilities	Qualifications
		<ul style="list-style-type: none"> <li>Excellent customer service/Interpersonal skills necessary in order to provide quality service to providers</li> <li>Pleasant telephone manner.</li> </ul>

### Organizational Chart

The organization of the related functions is noted in the organizational chart that follows.



### iii. Describe training for IT and claims staff, including any subcontractors.

PerformCare has implemented and requires two levels of training as part of our associate on-boarding process:

- New Employee Orientation
- Job-specific training and mentoring programs

**2. WORK PLAN / PROJECT EXECUTION**

---

- Every associate receives training from their “home department,” to prepare the employee to work effectively within their department or functional area.

**New Associate Orientation**

All new associates are required to attend our New Employee Orientation Program. This program ensures that our associates understand the Vision, Mission and Values of our organization, can quickly navigate the basic information systems, tools and processes required to carry out their duties, and also receive important training on specific healthcare industry topics. Topics covered during the New Employee Orientation include:

- Company Introduction, Mission and Vision
- Code of Conduct
- Cultural Diversity
- PerformCare Workplace Computing Environment/Policies & Procedures
  - CLARIS application systems
  - Personal Computing and Information Security Policies & Procedures (network account, password requirements, remote access, PHI protection, etc.)
  - Accessing Network Resources (file shares, printers, etc.)
  - Email, Calendar and Contact Management
  - Conference Room Scheduling
  - Help Desk Support
- HIPAA Privacy and Security
- Fraud, Waste, and Abuse

Training materials and supporting documentation are also available to employees, allowing for later search and retrieval of information on an as-needed basis. Additional classroom training programs are offered regularly along with self-paced, web-based training which cover the following skills areas:

- Computer Skills
- Business Knowledge and Professional Effectiveness
- Management and Leadership

**Information Technology Staff Training**

Information Technology associates receive detailed training within their own technology-specific area. PerformCare requires job specific training for all staff and subcontractors. All training is conducted through one-on-one mentoring. More concentrated, daily sessions are held within the first three weeks. A typical training period may last from three to six months. In addition, each new associate is oriented to all the other IT department teams. Documentation of all IT systems is critical to the initial and on-going training. More complex topics and responsibilities are introduced as the associate gains experience and expertise with PerformCare systems and as opportunities arise. In addition to the typical system documentation, IT holds a knowledge base of the system within a local Wikipedia on an Intranet site. This provides easy access and search ability using the tools technical teams tend to use every day. It also allows for easy cross-sharing of information between subject areas.

## 2. WORK PLAN / PROJECT EXECUTION

The training topics covered in each departmental area during the new associates' training period are as follows:

### Network Systems

The network systems team has responsibilities to implement and maintain desktops, local area network, wide area network, network and server administration, security policies, network infrastructure and disaster recovery site maintenance. A checklist, such as the one below, is maintained for each training and trainee to ensure that all areas are covered appropriately.

Training Topic
<b>Network Systems Overview</b>
• Infrastructure Diagram
• Server Roles
• VM Servers (virtual)
• Clustered Servers
• Telephony Infrastructure and Maintenance
• Storage Area Network
• Remote Offices
• Active Directory Structure
• Domain Controllers
• IP configuration
• Monitoring & Maintenance
• GFI Network Monitor & Alerts
• Daily Maintenance
• Monthly Maintenance
• Quarterly Maintenance
• Logs
<b>Network Security and Access</b>
• CISCO Firewalls
• VPN's

## 2. WORK PLAN / PROJECT EXECUTION

Training Topic
• DMZ
• Email Virus and SPAM Control
• Network and VLAN Intrusion Detection Systems (IDS)
• Symantec Data Loss Prevention (DLP) for ePHI policy enforcement
• Protection/Encryption for all Removable Media Devices/Ports
• Hard Disk Drive (HDD) Encryption for all laptops
• Barracuda Web Filter
• Remote Access
• Physical Security
<b>User Security and Access</b>
• User Setup and Maintenance
• Annual Security Reviews & Account monitoring
• Media and Device Security
• Information Security Awareness & Policies
<b>Help Desk Ticket Management</b>
<b>Disaster Recovery &amp; Business Continuity</b>
• DBSI Contract & Site
• Tape Backup Solution
• Telephone Cutover

### Database Systems

The database systems team has responsibilities to perform database administration and SQL programming duties that relate to administration of applications, data warehousing, support for informatics, ETL (extract, transact and load), and business continuity processes. A similar checklist is kept for this training.

Training Topic
<b>Data Systems Overview</b>

## 2. WORK PLAN / PROJECT EXECUTION

• Server Environment
• Database Diagrams
• Entity Relationship Diagrams
• Data Modeling
• Reporting Warehouse Standards and Principles
• Project Development Life Cycle
• Auditing Standards
• Development, Test and Implementation Procedures
• User Permissions and Security
• SQL Server Management Studio Tools
<b>Monitoring &amp; Maintenance</b>
• Job Monitoring
• Job Failure Notification and Resolution
• Reporting Requirements
• SQL Server Log Monitoring
<b>Programming Standards</b>
• SQL Coding Standards
• Performance Monitoring and Improvement
• Coding standards for DDL and DML
• DTS Development
• SSIS Development
• ActiveX Scripting
• Change Control
• Version Control
<b>Help Desk Ticket Management</b>

## 2. WORK PLAN / PROJECT EXECUTION

### Disaster Recovery & Business Continuity

- Database Backup and Recovery Procedures
- Transaction Log Backup
- Disaster Recovery Maintenance and Testing

### Application Development Systems

The application development team has responsibilities to provide custom programming for add-ons and interfaces for applications not contracted with a third party vendor. These can be one simple one day jobs or one year projects.

Training Topic
<b>Development Environment</b>
• Tools and IDE's
○ Visual Studio
○ Visual Source Safe
○ TortoiseSVN
○ SQL Server Management Studio
○ SQL Reporting Services
• Environments
○ Servers
○ Database instances
○ Sidekick instances
<b>PerformCare Developed Applications and Modules</b>
• Application overview
• Class Libraries
○ CbhnpReference
○ CbhnpClassLibrary
○ C&G Disputes
○ Care Management Denials

## 2. WORK PLAN / PROJECT EXECUTION

Training Topic
<ul style="list-style-type: none"> <li>ReportingModule</li> </ul>
<b>Third Party Applications</b>
<ul style="list-style-type: none"> <li>CLARIS Systems – Information System combining data for: Clinical, Administrative, Claims, Members, Providers, etc.</li> </ul>
<ul style="list-style-type: none"> <li>Echo – Software for Electronic Health Records</li> </ul>
<ul style="list-style-type: none"> <li>CabinetNG – Electronic forms and filing</li> </ul>
<ul style="list-style-type: none"> <li>MediaWiki – Wiki for the Business Systems Analyst Team</li> </ul>
<b>Standard Processes and Protocols</b>
<ul style="list-style-type: none"> <li>IT Department Protocols</li> </ul>
<ul style="list-style-type: none"> <li>Software Development protocols and standards <ul style="list-style-type: none"> <li>Development Life Cycle</li> <li>Coding standards</li> <li>Database development</li> <li>Repository standards</li> <li>Testing</li> <li>Packaging and deployment</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Help Desk tickets protocol</li> </ul>
<ul style="list-style-type: none"> <li>Change Control Protocol</li> </ul>
<b>Network</b>
<ul style="list-style-type: none"> <li>Folder structure and network shares</li> </ul>

### Business Systems Analysts

The business systems analysts are responsible for all application user interfaces. They are technical team that work with the business analysts or subject matter experts within each departmental area of PerformCare. Responsibilities include maintenance and support of all applications, analysis of business processes, user requirements gathering for new projects, implementations of new systems, quality controls, testing, and change management.

## 2. WORK PLAN / PROJECT EXECUTION

Training Topic
<b>Business Applications Overview</b>
• CLARIS systems
• Provider Connect
• Sidekick
• Echo
• CabinetNG/RightFax
• EDI
<b>Network Systems Overview</b>
<b>Database Schema Overview</b>
<b>Systems Analysis Methodologies &amp; Workflows</b>
• Help Desk Methodology
• Systems Development Methodology
• Functional Requirement Specifications Methodology
• System Administrative Change Methodology
• IT Project Risk Assessment Methodology
• Business Analyst Work Flow
• Quality Assurance Methodology
• Change Control Process
<b>Documentation/Information Resources</b>
• Document Templates
• Wiki
• Network File Storage
<b>Tools</b>
• MS SQL Server Management Studio

## 2. WORK PLAN / PROJECT EXECUTION

Training Topic
<ul style="list-style-type: none"> <li>MS SQL Server Profiler</li> </ul>
<ul style="list-style-type: none"> <li>Notepad++</li> </ul>
<ul style="list-style-type: none"> <li>BeyondCompare</li> </ul>
<b>System Environments</b>
<ul style="list-style-type: none"> <li>Training Environments</li> </ul>
<ul style="list-style-type: none"> <li>Test Environments</li> </ul>
<ul style="list-style-type: none"> <li>Citrix</li> </ul>
<b>Business Support Overview</b>
<ul style="list-style-type: none"> <li>Claims Department</li> </ul>
<ul style="list-style-type: none"> <li>Provider Relations Department</li> </ul>
<ul style="list-style-type: none"> <li>Clinical Department</li> </ul>
<ul style="list-style-type: none"> <li>Subject Matter Expert Contacts</li> </ul>
<ul style="list-style-type: none"> <li>Lines of Business Overview</li> </ul>
<b>Other</b>
<ul style="list-style-type: none"> <li>Audit Team / Best Practice Implementation</li> </ul>
<ul style="list-style-type: none"> <li>Security Administration</li> </ul>
<ul style="list-style-type: none"> <li>Data Integrity / Nightly Edits</li> </ul>
<ul style="list-style-type: none"> <li>Informatics Support</li> </ul>

### Claims Staff Training

In addition to the New Employee Orientation, the claims department provides a four-week job-specific training program to its new associates. In the Claims Training Program, each day is mapped out with an orientation of specific types of claims. A clear and comprehensive training regimen is designed to build proficiency based on job descriptions. For example, claims processors are personally guided on the review and adjudication of each respective claim. Content areas include basic entry of the CMS 1500, as well as the review process for Administrative Closures, Date Spans, Re-linking of a Claim, Re-Adjudicating a Claim, Unmatched Treatments, Multiple CPTs on a Claim, Multiple POSs on a Claim, and Duplicating Authorization. The daily initial audit process includes 10 mental health out-patient claims, and 10 substance abuse outpatient claims – each overseen by the trainer. Each claim number used in training is documented and requires sign off of the trainer and the associate. The claims staff located in

## 2. WORK PLAN / PROJECT EXECUTION

the Louisiana office will be primarily involved with Customer Service responses. The following is the initial 4-week training outline for these Claims Provider Support customer service representatives:

Claims Customer Service Training Program/Timeline	
<b>Week ONE:</b>	<ul style="list-style-type: none"> <li>• Claims Customer Service Manual review with Auditor/Trainer</li> <li>• 2 – 3 hours per day of listening to live calls with either the Auditor/Trainer or with a Senior Customer Service Representative</li> <li>• Watching the proper manner in which to log calls into information system</li> <li>• Question and answer period during lull in calls (note taking encouraged)</li> <li>• Development of listening skills and familiarization of proper call taking</li> <li>• Review mandatory audit points</li> </ul>
<b>Week TWO:</b>	<ul style="list-style-type: none"> <li>• 2 – 3 hours per day of taking live calls with the Auditor/Training listening in via a Y cord</li> <li>• During lulls call critiques and answer and question period</li> <li>• Recommendations on how to improve call efficiency and quality</li> <li>• Review of audit points again and what should be touched upon during each call</li> <li>• Review proper procedure for logging calls in Sidekick</li> </ul>
<b>Week THREE:</b>	<p>On calls without Auditor/Trainer present at desk – Auditor/Trainer will monitor representative via phone software, listening to live calls and using the Supervisor “chat” box in which to convey information and answer questions. Auditor/Trainer will also be available via email and phone.</p>
<b>Week FOUR:</b>	<ul style="list-style-type: none"> <li>• Auditor/Trainer will be available via “chat” box, email and phone but not doing constant live monitoring.</li> <li>• Auditor/Trainer will monitor one or two calls per day and write up a review of each call</li> </ul> <p>With successful scores, by the end of week four, representative is released from training and subject to monthly customer service audits.</p>

We employ dedicated Trainer/Auditor positions within the Claims Department and our proposing that a Claims Trainer/Auditor FTE will be located within the Baton Rouge office to work with the staff there under the direction of the Claims Administrator. The specific initial job training and ongoing monitoring of performance is a Training Manual approach breaking down all facets of the job, but always in conjunction with a dedicated Trainer/Auditor, who documents performance according to established procedures and forms. This excerpt will demonstrate that all processes are thoroughly outlined, documented, and subject to a comprehensive training approach.

2. WORK PLAN / PROJECT EXECUTION

iv. [REDACTED]

[REDACTED]

[REDACTED]

## 2. WORK PLAN / PROJECT EXECUTION

---

[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

## 2. WORK PLAN / PROJECT EXECUTION

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]	
<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>	<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>
[REDACTED]	
<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>	<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>
[REDACTED]	
<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>	<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>

## 2. WORK PLAN / PROJECT EXECUTION

<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>	<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>
<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>	<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>
<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>	<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>
<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>	<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>
<ul style="list-style-type: none"> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> <li>[REDACTED]</li> </ul>	

2. WORK PLAN / PROJECT EXECUTION

[Redacted content]

2. WORK PLAN / PROJECT EXECUTION

[Redacted content]

2. WORK PLAN / PROJECT EXECUTION

[Redacted content]

- [Redacted content]
- [Redacted content]
- [Redacted content]
- [Redacted content]
- [Redacted content]

[Redacted content]

- [Redacted content]
- [Redacted content]

[Redacted content]

- [Redacted content]
- [Redacted content]
- [Redacted content]

- [REDACTED]  
[REDACTED]  
[REDACTED]
- [REDACTED]  
[REDACTED]  
[REDACTED]
- [REDACTED]
- [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

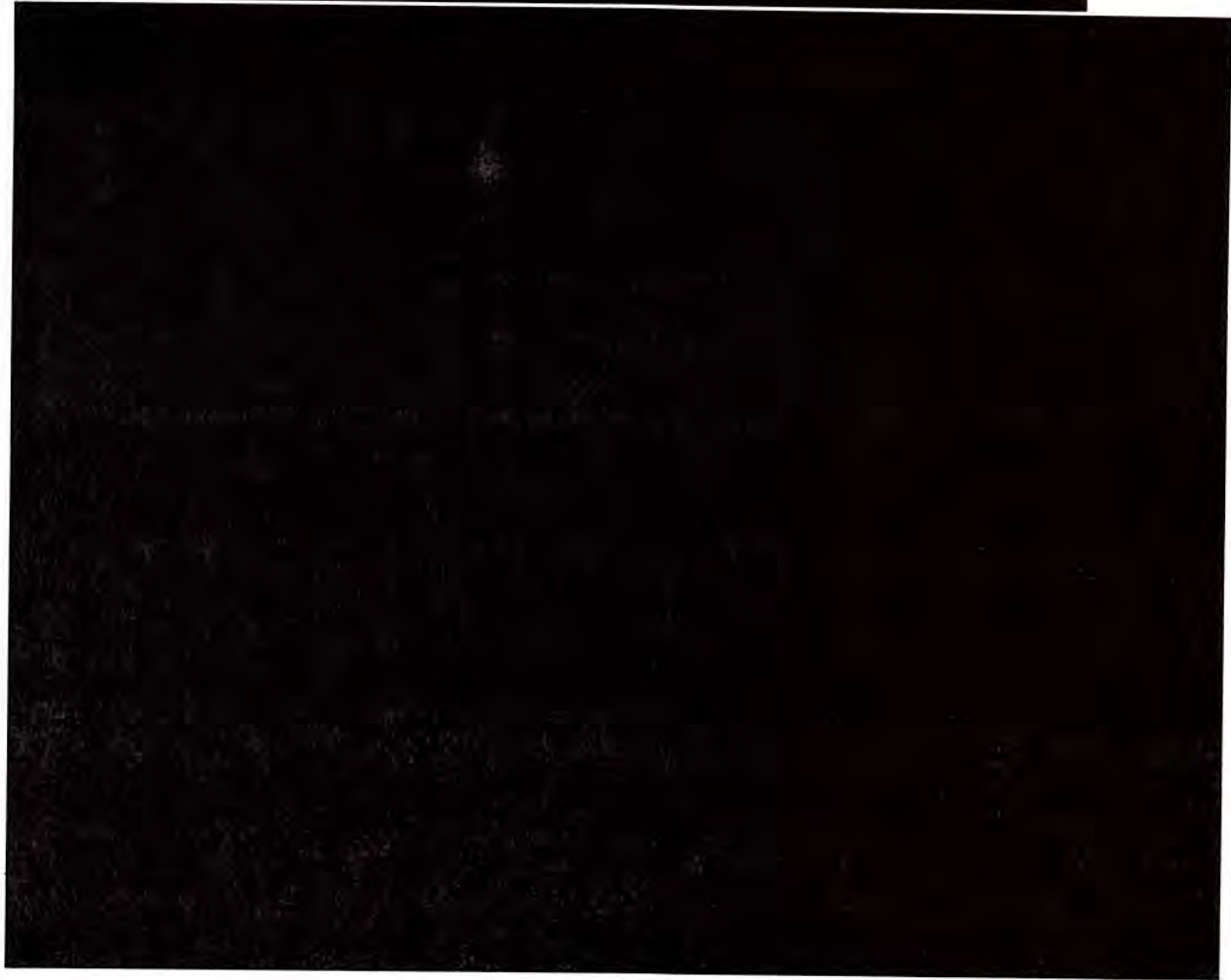
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<ul style="list-style-type: none"> <li>■ [REDACTED]</li> <li>■ [REDACTED]</li> </ul>	<ul style="list-style-type: none"> <li>■ [REDACTED]</li> </ul>
--	--

[illegible]

[illegible]

## 2. WORK PLAN / PROJECT EXECUTION



- v. Describe how the BH MIS will electronically and securely interface with the DHH Medicaid Medical Information System (MMIS), the WAAs, the DHH-OBH data warehouse, including the capability of interagency electronic transfer to and from the participating state agencies (DHH, DHH-OBH, DCFS, DOE, & OJJ) as needed to support operations.

### Data Exchange with DHH

PerformCare uses industry standard data exchange tools for secure data intake and sharing allowing us to perform all manner of ETL (extract, transact and load) processing. These systems allow us to reduce our "time-to-market" for setting up new data exchanges using standard or custom formats. The process consists of securing inbound and outbound movement of files, automating file transfers within and without the network, scheduled jobs to load files and automated alerts for file processing status.

As a part of the implementation, our SMEs will collaborate closely with DHH and its agents, to define requirements for intake, processing and acceptance of data feeds from and to the state and other sources.

Data exchanges occur through dedicated point-to-point connectivity or secure virtual private networks (VPNs) across the Internet. It supports both one-time and routine data exchanges.

**2. WORK PLAN / PROJECT EXECUTION**

PerformCare regularly collaborates with other systems and entities in sharing data for a variety of contractual needs and special initiatives. The data collaboration projects include the sharing of physical health, pharmacy and behavioral health data for targeted populations. PerformCare has always worked closely with other local government agencies to share data as needed. Examples include the Pharmacy Data Exchange project that transferred pharmacy claim data from Physical Health plans and Behavioral Health plans; and the IPRO Project to create and support care coordination between physical and behavioral health managed care organizations.

PerformCare maintains highly skilled database programmers that are expert in using all of Microsoft® SQL server tools and add-ons for performing extract, transact and load (ETL) functions. This includes SQL Server Integration Services which can access data from a wide variety of sources and transform it using built-in and custom transformation specifications. It also includes Analysis Services that provide online analytical processing (OLAP) technology to organize massive amounts of data warehouse data for rapid analysis by client tools, and sophisticated data mining technology to analyze and discover information within the data warehouse data.

PerformCare has experience receiving and exporting data in all of the industry standard formats. This includes delimited or fixed field records and saved as comma separated value (.csv) or text (.txt) files, Excel (.xls), Access (.mdb), Extensible Markup Language (.xml), ANSI 12XN and many other standard file types.

PerformCare automates every repetitive data sharing routine once verified and established. The scheduled jobs are monitored and managed using current technologies which will can also send alerts or notifications to operators when a job completes successfully or if a problem has occurred during the execution of the package. The result is a very high level of efficiency and accuracy along with the ability to provide flexibility in all areas of data and reporting requirements. In addition, a system of checks and balances has been automated to preclude human errors as well as user tools that provide flexible views of data and information that improves the effectiveness of user resources.

**Secure Method for Transfer of Files**

Due to PerformCare's resilient and highly flexible LAN/WAN environments, there are multiple secure methods available for data transportation processes between PerformCare, business partners, electronic data trading partners, WAA, DOE, or other agencies.

One method is through the utilization of VPN. VPN is a very cost effective, secure, and scalable method for transferring data to external off network entities. PerformCare currently offers and provides several types of encryption methods for site-to-site VPN connections via our Cisco ASA and VPN concentrator hardware environments – including SSL and IPsec. For more individual oriented secure access (non-batch), PerformCare also offers standard HTTPS (Hypertext Transfer Protocol Secure) file transfers to our DMZ connected – IIS (Internet Information Services) powered web server publishing environment. This environment utilizes HTTPS file transfers along with WebDAV (Web-based Distributed Authoring and Versioning) for direct file transfer and editing capabilities.

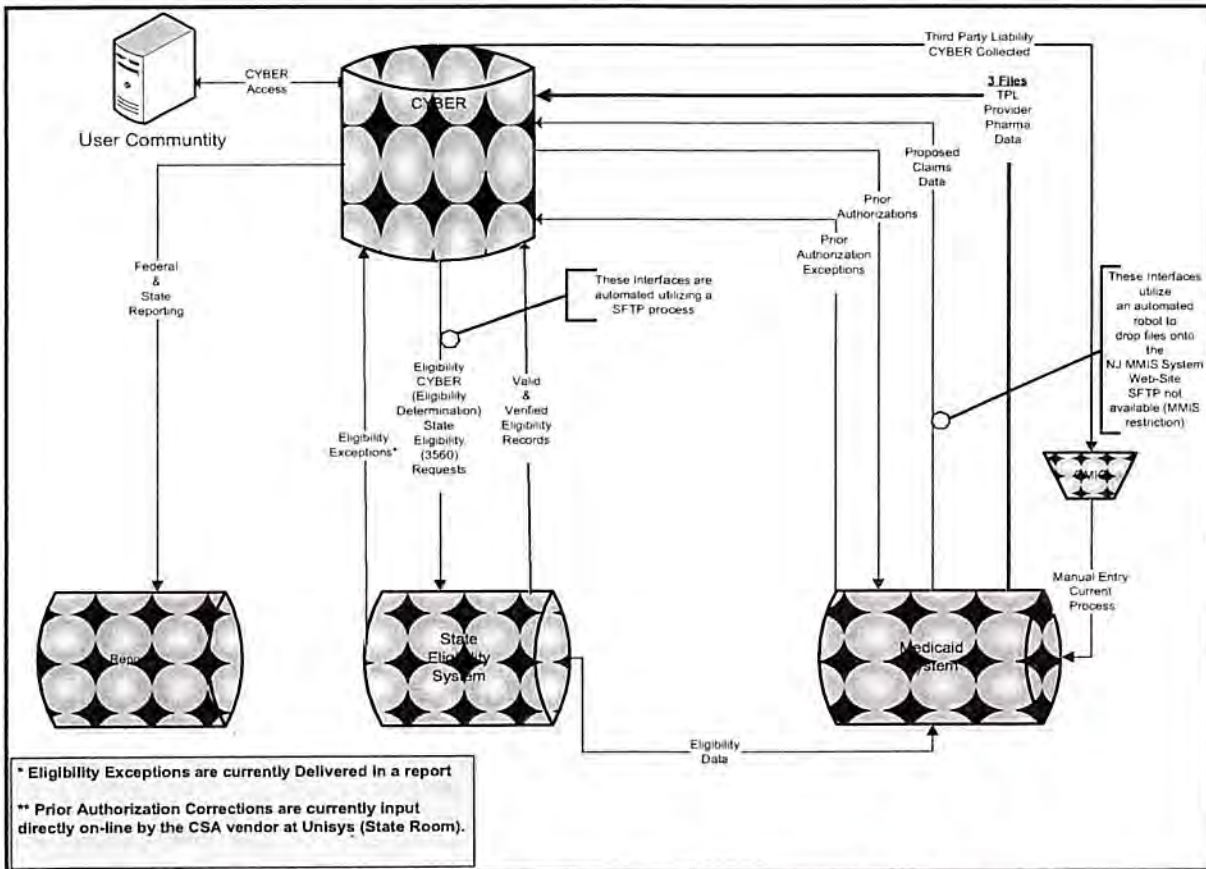
Another connection type of which PerformCare offers for electronic data transportation is a dedicated private circuit. PerformCare currently allows several protocols/types of private circuits – including but not limited to: MPLS, PPP, Frame Relay, T1, DS3, etc. This connection method can also be used in conjunction with VPN and standard HTTPS file transfer for a greater level of security and/or flexibility.

We currently connect to the Commonwealth of Pennsylvania (DPW) via a dedicated T1 Frame Relay circuit. The systems utilized and accessed via this connection – include but are not limited to: CIS, Promise, POSnet, etc. All external circuits, including DPW, are terminated and secured via Cisco hardware.

## 2. WORK PLAN / PROJECT EXECUTION

For the Louisiana Implementation, we would recommend a private circuit for connectivity to provide a more dedicated approach of traffic bandwidth. This dedicated/private connection would then be the conduit for all system access, file transfers, and other data communications between PerformCare and the state of Louisiana. However, full bandwidth assessments would need to be conducted in order to provide the best and most cost effective solution. This would also support the need for Louisiana to directly access PerformCare applications via a thin client such as Citrix or Terminal Services.

CLARIS presents a consolidated data integration solution that will electronically and securely interface with the DHH MMIS, the WAA and the DHH-OBH data warehouse. As a centralized single repository, CLARIS supports all related agency data, such as DHH, OBH, DCFS, DOE, and OJJ, as well as providing a secure web-based user interface. Already operational in New Jersey as the CYBER system, CLARIS electronically receives data transmissions from the NJ Office of Information Technology (Medicaid Eligibility Data), and transmits the same, as well as service authorizations to the Third-Party Claims Processing Vendor (Molina). In turn, Molina transmits medical claims data to CYBER. (See the diagram depicted below showing the configuration of the New Jersey CYBER electronic data transfers).



**CYBER Data Interfaces based on New Jersey Program**

Integrating data with CLARIS and other applications occurs in a variety of different ways. The standard communication into CLARIS occurs using a browser through a secure HTTPS communication. This allows anyone with the proper credentials to access the system and add, update, and view data where their login will allow. Not all users have access to the same pages as others, nor do they access to some of the same data. Data can also be transferred through the use of robotics, secure FTP, secure web services, etc. We choose the appropriate mechanism depending on the systems in place within the DHH

**2. WORK PLAN / PROJECT EXECUTION**

---

Medicaid Medical Information System, WAAs, and DHH-OBH data warehouse. We have extensive experience using all of the standard formats for transferring data.

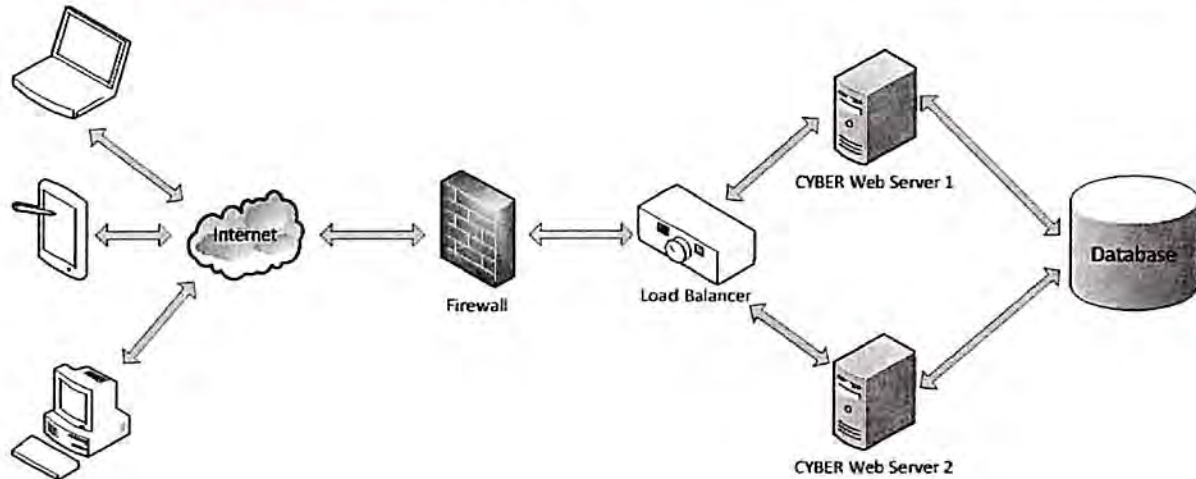
**Standard CLARIS Interface**

Connectivity to the CLARIS applications is established using a secure HTTPS connection through a browser. The end-user initiates the connection by opening a web browser and going to a specified URL; This session will be encrypted using SSL (Secure Socket Layer) or secure HTTP (Hyper Text Transfer Protocol). The application has security mechanisms in place to ensure that a user cannot inadvertently navigate to an unsecured URL. The communication between the browser and the server will automatically create a secure tunnel using industry standards of communication. To gain access to CLARIS, the user must then sign in to CLARIS using their username and password. Once logged in, the user will have access to areas of the system where the login permits.

The standard network configuration routes traffic from a PC, laptop, or windows-based tablet to a firewall to inspect it before routing it to the web servers:

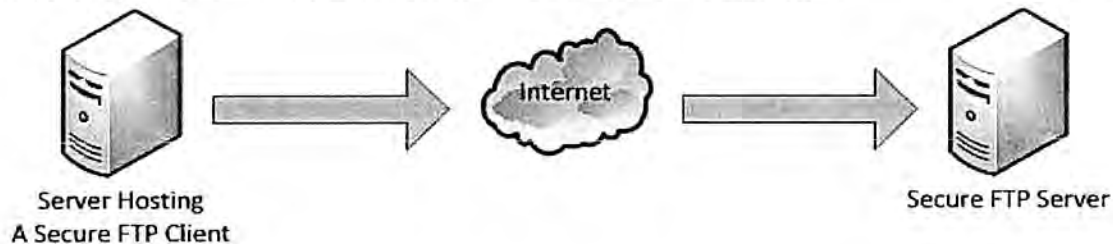
- The firewall blocks ports other than HTTPS from being exploited by a potential attacker who may be looking for another means into a system. This system decreases the surface area exposure to reduce risk.
- A load balancer is placed between the firewall and the web servers to ensure that both web servers are using an equal number of resources. Without a load balancer, traffic may be directed to only one server that will bear the brunt of processing. A load balancer monitors both web servers and makes a decision as to which web server is using fewer resources. When the load balancer determines which server is using fewer resources, traffic is routed to that server. This configuration also allows for many more web servers be put in place if/when the need arises.
- The web servers processes data to a dedicated database server. All transactions are replicated in real time between two or more databases. Communication between the user device and the web servers is transmitted using industry standard secure HTTPS communication protocols.
- The database is where all CLARIS data are stored.
- The CLARIS application, systems and database will be regularly audited by internal and external Information Security Professionals to ensure full compliance with policy and system hardening processes are in place and functioning as expected.
- The CLARIS application and platform will be secured using a combination of Host and Network based intrusion detection and prevention technologies which are monitored and reviewed 24x7x365 by a dedicated team of Information Security Professionals.

## 2. WORK PLAN / PROJECT EXECUTION



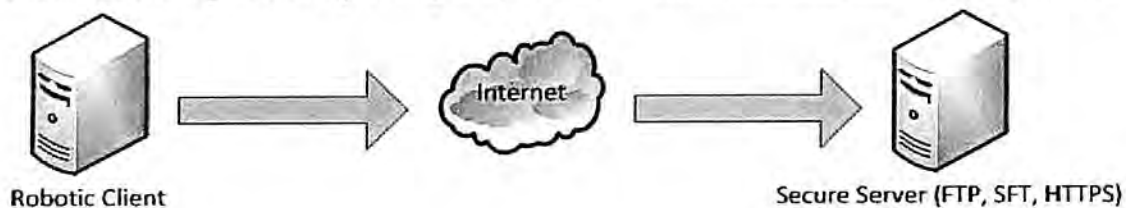
### Secure FTP

Secure FTP is the Secure File Transfer Protocol used to transfer files through an encrypted channel. This works very similarly to HTTPS but is used for transferring files only. The CLARIS application has a separate robotic application to transfer files using SFTP when the robot sees files or filenames appear in a directory. Based on the filename, the robot transfers the data to the appropriate FTP site. This type of scenario is capable of sending and receiving data to and from other agencies.



### Software Robotics

Software Robotics are used in a variety of ways to import and export data into and out of systems. For example, robotics can import data from an external entity and import the data into CLARIS. An application like this could use a variety of protocols but Secure FTP, FTP, and HTTPS are primarily used to transmit files. In the state of Pennsylvania, the Home and Community Services Information System (HCSIS) Robot at designated times goes to a state website, authenticates to the site using a username and password, and then downloads data extracts to Provider and County agencies. The robot then extracts the data from Microsoft Access files and imports the data into a Microsoft SQL Server database. In NJ a robot like this is being used to export Eligibility data out of Office of Information Technology (OIT).



## 2. WORK PLAN / PROJECT EXECUTION

### vi. Describe the Proposer's Web based capabilities to receive and respond to providers and State agencies for referrals and prior authorizations for services.

The proposed CLARIS system is a web based application which will be used by multiple System of Care user types such as wraparound agencies, family service organizations, out of home facilities, in-community behavioral assistance specialists and mobile response organizations and State agencies to coordinate and manage behavioral health services. For the CSoc, providers submit treatment plans (based on recent assessments performed) with the functionality to request services and authorizations. Upon approval of the treatment plan, CLARIS business logic automatically generates the service requests and authorizations (based on the selections made within the respective treatment plan). Also, CLARIS provides internal work-flow support by granting systems access to the providers identified in the treatment plans in real time allowing providers to start serving the member without delay. Internal messaging and time-prompt queues also present in each associated person to the member's record (as would be determined by the internal tracking elements). State, WAA and SMO users can also enter service requests and authorization directly into the system utilizing the authorization processes in CLARIS.

As noted in the graphic below, providers complete treatment plans that are reviewed and approved by the SMO (CSoc in Louisiana). Once approved the services requested and their associated authorizations are created by the application using a rules engine to determine the authorizations that are associated with a requested service and the units of service to be authorized. Once approved CLARIS automatically stages the authorization to be sent to the appropriate provider or State Agency.

The screenshot displays the CLARIS web application interface. At the top, there is a header with fields for FIRSTNAME, LASTNAME, MI, DOB, SSN, and YOUTH/CHILD ID, along with buttons for Search, Clear, Agency/Client, and Logout. Below the header is a navigation menu on the left with buttons for Return To Menu, Face Sheet, Out Of Home Treatment, Your Caseload, APPR TX PLAN (O), Progress Notes, Treatment Plans, Assessments, Authorizations, Claims, Medications, Diagnosis, Messages, Triage Notes, 3560 Request, 3560 Termination, and Crisis Tracking. The main content area shows a 'Service Request' form with fields for NEED, STRATEGY, PROVIDER, SERVICE CODE, and SERVICE DESCRIPTION. A dropdown menu is open, showing a list of service codes (CSA11-EDUCATIONAL/INSTRUCTIONAL, CSA12-PROFESSIONAL SERVICES-WRAP/PLEX FUNDS, CSA13-LIVING/HOUSING EXPENSES, CSA14-RECREATION, CSA15-FAMILY CARE HOME, CSA17-MENTORING, CSA18-TREATMENT HOME (DAYS/DHHS), CSA19-FOSTER CARE, CSA20-SUBSTANCE ABUSE SERVICE, CSA21-MEDICATION, CSA22-SHELTER CARE, CSA23-TRANSPORTATION, CSA24-Personal Care Expenses, CSA25-Utilities, CSA26-Camp, CSA45-Third Party Liability/Commercial Insuran, CSA50-'FREE' SERVICES, CSA51-SCHOOL REIMBURSED SERVICES (IEPS)).

## 2. WORK PLAN / PROJECT EXECUTION

1536132898

AuthNum

Card/ State ID

Approved

Auth Type

H0036TJU2

Service Code

H0036TJU2

Level of Care

Auth Details

DATECHARGED

AMOUNT

UNITS

Claims Against This Auth

BEGIN	END	APPR	REQ	DENIED	FREQ	PROVNUM	PROVNAME
2011/01/09	2011/03/21	88	88	0	E15M		MAXIM HEALTHCARE SVCS. (64

Accept

**Sample Authorization Screen**

The capability of creating service requests and authorization directly into the system is driven by system security as only a subset of the community can enter this information directly into the system without a treatment plan or assessment. This is done by utilizing the authorization screen (see below). This screen presents the user with a grid of historical and active authorizations. This functionality allows users to see the services that have been authorized in the past as well as active authorization preventing duplicate authorizations and referrals. When using the new Authorization Request the user will select the provider, service type, start date, end date, and units requested. The system automatically calculates the frequency of service available and costs per unit. The user can also create a real time referral to a WAA or FSO directly from the Authorization screen. This action will notify the WAA or FSO that they have a new referral and automatically open security access for the WAA or FSO to the referred member.

## 2. WORK PLAN / PROJECT EXECUTION

**Sample CLARIS Add/Modify Authorization Screen**

The system automates referrals to providers and authorizes services once a treatment plan has been approved or an authorization has been accepted. The referrals are completed in real time allowing provider's instant access to member's record.

**vii. Describe how the Proposer's BH MIS will meet the requirements for regular (e.g., biweekly) electronically transfer client/episode-level recipient, assessment, service, and provider data to DBH-OBH data warehouse/business intelligence system operated by the State for purposes of state and federal reporting (e.g., SAMHSA National Outcome Measures (NOMS), Treatment Episode Data Sets (TEDS), Government Performance Reporting Act (GPRA), and for ad hoc reporting as needed by the state for service quality monitoring and performance accountability as outlined in the Quality Management Strategy).**

PerformCare will utilize CLARIS to keep the DHH-OBH data warehouse / business intelligence system up to date with the latest person-level-encounter and provider data from the SMO. PerformCare will utilize several electronic transfer methods within the overall strategy whereby data from CLARIS will be pre-processed by PerformCare to also include the data fields and data conversions that will be imported or otherwise included in the DHH-OBH data warehouse / business intelligence system to satisfy

## 2. WORK PLAN / PROJECT EXECUTION

the reporting requirements at both the State and Federal levels. The pre-processed data needed to report National Outcomes Measures, Treatment Episode Data Sets, and other required reporting will be included as well as data-mart tables for quality and performance monitoring. Whether the required data is de-normalized or straight from the database, the data can be presented to the State of Louisiana in any of the industry standard formats.

In terms of required data transmissions:

- PerformCare will provide a secure electronic data interface for the OBH behavioral health data warehouse of client-level, standardized data, for purposes of state and federal reporting (e.g., SAMHSA Uniform Reporting System (URS)/National Outcome Measures (NOMS), 1915(c) Level of Care and Plan of Care information, Treatment Episode Data Sets (TEDS), Government Performance Reporting Act (GPRA), client level data elements as required by the Center for Mental Health services for federal block grant reporting, and for ad hoc summarized or client-level reporting as needed by the state for service quality monitoring and performance accountability (as outlined in the Quality Management Strategy).
- PerformCare will also provide data to meet federal reporting requirements for the Community Mental Health (CMHS) and Substance Abuse Prevention and Treatment (SAPT) federal Block Grants. The client level data will be used to verify that services were actually provided to Members and for performance measurement and accountability.
- PerformCare will work closely with OBH and its contractor and stakeholders to assure effective design, implementation, and ongoing operation of the OBH data warehouse.
- PerformCare assures that the client level data content, format, definitions, and the schedule and methodology of secure uploading (e.g., electronic transfer) of the client level dataset data for the DHH-OBH data warehouse (e.g., secure FTP) will be in keeping with DHH-OBH and national (SAMHSA) standards.

PerformCare will also provide client / episode level data, as well as assessment, services, and provider data at intervals determined by the State of Louisiana. Exporter robots will electronically transfer the required data to the OBH behavioral health data warehouse. The data transmissions will be well-documented (such as with a data dictionary; data structure schema and foreign keys) and kept current and accurate.

PerformCare understands and will have in place all needed processes to ensure that Louisiana has complete and timely access to all information and that Louisiana has ownership of this data. Appropriate real-time access based on role responsibilities will be granted directly to CLARIS integrated reporting store that supports the capacity for ad-hoc as well as production type reporting. PerformCare will also augment with specific reports when needed.

Furthermore, PerformCare has a history of offering and providing extensive data transfers to its contract holders or their business partners for their own uses and will certainly do the same for Louisiana. The data transfers can be in any agreed upon format, interval, and time schedule. The data feeds can include all of the data sets related to provider, authorization, claims, membership, eligibility, capitation, clinical treatment and assessment information.

PerformCare offers the following types of data stores to be made available for storage directly in the data warehouse/business intelligence system of DBH-OBH:

- An exact replica copy of the primary web-based application database in CLARIS
  - **Example of Log File Replication of the Production Database (New Jersey CYBER Framework)** – A copy of the CYBER Framework production database is maintained on the

**2. WORK PLAN / PROJECT EXECUTION**

State's servers in read only mode. Log files from the CYBER Framework production database are uploaded via SFTP to the state's FTP server each night. A SQL Server Job picks up the files and processes them against the State's copy of the CYBER Framework Production Database. This brings the state's copy of the CYBER Framework production database up to date nightly. SSIS Packages can then be run against the State's copy of the database to refresh and update the DBH-OBH data warehouse/business intelligence system with any data required. All changes to the production database are reproduced automatically on the State's database copy.

- A data extract of specific tables as agreed upon between the database administrators and informatics personnel. This is useful when the entire database is not relevant to reporting in order to improve transfer performance.
- A defined set of one or more data feeds designed for easy import into the existing DBH-OBH data warehouse/business intelligence system. This process would use the normal ETL processes to extract, transact and load the data.

All ETL data processes are automated and monitored for successful processing. The data transmissions will be performed using secure, encrypted connections.

In addition to providing data transfers and stock reports, PerformCare regularly works with its contract holders to either augment or develop new, specific, proprietary, reports requested by the agency. The reports are developed with input from the agency and works directly with the users of the report for user acceptance. Reports are available as an Excel download or as standardized presentation-ready reports. When report or analytics are more complicated or there is need of an ad-hoc request, PerformCare Informatics customizes a data request. Every piece of data collected by PerformCare is reportable and PerformCare is able to expand data collection to meet Louisiana's needs.

The types of reports that the data file replication solution described above shall provide include, but are not limited to:

- Unduplicated counts of persons served by program/service and provider;
- A longitudinal history of service provision across service settings/ episodes and over time, for a standard set of Member/service data
- Utilization/cost outliers that trigger notice for follow-up action.
- Continuity of care and care coordination information, such as but not limited to:
  - Timely access,
  - Time between referral and first appointment, and
  - Follow up after discharge from inpatient levels of care.
- Services rendered and appropriately paid, based upon linkage of raw claims data to authorizations.
- Dashboard-type quality management and performance reporting,
- Standard tabular and graphical reporting.

Data submissions by the SMO, as specified by the DHH, will require certification. Information such as encounter data and other information required as a deliverable in the Contract, shall be certified. The certification shall attest, based on best knowledge, information, and belief as to the accuracy, completeness and truthfulness of the documents and data. Therefore, PerformCare SMO shall submit the certification concurrently with the certified data and documents. All data and documents requiring certification the Contractor submits to DHH-OBH shall be certified by one of the following:

## 2. WORK PLAN / PROJECT EXECUTION

- PerformCare's Chief Executive Officer.
- PerformCare's Chief Financial Officer; or,
- An individual who has delegated authority to sign for, and who reports directly to, PerformCare's Chief Executive Officer or Chief Financial Officer.

PerformCare technical staff at the SMO will be responsible for training and support regarding the content and access to the client data. Scheduled routine transmissions of required information will be monitored electronically, via internal message confirmations of submission / reception of data. Technical staff will monitor the submission receipts to assure completion. The SMO technical staff will also provide the necessary training for both internal staff as well as the DHH-OBH.

**viii. Describe the Proposer's use of Internet website for providers, including any interface with the claims system, eligibility and provider data. Include provider capabilities to use the website to submit authorization requests, claims or inquiries.**

CLARIS as the proposed electronic health solution by PerformCare is entirely web based for all provider and state agency interfaces. The whole of its content and user interface is delivered to the end user use via the web browser. CLARIS will leverage Microsoft Silverlight – the state of the art cross-browser, cross-platform implementation of the .NET Framework for building and delivering the next generation of media experiences and Rich Interactive Applications (RIA) for the web. Silverlight is very small in size, and installs at the user level very quickly. It is a combination of different technologies into a single development platform that allows design flexibility, and affords applications that are very user friendly.

At a minimum, Silverlight will work correctly with the following browser environments:

- WINDOWS PC's (XP,VISTA,2008,WIN 7)
  - Internet Explorer 7,8,9
  - Firefox 4.x, 5.x
  - Opera 10.x 11.x
  - Safari 4.x, 5.x
  - Google Chrome Rel 11.x, 12.x
- INTEL MACINTOSH (OSX 10.5 and UP)
  - Safari 4.x, 5.x
  - Firefox 4.x,5.x
  - Google Chrome Rel 11.x, 12.x

In the descriptions below, we provide you with a summary of how the web-based application easily supports individual claims submission, and also includes easy to access eligibility and provider data. In addition, CLARIS provides an easy and effective capability for providers to submit authorization requests, claims, or inquiries.

### Claims Submission and Inquiry

In other state applications outside New Jersey, the CYBER framework that is the core web interface of CLARIS has been customized to incorporate claims input. Providers will be able to use CLARIS to enter individual claims (in addition to the additional claims submission processes outlined below). In

## 2. WORK PLAN / PROJECT EXECUTION

these cases the provider logs into the system where, based on their FINANCIAL role designation, they can enter the Provider functions to submit claims. Claim submission has been made surprisingly easy and fast for the provider network, regardless of their size. The Claims submission functionality supports the entry of individual claims (many times with just the entry of the quantity of units delivered, and the data or date range). The "Provider Functions" screen depicted below shows the current claims submission interface. From this one interface, providers can submit individual claims, manage their outstanding authorizations, view claims status, or provide a comment via internal messaging.

Member Name	Service Desc	Prov Name	Date Range	Avail	Enc	Total	Unit Type	Funder
FNAMES7 RIELEY LNAMES7	Fact Team	BayCare Behavioral Health	08/01/2010 thru 08/31/2010	10	0	12	Day	DCF
FNAMES7 RIELEY LNAMES7	Methadone Maint.	Gulf Coast Jewish Family Services, Inc.	09/01/2010 thru 06/16/2011	11.5	0	12	Unit	DCF
FNAMES166 RNM LNAMES166	Case Management	Personal Enrichment Through MH Svcs.	06/16/2010 thru 12/01/2010	12	0	12	Hour	DCF
FNAMES938 KARL LNAMES938	Assessment	Central FL Behavioral Health Network	12/01/2010 thru 12/01/2011	20	0	20	Hour	DCF
FNAMES938 KARL LNAMES938	Crisis Stabilization	Lutheran Services Florida, Inc.	08/01/2010 thru 12/22/2011	99	0	100	Day	DCF
FNAMES938 KARL LNAMES938	Case Management	Personal Enrichment	02/01/2011 thru 02/01/2012	20	0	20	Hour	DCF

The submitted claim will appear on the display grid at the bottom of the screen.

Claims to be made in this batch...											Accept
Procedure	Client	Provider	Start Date	End Date	Start Time	Funder	Units	Spent Time	Setting	Status	Submit Date
Child Care	CHRIS CRINGLE	DACCO	07/24/2011	07/24/2011	3:00 PM	JWB	12	0	Foster Home		07/21/2011

The single claim entered (above), shows that 12 units been claims against the auth.

Proceeding back to the Face Page of the record, you find the claim received, as well as in greater granular detail in the "Claims" tab within the Face Page (see image that follows).

Procedure	Provider	Start Date	End Date	Start Time	Funder	Units	Spent Time	Setting	Status	Submit Date
Child Care	DACCO	07/24/2011	07/24/2011	3:00 PM	JWB	12	0	Foster Home		07/21/2011
Case Management	Childrens Home Inc.	02/21/2011	02/21/2011	1:30 PM	JWB	1	60	DCF SHCS		07/13/2011

## 2. WORK PLAN / PROJECT EXECUTION

And within the “Authorizations” tab, you also find that the original 120 units authorized, have now been decreased by the 12 units once paid through the claims system, leaving 108 units remaining (see circled area on the image below).

Demographics	Notes	Authorizations	Claims	Incidentals	Record Access	Supports	Schedule	Screenings	History	Visuals
Prov ID	Start Date	End Date	Cost Center	Units	Remaining	Spent \$	Rem \$	Unit Cost		
59-1514993	7/21/2011	1/21/2012	Child Care	120	108	\$600.00	\$5,400.00	\$50.00		
work 59-3467610	6/22/2011	12/22/2011	Case Management	120	110	\$0.00	\$7,585.20	\$63.21		
Svcs. 59-3153549	3/28/2011	9/28/2011	Case Management	20	20	\$0.00	\$1,264.20	\$63.21		
59-0696284	2/21/2011	8/21/2011	Case Management	20	19	\$63.21	\$1,200.99	\$63.21		

In addition to the 12 units were claimed, other relevant information such as the dollar amounts (authorized, spent, and remaining), as well as the unit cost are provided for easy reference.

CLARIS present all aspects of system operation to the end users via the browser interface. Depending upon the defined user role or set of roles, different aspects of the CLARIS interface may be revealed to the user, or may be totally concealed from his view or access.

### Eligibility Information

CLARIS eligibility data is received as a consolidated Medicaid data file received at the State level (Pennsylvania and New Jersey provide Medicaid 834 Eligibility files, which are imported into the respective applications). Eligibility data is imported into CLARIS via a customized data importer that receives the data set and applies processing validation logic to compare existing data within the member's record with the new eligibility data. Once the data has passed validation checking logic, it is imported into CLARIS, and populates the Eligibility grid (depicted below, in both the Timeline display, as well as the Eligibility tab, accessible from within a standard web browser).

## 2. WORK PLAN / PROJECT EXECUTION

The screenshot displays the PerformCare system interface. At the top, there are input fields for patient information: First Name, Last Name, MI, Gen, Birth Date (06/02/1993), SSN, and Youth/Child ID. There are also buttons for Search, Clear, Agency Cases, Add New, and Logout. Below this is a timeline view from 06/11/2011 to 07/01/2011, showing various service areas like Intake, Assessment, Treatment Plans, Assessments, and Progress Notes. A 'Day Size' dropdown and a 'Select Date' button are also present. The main section contains several tabs: Demographics, Admissions, Providers, Tracking Elements, Formal/Informal Supports, Eligibility (highlighted with a red box), Insurance, Legal, and Call Resolution. Below the tabs is a 'Show Connected Records' section with fields for Medicaid Team, Last Name, First Name, PSTAT, and DOB YYYY MM, along with Search and Clear buttons. The bottom section is a table of connected records.

MAID	EFFDATE	ENDDATE	STATCODE	STATDESC
	2010/08/01	2010/08/31	600	DYFS - Optional Foster Care - Adoption Assistance,ISS - SSI MP
	2008/12/01	2010/07/31	600	DYFS - Optional Foster Care - Adoption Assistance,ISS - SSI MP
	2007/10/01	2008/11/30	600	DYFS - Optional Foster Care - Adoption Assistance,ISS - SSI MP
	2007/04/01		220	DA - CH Medicaid only - NMP
	2006/02/01	2007/09/30	600	DYFS - Optional Foster Care - Adoption Assistance,ISS - SSI MP
	2005/06/01	2006/01/31	600	DYFS - Optional Foster Care - Adoption Assistance,ISS - SSI MP
	2005/03/01	2005/05/31	600	DYFS - Optional Foster Care - Adoption Assistance,ISS - SSI MP

The Eligibility grid contained within the record provides a historical listing of periods of Medicaid eligibility, and the category or type of Medicaid eligibility.

### Provider Data

CLARIS maintains extensive information on the active provider network. Provider information maintained by PerformCare is housed within our Provider Relations module. This includes all the information required for contracting and credentialing processes (such as licensing and certification, service locations, and capacity data). Providers indicate within the contracting process the categories of service in which they specialize. The collected information is maintained in the Provider Information File (or, PIF). The PIF provides the basis for matching providers with children who will appear on the CSoc YouthLink. A report of the contents of a provider's PIF is provided in the image below. Please notice that essential provider identifiers, capacity, and services ages are outlined.

## 2. WORK PLAN / PROJECT EXECUTION

Provider Details
Logout

View Report
Back to Provider Details

of 1
Export to the selected format
Export

## NJ Children's System of Care

Administered by PerformCare Behavioral Health Solutions | an AmeriHealth Mercy Company

**PROVIDER INFORMATION - GENERAL**  
Master Full Name: E  
Site Full Name: R  
  
Site Type: RS  
Master CIM ID: 56137  
Site CIM ID: 64771  
Medicaid ID: R7724

**PROVIDER INFORMATION - SITE CONTACT**  
Site Contact Person:  
Site Contact Phone: (8) 777 07 Ext 1  
Site Contact Email: csantaspri@bonnie-brap.org

**PROVIDER INFORMATION - BEDDING**  
Contracted Beds: 40  
Licensed Beds: 40  
Bed Occupancy: 40  
Open Beds: 0  
% Open Beds: 0  
Gender Served: M  
Male Beds: 40  
Open Male Beds: 0  
Female Beds: 0  
Open Female Beds: 0  
Total # Admits: 0  
SCHED:

**PROVIDER INFORMATION - OTHER**  
Effective Date:  
Created By:  
Created Date:  
Updated Date:  
Updated By:  
Current Status:  
Submitted Date:  
Rejection Reason:  
Submission Type:

**PROVIDER INFORMATION - AGES SERVED**  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21  
Y Y

IQ 69 Under Assault    Firesetting    Eating Disorder    Runaway    Sexuality    Sexual Offender  
Y    Y          Y    Y

The entry format within the proposed CLARIS framework to enter the specific provider details is found in the Annex A Addendum. (The Annex A Addendum is the specific contract process utilized by the State of New Jersey to identify a residential provider's service criteria; this functionality has been designed within the New Jersey CYBER system as a result of the requirements of the State of New Jersey.) The needs or requirements of the State of Louisiana may differ. If so, PerformCare can customize the Annex A functionality to reflect the specific requirements of the State of Louisiana. The illustration is provided below as an example of the functionality currently in production to support the Children's System of Care in New Jersey.

## 2. WORK PLAN / PROJECT EXECUTION

Edit Annex Form.....R4989503

### Annex A Addendum

☒ New
 ☐ Renewal
 ☐ Modification
 ☐ Update Contact Info

> AGENCY INFORMATION  
 > AGENCY CONTACT INFO  
 > POPULATIONS SERVED

"FOR EACH ITEM SELECTED BELOW, I ACKNOWLEDGE THAT THE PROGRAM WILL SERVE YOUTH FROM THIS TARGET

<b>Additional Information</b> <input checked="" type="checkbox"/> School On Site <input type="checkbox"/> Transitional Living Facility <input type="checkbox"/> Transitional Living Program <b>Languages Spoken by Staff :</b> <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Chinese-Mandarin <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Other(Please list below) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <b>IQ</b> <input type="checkbox"/> 80 and above <input type="checkbox"/> 70 to 79 <input type="checkbox"/> 65 to 69 <input type="checkbox"/> 64 and below Minimum IQ <div style="border: 1px solid black; width: 50px; height: 20px;"></div> <b>Assault</b> <input type="checkbox"/> Assault <input type="checkbox"/> Without Weapon <input type="checkbox"/> Adjudicated for assault without a weapon <input type="checkbox"/> With Deadly Weapon (e.g.,gun,knife,baseball bat) <input type="checkbox"/> Adjudicated for assault with a deadly weapon <input type="checkbox"/> With Weapon of Opportunity	<b>Runaways</b> <input type="checkbox"/> Home <input type="checkbox"/> Single Episode <input type="checkbox"/> Multiple Episodes <input checked="" type="checkbox"/> Returns within 72 hours <input checked="" type="checkbox"/> Away beyond 72 hours <input type="checkbox"/> Returns voluntarily <input type="checkbox"/> Returns involuntarily <input type="checkbox"/> Facility <input type="checkbox"/> Single Episode <input checked="" type="checkbox"/> Multiple Episodes <input type="checkbox"/> Returns within 72 hours <input checked="" type="checkbox"/> Away beyond 72 hours <input checked="" type="checkbox"/> Returns voluntarily <input type="checkbox"/> Returns involuntarily <b>Sexuality</b> <input type="checkbox"/> Sexual Orientation issues <input type="checkbox"/> Gender identity issues <input checked="" type="checkbox"/> Sexual promiscuity <b>Sex Offender</b> <input type="checkbox"/> Predator (Stranger is victim) <input type="checkbox"/> Non-Predator (Victim is known to offender)	<b>Self Mutilation</b> <input type="checkbox"/> Superficial <input type="checkbox"/> Serious <b>Substance Use</b> <input type="checkbox"/> Used within last 30 days <input type="checkbox"/> Used more than 30 days ago <b>Substance Abuse</b> <input checked="" type="checkbox"/> Adjudicated for possession of a controlled dangerous substance <input type="checkbox"/> Adjudicated for sale of a controlled dangerous substance <input type="checkbox"/> Currently Addicted <input checked="" type="checkbox"/> Medical Detoxification <input type="checkbox"/> History of Addiction <input type="checkbox"/> Alcohol and/or Marijuana <input checked="" type="checkbox"/> Actively using (within the last 30 days) <input type="checkbox"/> Used one to six months ago <input type="checkbox"/> Used six to twelve months ago <input type="checkbox"/> Other Substances <input type="checkbox"/> Actively using (within the last 30 days) <input type="checkbox"/> Used one to six months ago <input type="checkbox"/> Used six to twelve months ago	<b>Primary Psychiatric I</b> <input type="checkbox"/> Schizoaffective Disord <b>Other Psychotic Disord</b> <input type="checkbox"/> Actively Psychotic <input type="checkbox"/> Actively psychotic- Stabilized on medic <input type="checkbox"/> Actively psychotic- Not stabilized on m <input checked="" type="checkbox"/> Minimally Psychotic medication <input type="checkbox"/> Non-compliant with m <b>Mood Disorders</b> <input type="checkbox"/> Actively Psychotic- <input checked="" type="checkbox"/> Actively psychotic- medications <input type="checkbox"/> Actively psychotic- medications <input type="checkbox"/> Not Psychotic <input type="checkbox"/> Non-compliant with m <input type="checkbox"/> Anxiety Disorders <input checked="" type="checkbox"/> Dissociative Disorders <input checked="" type="checkbox"/> Impulse-Control Disorder <input checked="" type="checkbox"/> Adjustment Disorders <input checked="" type="checkbox"/> Personality Disorders Trai <input type="checkbox"/> Mental Disorders Due to a Medical Condition <input type="checkbox"/> Disorders Usually First
---	--	--	---

### Provider Authorization Requests

CLARIS can handle authorizations for services in several ways as might be required in the State of Louisiana for the Statewide Management Organization (SMO). The most basic method for the generation of a service authorization is by an SMO, WAA, or FSO clinician in the process of utilization management. Functionality within CLARIS enables role-enabled staff (clinical staff) the ability to produce electronic authorizations. Authorizations may require secondary supervisory approval, or may be immediately released to the respective provider or practitioner. Central to the authorization logic is that all service qualifiers and identifiers, as well as all provider and member qualifiers "ride along" with the authorization. The result is that the claims process and proper claims payment is tied directly to the authorization of services. Internal workflow support and secure messaging is also part of the authorization functionality; with authorizations immediately entering the queue of the provider on their Welcome Page.

There are, however, other ways in which general authorizations are produced - as the result of some other process, such as:

- Telephonic Utilization Review with a PerformCare Care Manager
- Accepting a Treatment Plan – the content of the treatment plan dictating a certain set of authorization requests

## 2. WORK PLAN / PROJECT EXECUTION

- Dispatching a Mobil Response Team to a Child's Home - Mobil Response will bill for their services, so the authorization will need to be in place
- Selecting a Child from Youthlink as being chosen to fill a residential vacancy – the authorization for the child for placement in the residential facility for a pre-determined amount of time.

The screen provided below shows the "Authorizations Grid" listing the current and historical authorizations for the member. Authorizations can be added, viewed, or printed directly from this screen.

George
ChangedNow
X
Ma
07/22/2000
155650231
426
Search
Clear
Agency Cases
Add New
Logout

First Name
Last Name
MI
Gen
Birth Date
SSN
Youth/Child ID

06/11/2011
07/01/2011

Day Size
Select Date

Authorizations on file
Print Provider Selected
Print Parent Selected
New Authorization

AUTHNUM	PROVIDER	SERVICECODE	AUTHTYPE	STARTDATE	ENDDATE	APP
1536227570	CAPE ATLANT	ZS008	Denied	2011/06/27	2011/07/31	0
1536227571	CAPE ATLANT	CSC02	Denied	2011/06/27	2011/07/26	0
1536227572	CAPE ATLANT	H0036TJU1	Denied	2011/06/27	2011/07/26	0
1536227573	CAPE ATLANT	H0036TJU2	Denied	2011/06/27	2011/07/26	0
1536227574	CAPE ATLANT	H2014TJ	Denied	2011/06/27	2011/07/26	0
1536213771	UMDNJ MOBIL	S9485TJ	Approved	2011/05/31	2011/06/03	1
1536213772	CATH CHAR T	S9485TJ	Approved	2011/05/31	2011/06/03	1
1536213775	DRENK BURL	S9485TJ	Approved	2011/05/31	2011/06/03	1
1536205069	FAMILY INTER	S9485TJ	Approved	2011/05/16	2011/05/19	1
1536199308	FAMILY INTER	S9485TJ	Approved	2011/05/03	2011/05/06	1
1536186941	FAMILY INTER	S9485TJ	Denied	2011/04/10	2011/04/13	0
1536185071	ASAPP HEALT	H0018TJU1	Denied	2011/04/06	2011/04/27	0
1536184077	George Zeo, R	CSA45	Approved	2011/04/05	2011/06/07	3
1536179471	GEORGE ZEO	CSA45	Denied	2011/03/28	2011/04/11	0
1536178037	FAMILY INTER	S9485TJ	Approved	2011/03/25	2011/03/28	1
1536178039	FAMILY INTER	S9485TJ	Approved	2011/03/25	2011/03/28	1
1536178040	FAMILY INTER	S9485TJ	Approved	2011/03/25	2011/03/28	1
1536166076	JEFFREY JIMM	H0018TJU1	Denied	2011/03/25	2011/03/28	0

## 2. WORK PLAN / PROJECT EXECUTION

As a further example of web-based authorization management, another method of supporting authorization requests was required by The Central Florida Behavioral Health Network, Inc. (CFBHN) in their customization of the CYBER framework. Their desire was that PROVIDERS of service would request services for authorization by preparing a formatted interface in the application. Once the authorization request was submitted it would queue at the designated supervisors' Welcome Page, and they would receive notification that the authorization requests have been made and need to be accepted or rejected (see circled element on the image above). Supervisors can see the requests for Authorizations and jump right to the record where they can accept, reject or amend the requests.

Provider Name	Prov ID	Start Date	End Date	Cost Center	Units	Remaining	Spent \$	R
DACCO		7/21/2011	1/21/2012	Child Care	120	120	\$0.00	\$
Central FL Behavioral Health Network		6/22/2011	12/22/2011	Case Management	120	120	\$0.00	\$
Personal Enrichment Through MH Svcs.		3/28/2011	9/28/2011	Case Management	20	20	\$0.00	\$
Childrens Home Inc.		2/21/2011	8/21/2011	Case Management	20	19	\$63.21	\$
Central FL Behavioral Health Network		2/15/2011	8/15/2011	Family Team Conferencing	9000	4	\$568,637.16	\$
Central FL Behavioral Health Network		2/9/2011	8/9/2011	Case Management	\$900000	\$100000	\$50,568,000.00	\$
Central FL Behavioral Health Network		2/9/2011	8/9/2011	In-home&On-site	30000000	29989877	\$710,634.60	\$

Current Authorizations in System

Reject Selected Activate Selected Add Authorization

### Provider Inquiries

All provider inquiries, such as those related to claims status inquiries, member services, utilization management, network services or quality assurance are supported through CLARIS. As such, CLARIS becomes the provider's single point of contact with their members and all matters associated with the behavioral health and substance abuse consolidated service delivery system.

- ix. Describe the Proposer's systems' ability to provide an electronic data interface to allow transfer of Health Insurance Portability and Accountability Act (HIPAA) compliant information from and to WAA, DOE, or other agencies. Include the transfer of eligibility and encounter data in the Proposer's response.

### Secure Method for Transfer of Files

Due to PerformCare's resilient and highly flexible LAN/WAN environments, there are multiple secure methods available for data transportation processes between PerformCare, business partners, electronic data trading partners, WAA, DOE, or other agencies.

**2. WORK PLAN / PROJECT EXECUTION**

All file transfers are conducted via a secure inbound and outbound movement of data for point-in-time or real-time transactions using dedicated point-to-point connectivity or secure virtual private networks across the Internet. The lock step method executed with each data movement ensures all received and outbound exchanges are archived and logged for future reference or processing, if needed.

One method is through the utilization of VPN. VPN is a very cost effective, secure, and scalable method for transferring data to external off network entities. PerformCare currently offers and provides several types of encryption methods for site-to-site VPN connections via our Cisco ASA and VPN concentrator hardware environments – including SSL and IPsec. PerformCare regularly establishes VPN connections with external off network.

For more individual oriented secure access (non-batch), PerformCare also offers standard HTTPS (Hypertext Transfer Protocol Secure) file transfers to our DMZ connected – IIS (Internet Information Services) powered web server publishing environment. This environment utilizes HTTPS file transfers along with WebDAV (Web-based Distributed Authoring and Versioning) for direct file transfer and editing capabilities.

Another connection type of which PerformCare offers for electronic data transportation is a dedicated private circuit. PerformCare currently allows several protocols/types of private circuits – including but not limited to: MPLS, PPP, Frame Relay, T1, DS3, etc. This connection method can also be used in conjunction with VPN and standard HTTPS file transfer for a greater level of security and/or flexibility.

We currently connect to the Commonwealth of Pennsylvania (DPW) via a dedicated T1 Frame Relay circuit. The systems utilized and accessed via this connection – include but are not limited to the State's eligibility verification and provider systems (CIS, Promise, POSnet). All external circuits, including DPW, are terminated and secured via Cisco hardware.

For the Louisiana Project, we would recommend a private circuit for connectivity to provide a more dedicated approach of traffic bandwidth. This dedicated/private connection would then be the conduit for all system access, file transfers, and other data communications between PerformCare and the state of Louisiana. However, full bandwidth assessments would need to be conducted in order to provide the best and most cost effective solution. All transfers would include joint testing of file transfer protocols and processing schedules to ensure transfer utilities are available and secure for sending and receiving data and data files.

**Scheduled and Secure Processes**

To provide predictable and reliable processing, a business process automation tool named Automise from VSoft Technologies along with Microsoft SQL job scheduler is used to manage sending and receiving files between PerformCare and the State and its agents. It is also used to facilitate the execution of related processes and services. The predetermined schedules allow for alerts to be signaled in the event a file is not received or sent when expected, if the file transfer is not successful, or in the event any processing step fails. These alerts are monitored (24x7x365) and appropriate steps taken dependent upon the circumstances.

**Eligibility Data**

Eligibility or enrollment updates are received using the HIPAA 834 transaction and when received, the HIPAA 997 Acknowledgement is returned to the sender.

In order to effectively manage the accuracy of our membership data, files are processed in the order in which they are received and records are processed in chronological order for each member. Eligibility transactions are compared to our existing member records and updated or added as necessary.

## **2. WORK PLAN / PROJECT EXECUTION**

Membership data that does not meet our standard edits defaults to an error report. Designated Enrollment Department employees will review and reconcile the errors with the Louisiana State System. They will update the CLARIS system to match the Louisiana State System data and reconcile all error reports within 24 hours of receipt.

### **Encounter System Capabilities**

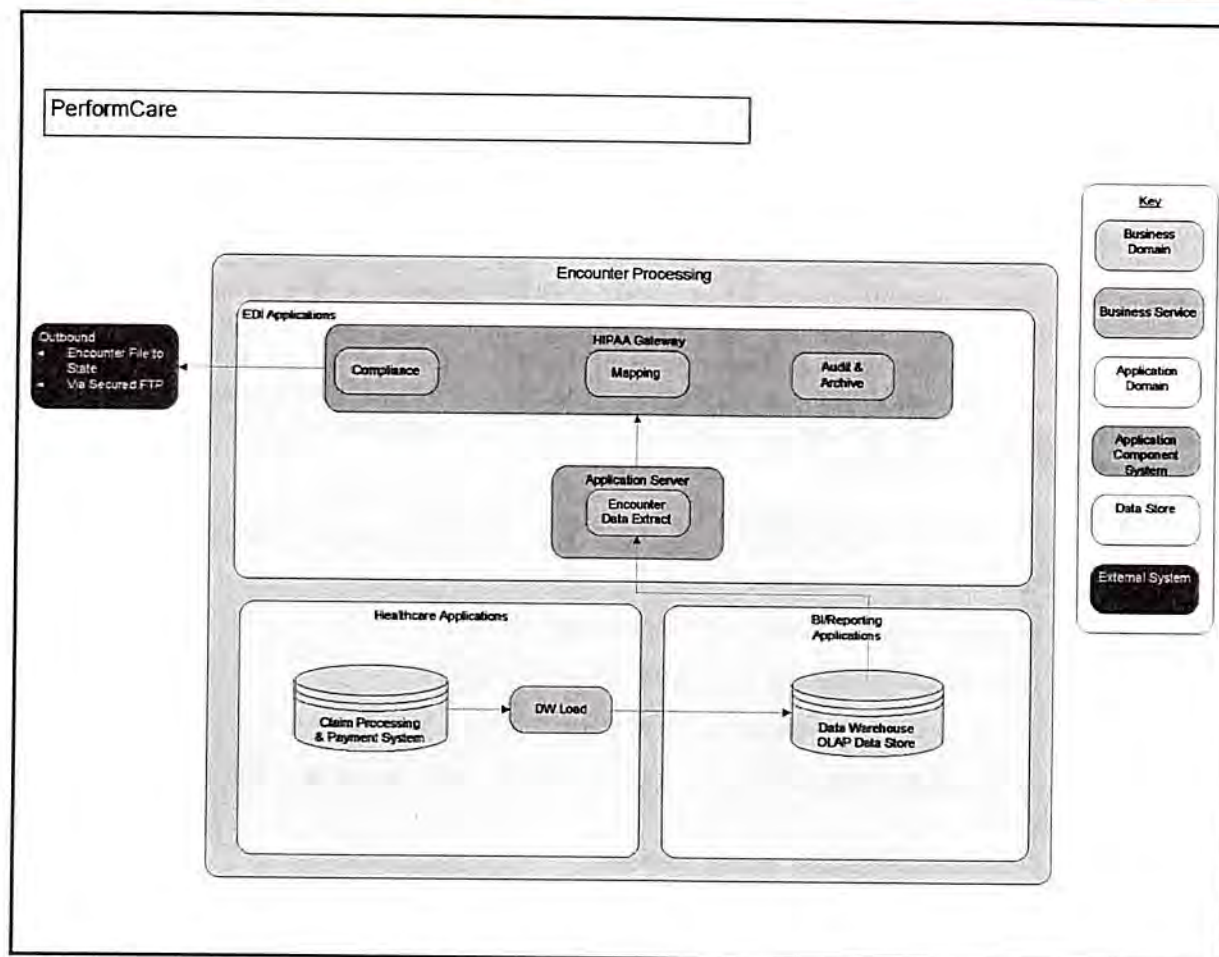
PerformCare has successfully submitted encounters to multiple state Medicaid programs for many years. Through collaboration with each state, we have achieved consistent initial acceptance rates of 95-99 percent on an annual basis and developed an extensive systems process covering all state requirements. Our encounter processing system is comprised of multiple applications that produce and submit 837 ANSI X12 provider-to-payer-to-payer coordination of benefits (COB) format, as well as, proprietary encounters files through a secure file transfer process according to submission timing requirements and as specified in companion guides provided by state Medicaid offices. Using this expertise, PerformCare will meet and exceed DHH requirements.

Encounter system components are regularly updated with new state and federal requirements as well as updated editions of CPT, HCPCS, ICD-9 and other code sets in compliance with HIPAA standards. HCPCS Level II and Category II CPT codes are also supported.

The encounter system consists of the following key components:

- Selection of new encounters in accordance with state requirements
- Submission of one encounter file aggregating all relevant data
- Pre-editing of encounters for completeness, consistency and compliance with all state specific requirements
- Submission of voids/cancellations and replacements
- Formatting of encounter data into 837 professional and institutional encounters
- HIPAA compliance checking of all 837 files prior to submission to the state
- Logging of all files submitted to the state as well as individual encounters along with the disposition (accepted, rejected, translator error, etc.)
- Processing of all “incoming” files from the state including 997, interchange level and multiple response files
- Resubmission of denied encounters using various selection methods (error codes, paid dates, manual selection, etc.)
- Data Certification including business owner review of encounter data for completeness prior to submission
- Reconciliation and reporting process to validate the integrity of the encounter data and overall system.

## 2. WORK PLAN / PROJECT EXECUTION



**Encounter Processing Flow**

### Ensuring Completeness

PerformCare has an extensive data completeness monitoring plan to assure that claims and encounters submitted are accurate and timely. This ensures that our submissions to the state are, likewise, accurate and timely. Our completeness controls include selection of paid claims from our claims processing system for a given date range to identify encounters that may not have been previously submitted. Results are reviewed on a weekly basis by encounter analysts and appropriate action is taken to assure 100 percent completeness.

PerformCare also has sound procedures to ensure that rejected encounters are resolved and resubmitted promptly and accurately. We routinely audit and track our performance and the performance of our subcontractors and providers. Our monitoring program assures compliance with state encounter data reporting requirements, and highlights when follow up is required to resolve issues regarding encounter reporting by subcontractors or providers.

### Ensuring Accuracy

Encounters are submitted on paper or electronic claim sources and then processed through the claims processing system, which verifies the completeness and accuracy of provider numbers, member ID numbers, diagnosis codes, and procedure codes. The claims processing system rejects claims with missing or inaccurate information and rejected claims are returned to the providers for correction.

## 2. WORK PLAN / PROJECT EXECUTION

The claims processing system utilizes claim clinical editing functions based on use of valid Current Procedure Terminology, ICD-9 and HCPCS codes, and National Correct Coding Initiative standards. When encounter data is loaded from the claims processing system into the encounter database, from which we prepare encounter data submissions to the state, the data passes through a secondary pre-edit process. This process enables PerformCare to identify, research, and correct significant errors before submitting the encounters to the state in the required formats.

To assure file accuracy, 837 professional and institutional files must pass HIPAA compliance checking prior to submission to the state. In addition, PerformCare uses an encounter audit table for data validation. After encounter files are created from the Data Warehouse, PerformCare posts encounter data to an encounter audit table and audit history table at the claim line level, and marks each encounter with status as "sent to state." When responses from the state are received, the encounter status is updated to "accepted" or "rejected." Also, there is a monthly status report from the encounter audit table that will show claim counts by each status. This report is used to resolve/resubmit encounters, and to identify non-reparable encounters, such as exact duplicates. After update of response files, the acceptance percentage is calculated based on claims sent and accepted by the state.

PerformCare's goal is to achieve the highest possible initial acceptance rate for the encounter data that is submitted to the state, and meet or exceed DHH requirements. When data errors occur, the encounter team, with analysts trained in both claims and enrollment, is responsible for coordinating corrections with other functional areas, and subsequently resubmitting rejected encounters. Encounter analysts are very familiar with standard state edit and exception codes and processing rules for the purpose of correcting and resubmitting rejected/denied encounters. Analysts monitor the rejections on each error file received from the state, and also refer to cumulative error reports to identify error trends. Some errors, such as synchronizing edits between internal and state systems, can be corrected through programming within the Encounter Department. Other errors, for example terminated Medical Assistance identification numbers, are referred to the appropriate department within PerformCare for resolution.

### **x. Describe the Proposer's experience and capabilities in using, creating, and sharing data and maintaining electronic health records.**

PerformCare has partnered with Tidgewell Associates, Inc. (TAI Software, or TAI) to provide the web-based CYBER component of the CLARIS platform that is being proposed for the Louisiana LBHP. This is the same technology that was leveraged and successfully implemented for our New Jersey Children's System of Care program.

TAI has broad experience in providing behavioral health solutions at the provider, County, and State Level – as well as for Managed Care Insurance Companies, like PerformCare. The union of our respective and unique strengths provide for a seamless service delivery system. And our combined experience in developing the New Jersey System of Care is strong evidence that PerformCare is the solution for the Louisiana Statewide Management Organization.

Current applications / customized versions of the CLARIS framework are focused primarily on organizing, supporting, and maintaining members' electronic health record data. The central tenet of each application's design is to allow for the customized functions for each individual client while protecting the data they rely upon. As such, there are numerous features of our proposed design that facilitate information sharing within and outside of the system.

### **Data Connectivity**

Our technology solutions not only maintain the integrity of each single record, but also allow users to find the common connections among a group of records, thus opening the door to useful analyses and data

## 2. WORK PLAN / PROJECT EXECUTION

sharing. This second level of functionality is critical to users who want to maintain the integrity of data, having a place for every record, while being able to examine the data on a larger scale and reduce redundancy. Our applications break down the operational silos that sustain barriers prohibiting the smooth integration of disparate data system. It has been made very clear in Chapters 3 and 4 of the *Information Technology Workgroup – Findings and Recommendations* that the integration of a variety of existing systems amongst the State Departments, as well as those within the integration of the component parts of the Coordinated System of Care initiative.

For example, our Needs Assessment functionality contains two sets of information for each subject: a list of medications and diagnoses. When a new medication is entered in the Needs Assessment page, the system not only updates that assessment, but also updates every other part of the system that has a reference to medications. Changes made in an assessment live in the assessment. However, the assessment contains underlying reference logic; thus the change entered in one location is reflected throughout the system reducing redundancy and ensuring that the record for each subject is complete and correct. This is central to the design of our applications and is the foundation for live integration of various “data sets” living throughout the Louisiana Administrative Departments.

### Data Consistency

Our applications ensure that each piece of information in the system (at the most granular level) is consistently represented throughout the entire system. This simply means that a piece of information (a data element, such as a name, or diagnosis for example) will be the same and in the same form no matter how it is retrieved or in which functional module it appears. Data consistency (ie. clean data) is the bedrock for information exchange development.

### Data Sharing

To facilitate efficient and effective data sharing, we use an Intermediate Data Store, in addition to a full Reporting Warehouse (see the diagrams outlined above in question iv.). This concept supports tight information coupling between the electronic health record web interface and our claims payment module. At the same time, this provides a loose coupling of each of the components, affording the flexibility for enhancements to be made in either component with minimal or non-existent impact on the other components. These features provide the ideal extraction point for any data sharing requirements with any agency desired.

In our solutions, data sharing can occur:

- On demand: For state agency and other users as outlined in the RFP. With appropriate permissions, the web-based interface will provide the same real-time electronic health record access to WAAs, FSOs, and state agency users as the SMO.
- At scheduled intervals: Where an extraction occurs on a client-defined schedule, such as daily, weekly, or monthly.
- As a result of other actions triggered by a user or process. For example:
  - Automatic messaging in response to an event occurring in the system or a deadline passing
  - X12 835 claims payment response files as the result of X12 837 claims submissions

### Data Process Streamlining

Each electronic health record is primarily a repository for the numerous bits of information about a member's, interactions with the health care system. The electronic health record's first priority is to support the clinical staff and administrators who will utilize the available data to drive sound and effective service delivery for the benefit of those persons receiving service. Clear and easily accessible

## 2. WORK PLAN / PROJECT EXECUTION

medical data will help drive clinical decision pathways and effective treatment plans. However, that same data can also drive better utilization and management of the often stressed system of care.

In the proposed CLARIS framework, when a specific type of case note is entered into a member's record, triggers an automatic cascade of events designed to streamline a process that might have taken a day or more previously, down to a few milliseconds after implementation.

This kind of automated information streamlining is a key to our applications' ability to serve our client members and the provider community as a whole.

*A discharge case note is filed in a person's record. (This kind of case note is available only to certain types of individual within the community). After some validity checks, the case note filing automatically flags the person as being discharged from a residential facility. In turn, this creates a series of alerts to case management indicating that the person will perhaps need a variety of subsequent non-residential services. The residential facility's census is automatically updated to reflect availability for someone else who is in need of the services provided by that facility. This census information feeds the system's Geo-Mapping function. This allows a case manager looking for a nearby facility for potential placement of a subject to see the availability on an updated map.*

### **xi. Describe the Proposer's system ability to send and receive data from other agencies consistent with the collaboration requirement in the Scope of Work.**

PerformCare will be able to send and receive data from other agencies consistent with the collaboration requirement in the Scope of Work. CLARIS supports collaboration across agencies, families, and youth for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with serious BH disorders and their families. Supporting the Systems of care model, PerformCare will engage families and youth, in partnership with public and private organizations, to design behavioral health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs. A system of care helps children, youth, and families function better at home, in school, in the community, and throughout life. Moreover, the effective systems that support children can also be leveraged in the service delivery model provided to adults. The integrated CLARIS framework affording the seamless collaboration of separate agencies and State Departments will improve the quality of services offered overall, as well as positively enhance performance outcomes.

Described in the sections below, are examples of existing systems of care and other related applications offered by PerformCare and/or our technology partner, TAI, demonstrating our ability to send and receive data as required by the State of Louisiana.

#### **Data Importer**

##### **Medicaid Eligibility Feed from New Jersey Office of Information Technology (NJ OIT)**

The data importer for the PerformCare New Jersey Systems of Care program is a file based importer written to read the NJ OIT eligibility records from a file transmission that PerformCare picks up on a regular basis (daily and monthly). Unlike a normal set of HIPAA 834 transactions, however, these files are in Extended Binary Coded Decimal Interchange Code (EBCDIC) format and its format was supplied in a series of COBOL copy books. The files consist of a number of transactions, the content of which is different depending on the first few characters of each line in the files. Importing these files first requires that they be converted from the EBCDIC format to ASCII before the transaction interpretation can continue.

## 2. WORK PLAN / PROJECT EXECUTION

Sample Importer Exporter screen from the NJ implementation

### Data Exporter

#### Authorization Files Exported from / to the New Jersey, Office of Information Technology (NJ OIT)

One of PerformCare New Jersey Systems of Care program's primary functions is to manage the generation of authorizations, so the providers in the community can submit claims for payment. The authorization interface specified for the implementation team was a customized flat ASCII transactional specification. The files needed to be generated out of the system and submitted to the NJMMIS web portal on a scheduled basis. A key aspect of this file's content is the specific member's Medicaid ID number gathered from the eligibility import process mentioned above. (See Authorization Processor / Exporter that follows).

## 2. WORK PLAN / PROJECT EXECUTION

The screenshot shows the 'frmPAUTH' application window. It has a menu bar with 'GetAuths', 'Assign MAIDs', 'Process PA Edit File', 'DisplayAuthRejectionR', and 'Clean Auths'. Below the menu bar are two checkboxes: 'chkMakePretty' and 'Process for submission'. The main area contains a table titled 'Auths To Process' with columns: ID, SVCCODE, SDATE, EDATE, FREQ, UNITS, MEMBERID, and ASSIGNMAID. Below the table is a list of generated file names, each consisting of a long alphanumeric string followed by a file extension (e.g., .TJ, .CSC06, .H0018TJU1, .S9485TJ, .CSC06, .H0018TJU1, .H0018TJU1, .S9485TJ, .H0018TJU1).

ID	SVCCODE	SDATE	EDATE	FREQ	UNITS	MEMBERID	ASSIGNMAID
1472293	H0036TJU1	9/15/2009	10/15/2009	E15M	12		
1472297	H0036TJU1	9/25/2009	11/23/2009	E15M	128		
1472298	H2014TJ	9/25/2009	11/23/2009	E15M	64		
1472303	H0036TJU1	9/18/2009	11/13/2009	E15M	128		
1472307	H0036TJU2	10/22/2009	11/19/2010	E15M	104		
1472308	H0036TJU1	11/12/2009	12/22/2009	E15M	96		
1472309	H2014TJ	11/12/2009	12/22/2009	E15M	72		
1472310	H0036TJU2	9/26/2009	12/18/2009	E15M	96		
1472311	H0036TJU1	10/2/2009	10/31/2009	E15M	40		
1472312	H2014TJ	10/2/2009	10/31/2009	E15M	40		
1472314	H0036TJU1	9/22/2009	12/20/2009	E15M	208		
1472316	H0036TJU1	9/21/2009	12/19/2009	E15M	52		

Generated File Names:

- 15359033423560006200200041297H0032TJ 109092610911200128000
- 15359034650830055172200136328T1017TJ 109100511001020080000
- 15359035183560006339200090239CSC06 109092610911200064000
- 15359035203560006339200054437H0032TJ 109092610911200064000
- 15359038170430244691203674304CSC02 109092411003210780000
- 15359039301220820464010162043H0018TJU1 109100210910230003000
- 15359039340960751387200089575H0018TJU1 109100210910230003000
- 15359039432130023311210161560CSC06 109100210911300064000
- 15359039490930091215220018031H0018TJU1 109100210910230003000
- 1535903977243035947200017124S9485TJ 109100210910050001000
- 15359039821830946240210057151CSC06 109100210911300064000
- 15359039860930200974220025364H0018TJU1 109100210910230003000
- 15359040012060208802290087866H0018TJU1 109100210910230003000
- 15359040271630343443200034321S9485TJ 109100210910060001000
- 15359040490330096253200089770H0018TJU1 109100210910230003000

### Authorization File Generation in the NJ Importer Exporter

#### 837 Encounter Reporter – Pennsylvania Counties

##### Pennsylvania HealthChoices Behavioral Health Program

Pennsylvania County clients rely on systems developed to report their paid claims restated in the form of encounters. This information is produced periodically from the claims data. (That in some cases came to the county client also in the form of an X12 837.) The 837s convey to the state the results of the claims payment process, reporting to the state how the money that was sent to the county to support the program was actually spent.

#### 834 Eligibility and 820 Capitation File Importer – Pennsylvania Counties

##### Pennsylvania HealthChoices Behavioral Health Program

Similarly, our Pennsylvania County clients have requested for us to develop and support software tools, portions of which rely on eligibility information captured in X12 834 and X12 820 file transmissions sent to the county clients by the State of Pennsylvania. Thus we crafted customized importers to read the files (daily and monthly in the case of the 834s and monthly for the 820s) into the county clients' data repositories for the purposes of oversight and analytics on the HealthChoices program.

## 2. WORK PLAN / PROJECT EXECUTION

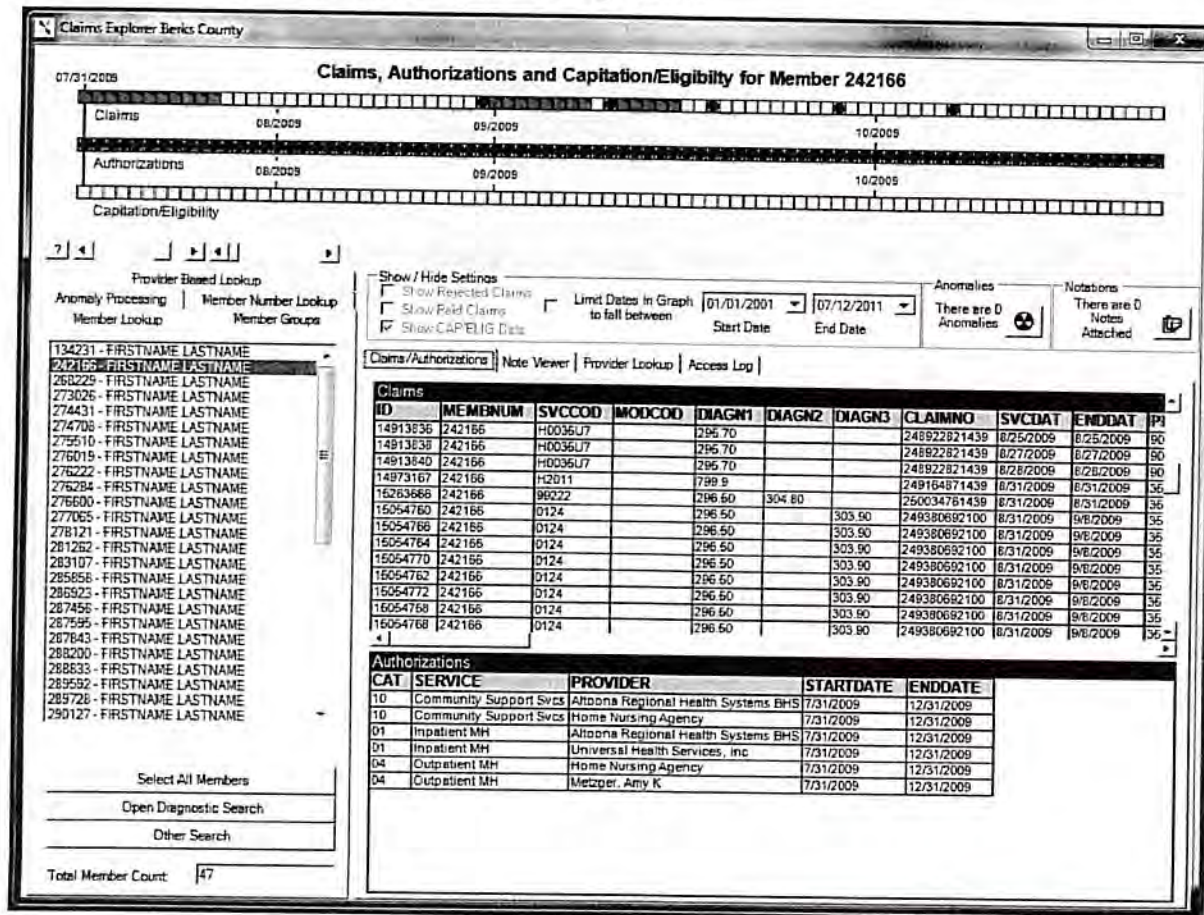
**File Importer – Florida Department of Children and Families, Substance Abuse and Mental Health (SAMH) Data Set: DCF Pamphlet 155-2**

**Managing Entity – Central Florida Behavioral Health Network, Inc.**

In support of CFBHN's development of internal operations as the SunCoast Region's Managing Entity, a customized importer was developed to enable the importing of the required data sets produced by the Florida Department of Children and Families. Pamphlet data includes: Provider Data, Demographics, Mental Health Outcomes, Substance Abuse Outcomes, Client-Specific Service Events, and other additional data sets as determined by CFBHN. Also developed for CFBHN is the 270 eligibility verification robot, that will prompt the Florida Association for Health Care Administration (AHCA) for individual's Medicaid eligibility.

### Additional File Interfaces and Tools Developed and Supported

Claims Explorer showing Claims activity along with Authorization activity. The Claims Explorer tool actually provided the early developmental foundation for this functionality found within CLARIS (i.e., the Timelines and Grid Functions). Please see image below.



The specialized tools allow event comparison across various domains of activity and correlate those events in time with events on other domains. The 834 eligibility and the 820 capitation data were

## 2. WORK PLAN / PROJECT EXECUTION

representative of events in their respective domains. The resulting importers and tools are all still in use today in the Pennsylvania counties as they continue to oversee their respective HealthChoices programs.

- Claims Lag Tool
  - Allows claims analysts to perform LAGs on claim runs for determining run out. Specific output for this tool required a set of specially formatted excel documents that the tool produces automatically.
- FRR (Financial Reporting Requirements) Health Choices Programs State of PA Clients
  - This process generates a set of transactions contained in a single ASCII file representing program status (People served by category, money spent in various cohorts etc.) in multiple specially formatted lines of textual information.
- File Process Robotics
  - This category of importers and exporters exists to not only handle file based data transmissions into and out of systems that we have developed, but often are also aimed as automating some task that formerly required human intervention. Our FTP (File Transfer Protocol) robot and HCSIS (Home and Community Services Information System) Robot are prime examples. Each item contains a selection of customized file reader and writers, but also contains interface scripting/software robotics to mimic the operations of the human interfaces. In the HCSIS robot example, the product:
    - Accesses the states HCSIS web site
    - Logs in as a particular user
    - Navigates via links to a specific area within the site.
    - Selects a series of extracts to be downloaded (With date parameter entry, and other selections)
    - As the extracts are not available immediately, the robot logs off and come back after a pre-determined amount of time has passed.
    - The extracts are then downloaded (Access Databases in this case)
  - The extracts will then be opened and their content pushed into a more suitable format for consumption by other processes and users. (SQL server data warehouse for example.)

**xii. Describe the Proposer's reporting capabilities. Include the reporting functionality, where the reporting is performed (e.g., online or separate database) with how current data is for reporting. Describe adhoc reporting capabilities and who can perform them. Provide a listing of system reports and their frequency.**

### Reporting Warehouse

PerformCare maintains a production database, reporting copy of production database, numerous testing and training databases, and a reporting warehouse. The Reporting Warehouse (cRW), or data warehouse, is a relational database that is a de-normalized copy of production database tables. This reporting database is updated in a timely manner to meet all reporting needs. The data warehouse has a more business friendly naming convention and where appropriate stages the data for easier reporting. It simplifies the tasks of analyzing data from the CLARIS Information system and developing and executing reports. SQL Server Data Transformation Services (DTS) packages and SQL Server Integration

## **2. WORK PLAN / PROJECT EXECUTION**

Services (SSIS) are designed and developed to perform all manner of Extract, Transform and Load (ETL) requirements. Packages can be designed to transform data between databases, text, Excel, Access or other formats as necessary. A Microsoft SQL Server installed with SQL Server Reporting Services (SSRS) is utilized for reporting. Structured Query Language (SQL) scripts are used to collect any required information from the production, production copy or eRW databases. Packages can be scheduled to execute on a recurring basis to create and distribute reports as needed.

The Reporting Warehouse is a stand-alone Microsoft SQL Server database within a high-availability clustered SQL server environment that contains many of the most commonly used tables of data from the managed behavioral healthcare solution, and can also contain data from other 3<sup>rd</sup> party applications. Microsoft Access® databases with tables linked directly to the eRW database and Microsoft SQL Server Reporting Services provides the ability to develop an unlimited number of ad-hoc and preconfigured report definitions to support financial, statutory and utilization management reports.

Using the Reporting Warehouse, a de-normalized database,, PerformCare can create significantly better reports and achieve substantially more efficient data analysis than is currently possible using the production databases alone. Additionally, because the Reporting Warehouse is used as a read-only database, data locking or changes to information cannot occur accidentally.

### **User Reporting Functionality / CLARIS Reporting Module**

The user reporting capabilities are closely integrated into the CLARIS framework; they are available online and can be called on demand from the main menu. Because the reporting services can be accessed anytime, the State of Louisiana, the SMO, WAA, or FSO, or the provider network can access reporting functionality when needed. Access to the report menu is directly related to the user's role (for example, Supervisor or Care Manager). Therefore, only the users with the proper role based security will be able to run reports. Access to reports also varies depending on the login type of the user. A State or SMO employee or will have access to all reporting where a WAA or FSO will have access only to reports that pertain to their respective program. Users with appropriate privileges and filters will then be able to access reporting by selecting from dropdown menus (see below):

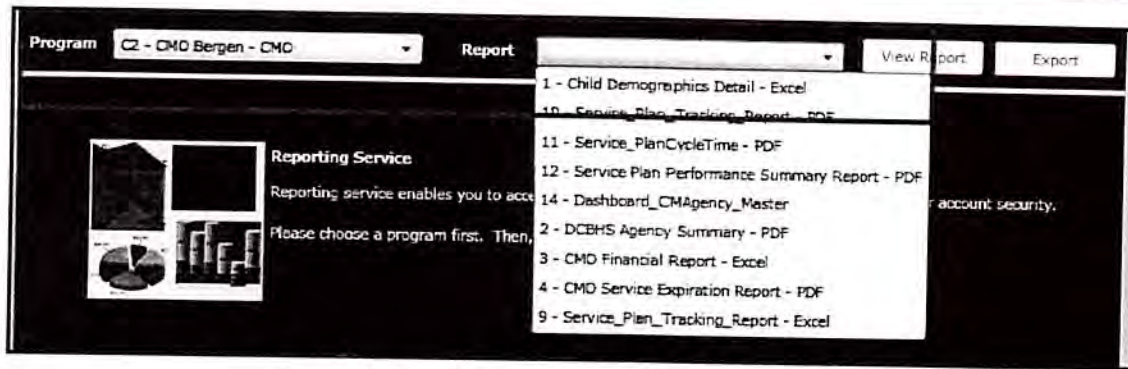
- By Program
- By Report Type

Once a report type is selected, two options will become available:

- View Report – Downloads the report based on the default export type (Excel, PDF)
- Export – Sets the report in print preview within the Application

When the “View Report” button is selected, the program will call the browser to download the report in its default form. For example in New Jersey, if a YCM (Youth Case Management Monthly Summary report is defaulted in Excel, the system will generate an Excel spreadsheet when “View Report” is pressed and the user is prompted to download the report.

## 2. WORK PLAN / PROJECT EXECUTION



### Example Reports available for a specific Program

When the user selects “Export” the reporting service embeds the report within the Application, and the following options becomes available:

- Navigate the report within the Application
- Print
- Export via PDF
- Export via Excel
- Export via Image (TIFF)
- Export via Word

The user then has the ability to print or export to any format and not just the default type, as seen on the following page.

## 2. WORK PLAN / PROJECT EXECUTION

<div> <div>100%</div> <div>Find   Next</div> <div>Select a format</div> <div>Export</div> </div>							
<div> <div>NJ Children's System of Care</div> <div>Administered by PerformCare Behavioral Health Solutions (An AmeriHealth Mercy Company)</div> <div>Service Plan Cycle Time Report</div> </div>							
Case Manager							
Youth/Child ID	Child First Name	Child Last Name	Plan Type	Child Enrollment Date	Child Family Team Meeting	Days to 1st Submit to PerformCare	Days since Team M
			TISP	11/11/2009	7/7/2011	0	7
Sent From		Sent To	Status	ISP Date Assigned	ISP Date ReAssigned	Current Stage Days	Total
			In-progress	7/7/2011	7/7/2011	0	0
			Submitted to CSA	7/7/2011	7/7/2011	0	0
Youth/Child ID	Child First Name	Child Last Name	Plan Type	Child Enrollment Date	Child Family Team Meeting	Days to 1st Submit to PerformCare	Days since Team M
			IniISP	10/20/2010	5/16/2011	1	
Sent From		Sent To	Status	ISP Date Assigned	ISP Date ReAssigned	Current Stage Days	Total
			In-progress	5/16/2011	5/16/2011	0	0
			In-review	5/16/2011	5/17/2011	1	1
			Submitted to CSA	5/17/2011	5/17/2011	0	1
Report Run Date - 7/12/2011							

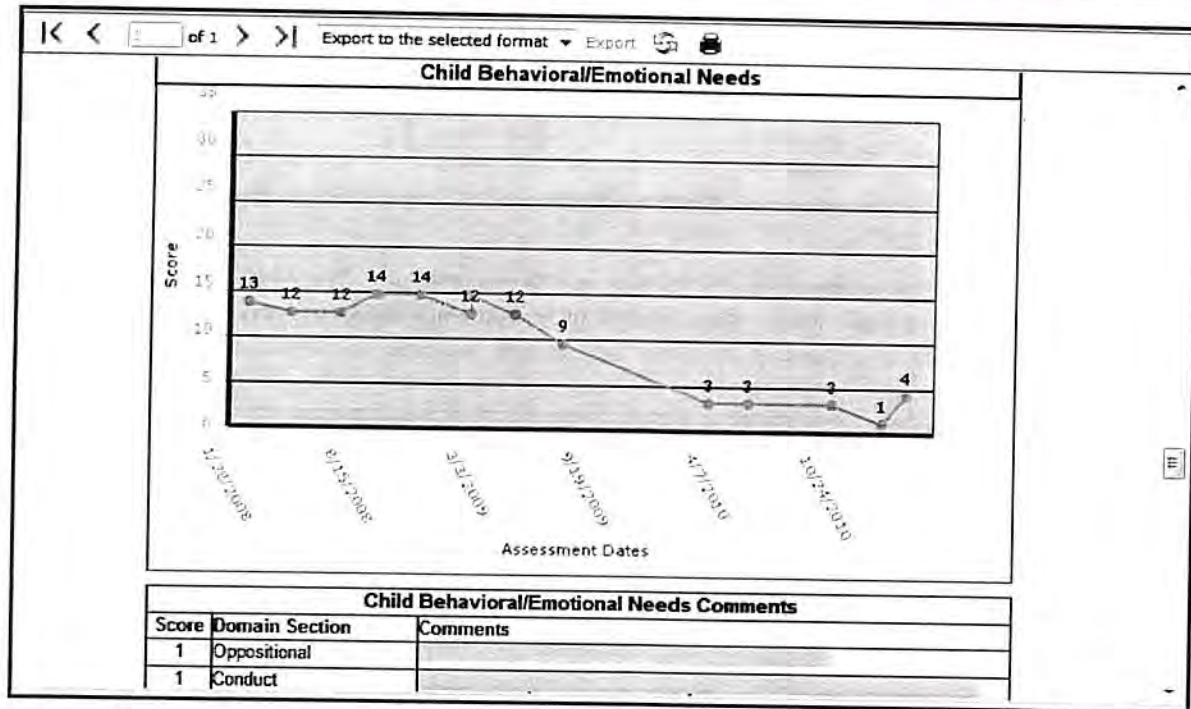
Report generated via export embedded within the Application

### Reporting and Form-based Printing

The CLARIS reporting application generates outcomes reporting as well as print-out forms such as Treatment Plans, Progress Notes, Authorization Letters, and Assessments. All forms and outcome reporting have the same exporting and printing capabilities as presented in reporting services. All forms and outcome reporting are member based; therefore member information for these reports is accessible only to users who are authorized to have access to the member's record.

To create an outcome report, the user selects a member's Assessment or Treatment Plan and then selects the "Outcome Report" button. The Application will then generate an outcome report that contains data for the selected domain. (See the sample outcome report on an assessment domain, below)

## 2. WORK PLAN / PROJECT EXECUTION



**Example of Outcomes Chart Plotting Scores in assessments across time; Domain within an Outcome Report**

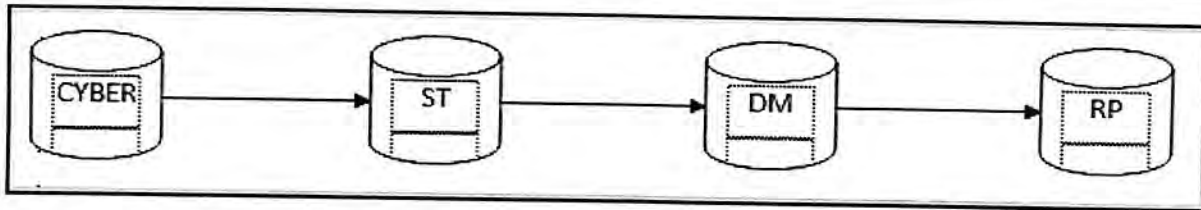
Most forms within the CLARIS application have the capability to print or export information at the user's request. Forms that have print/export capability include, but are not limited to:

- Cases Loads/Agency Cases
- Face sheet
- Assessments
- Treatment Plans
- Authorizations
- Progress Notes
- Triage Forms
- Provider Details

### Data Support and Additional Services

All data provided via the reporting services function are stored in a separate database from the program's database. The Reporting (RP) database is created from data drawn from the views of a Data Management (DM) database. The DM database is derived from a Staging (ST) database, which is a copy of the program's database.

## 2. WORK PLAN / PROJECT EXECUTION



The data in the RP database are refreshed during nightly processing. This updates the information pulled into the reports on a daily basis. Data pulled from outcomes reporting and the various forms within the program are extracted directly from the Application database and therefore are presented in real time. Because the database structure comes from SQL Management studio, all reporting is created from SQL Reporting Services. Reports are created using the Analysis services tool from SQL, which makes grabbing the proper table and column information easy and convenient. All reports created from SQL Reporting Services are then uploaded to CLARIS for users to access.

### Ad hoc Capability

Some reports within reporting services generate data based on the parameters chosen by users. These parameters are embedded in the report data when a user selects a report and presses the "Export" button.

Program: C2 - CMO Bergen - CMO | Report: 15 - NJ3000\_ProgressNote - Excel | View Report | Export

View Report | Back to Report Selection

Select Start Year: 2011 | Select End Year: 2011 | Select Start Month: June | Select End Month: June

Select Case Supervisors: [Historical, JI] | Select Case managers: [ ]

Select Note Types: IIC - Intensive In Community | Check Record Count! The max record count is 65,000. Modify filters until you get the count below 65,000. 335

1 of 7 | 100% | Find | Next | Select a format | Export

Case Supervisor	Case Manager	Member ID	Service Date	LASTNAME	FIRSTNAME	Note Type
			6/30/2011			IIC
			6/23/2011			IIC
			6/16/2011			IIC
			6/9/2011			IIC

If the user selects different criteria, the results in the report will adjust accordingly, and they can then be printed or exported.

In addition, PerformCare, as an organization, has a well-developed and experienced Informatics team, which will be augmented to support the financial and ad hoc reporting needs of the Louisiana SMO. Any such additional more complex and customized claim-based and financial ad hoc reporting needs are generated from the Reporting Warehouse.

**2. WORK PLAN / PROJECT EXECUTION**

---

**CLARIS Report Inventory**

Provided below is a current menu of the NJ CYBER (System of Care) report inventory, as an example of possible static reports. (PerformCare will build the customized reporting portfolio as specified by the State of Louisiana).

**Authorization Reports**

1. Authorizations by Create Date
2. Authorizations by Submitted Date
3. Authorization Transfer Status (sent, accepted, in progress, etc) by Date
4. Medicaid Billable Services
5. Provider Authorizations by County (Aggregate Report)
6. Rejected Authorizations
7. Authorizations Search Report
8. Authorizations vs Claims Report
9. Assessment IIC Authorization Listing
10. Authorizations with no active Medicaid
11. Authorizations by Age Report
12. Mobile Response Authorizations

**Billing**

13. Eligibility (3560) Application Transfer Status
14. Eligibility Open 3560 Applications
15. Eligibility Request Status Pending DCBHS Approval
16. Eligibility Records (3560) not attached to a Member
17. 3560 Eligibility and Federal Medicaid Overlap Report
18. Authorizations Pending Transfer to Medicaid
19. Active Members in OOH facility with 3560 Eligibility
20. Members with Open 3560 Eligibility with No Activity 90 Days
21. Wrapflex Billing Data Feed Status
22. 3560 Eligibility Data Feed Status
23. Eligibility Transaction Log

**Call Center**

24. Call Center 30 Minutes Main Number
25. Call Center Daily Queue Summary
26. Call Center Daily Queue Summary Subject Detail
27. Call Center Crisis Call Summary

**2. WORK PLAN / PROJECT EXECUTION**

---

28. Call Center Subject Report Detail

29. Call Center Emergency Prompt Summary

**Clinical**

30. Assessment Authorizations List

31. Assessments CSA Submitted

32. Authorization List

33. Assessment Authorization Summary

34. Case Management Population Report

35. Active Z5008 (Bundled Service Code) Tracking Status

36. Needs Bio Psyc Social Timeliness Detail

37. Needs Bio Psyc Social Timeliness Aggregate

38. DYFS Youth Link auto Cancel Report

39. Progress Note UMA Review

**Care Coordination**

40. Youth Link Provider Match

41. Active Intensive In Community (IIC) Providers

42. CSA Service Plan Performance

**Operations**

43. CMO Agency Averages

44. Agency summary

45. Child Demographics Detail

46. Case Management Financials

47. Service Plan Tracking

48. ISP Performance

49. Service Plan Tracking Reports

50. Service Plan Cycle Time

51. Youth Link Summary

52. Case Management (CM) Service Expiration Report

53. YCM Service Expiration Report

54. IOS Averages

55. IOS Residential Report

56. IOS Total Report

57. Living Situation Report

58. Mobile Response (MRSS) Profile Dashboard

**2. WORK PLAN / PROJECT EXECUTION**

---

- 59. MRSS Profile Dashboard Monthly
- 60. MRSS Profile Dashboard Quarterly
- 61. Service Code Aggregate Average
- 62. Service Code Aggregate Percentage
- 63. Service Code Aggregate Totals
- 64. Progress Note Report
- 65. Progress Note Restart Report
- 66. Call Reason Resolutions
- 67. Activity Reimbursement Detail
- 68. Provider User Affiliation Code Check
- 69. Assessment Metrics
- 70. Provider Authorizations Report
- 71. User Programs x Reference Report
- 72. CMO Present Capacity
- 73. Random Member List
- 74. User Access Report
- 75. Youth Link Cancel Undo Report
- 76. Residential Trust Up Report
- 77. Youth Link No Case Management
- 78. CM Residential Authorization
- 79. CG Strength Summary
- 80. High Risk Assessment Report
- 81. OOS – OOH Census
- 82. LOS Dashboard Average
- 83. LOS Dashboard Totals

**Management**

- 84. New Enrollee Address List
- 85. New Enrollee Address Mailing Label
- 86. Outpatient Letters
- 87. Access Log
- 88. Utilization Report for DYFS Youth
- 89. Utilization Report for DYFS by Site

## 2. WORK PLAN / PROJECT EXECUTION

### System Reports and Frequency

The PerformCare NJ system allows users to generate each of the following “system” reports as necessary. Some of the reports generated are listed below.

Report Name	Report Description	Frequency
NJ1000 - Child Demographics Detail	This report is a listing of active members and their demographic information. System security limits this report the members a user has access to.	On Demand
NJ0232.1 - DCBHS Agency Summary	DCBHS Agency Summary reports the number of children ,providers capacity, and current utilization (% capacity) for all agencies including Case Management Orgs, Youth Case Management, Unified Case Management, Family Service Organizations, and Out of Home Facilities.	On Demand
NJ1006 – CMO Financial Report	CMO Financial Report shows any agencies members and their associated Auths, approved services, service providers, approved units of service, per unit cost, estimated total cost and the authorization create date.	On Demand
NJ1051-1 CMO Service Expiration Report	CMO Service Expiration Report This report lists children whose service authorizations will expire in the next 30 days. This list is a reminder of which children may need new service requests before their current service authorizations expire for CMOs	On Demand
NJ1051-2 YCM Service Expiration Report	YCM Service Expiration Report This report lists children whose service authorizations will expire in the next 30 days. This list is a reminder of which children may need new service requests before their current service authorizations expire for YCMs	On Demand
NJ1041 – Youth Link Summary	Youth Link Summary- Youth census by capacity in OOH & on Youth Link	On Demand

## 2. WORK PLAN / PROJECT EXECUTION

Report Name	Report Description	Frequency
NJ1030 – Service_Plan_Tracking Report (Excel Format)	Service_Plan_Tracking_Report (Excel Format – Tracks service plans at the member level reporting the date of referral, level of service, most recent approved plan, previously approved plan, due date for next plan, review date, ownership of plan	On Demand
NJ1036 – Service_Plan_Tracking_Report (PDF Format)	Service_Plan_Tracking_Report (PDF Format) Tracks service plans at the member level reporting the date of referral, level of service, most recent approved plan, previously approved plan, due date for next plan, review date, ownership of plan	On Demand
NJ1039 – Service_PlanCycleTime	Service_PlanCycleTime -- reports at the member level and tracks the active service plans for the member. Showing the status of the plan, the enrollment date of the member, date of the child family team meeting, the days the plan has been active and the days since the CFT meeting. PDF format to freeze data.	On Demand
NJ1035 – Service Plan Performance Summary Report	Service Plan Performance Summary Report - The ISP Performance Report is a summary of the submission timeliness of Individual Service Plans (ISP) that have been approved by the CSA in the last 30 days. The report displays two grids: the upper grid representing the activity of the individual agency, and the lower grid displaying the activity of the all the agencies included in that particular level of care. As an example, if the agency viewing the report is a CMO, the lower grid will represent all CMO's.  Rules: Included in this report are the following 4 ISP types: Initial ISP 30 days (IniISP),	On Demand

## 2. WORK PLAN / PROJECT EXECUTION

Report Name	Report Description	Frequency
	Comprehensive Review 90 days (CR90D), Family Crisis Plans (FCP) and Transition ISP (TISP). ISP's are included in this report if they have been  <i>approved by the CSA in the last 31 days. For InilSP &amp; FCP, timeliness is assessed from the Program Start Date to the agency; InilSP is 30 days from program start and FCP is 7 days from program start. For CR90D and TISP, timeliness is assessed from the previous ISP submission date, both being 90 days.</i>	
NJ2002 MRSS Profile Dashboards	MRSS Profile Dashboards – Dashboard reporting the activity within a Mobile Response Agency, can be run at the State level for users has State wide access.	On Demand
Dashboard CMAgency Master	Dashboard CMAgencyMaster Dashboard reporting the activity within a Case Management Organization (CMO). Can be run a state level for users with state wide access.	On Demand
NJ3000 Progress Note	Progress Note Data Mart – allows users to create ad-hoc reports based on progress notes submitted in a members record.	On Demand

### **xiii. Provide a detailed description of scheduled and unscheduled system downtime for the past 12 months for all government contracts.**

PerformCare closely monitors network performance using monitoring tools that send text message alerts to system engineers for prompt alerting of issues as they may arise. Internal procedures assure consistency through use of redundant systems and automatic fail-over, regular preventative system maintenance, and adherence to best practices for change management. As a result, PerformCare experiences no significant affect to operational efficiency due to scheduling maintenance outside of the normal business hours from 8 AM to 5 PM. During scheduled maintenance, backup systems are made available to associates in the call center in order to allow them to effectively perform their duties. PerformCare information systems, including CLARIS, are configured as high availability systems which are critical to reliability for consistent real-time access 24 x 7 x 365. PerformCare also provides state-of-the-art disaster recovery site further described below in *Question xiv*.

## 2. WORK PLAN / PROJECT EXECUTION

- **Scheduled downtime** typically occurs in the evenings (when utilization is low), or over the weekend. Before updates occur, changes are scheduled and communicated with end-users prior to their implementation. The users are notified that during a certain time they may experience some downtime. In most cases users do not experience any downtime. The care management applications will continue to function for users while the system is being upgraded. For example, the user will receive the latest version of CYBER automatically on the next time they log into the system. Users will only see a problem if the underlying web services have changed significantly.
- **Unscheduled downtime** – at the time of the submission of the proposal to Louisiana, the CYBER system in New Jersey has experienced downtime 2 times in the last 12 months. Provided below is a detailed description of scheduled and unscheduled downtime for CYBER, in the New Jersey Data Center, in the past 12 months:

The first unscheduled downtime occurred on December 12, 2010 from 6:30 am-8:30 am and the second occurred on April 12, 2011 from 11:00 am-11:35 am.

### Downtime Report

#### Event 1 - CYBER went offline on Thursday Dec 02, 2010

Date	Downtime	Root Cause	Fix
2010-12-02	6:30 am – 8:30 am	Batch Run (Eligibility Match Program) – Didn't End Normally	Reported to Help Desk at approx 6:40 am, DBA analysis showed Batch Run had not ended normally and forced a memory error

The eligibility match ran for 8 hours normal timeframe for this program is 6 hours with normal processing taking 2 hours. The increasing size of the eligibility file in conjunction with member file growing has led to this program running between 4 – 6 hours. The program did not end properly causing the system to run low on memory which resulted in the system freezing at 6:30 am.

### Corrective Action Taken

We have tuned this process enhance its performance and lower its memory requirements, this action was taken today. Long term we will be looking at modifying the process to run totally on a separate database until the processing is complete then run a simple update to production. This will eliminate the risk of this error occurring again. In the short term we will monitor the program and check it a 2:00am nightly.

#### Event 2 - CYBER went offline on Tuesday, April 12, 2011 for 35 Minutes

Date	Downtime	Root Cause	Fix
2011-04-12	11:00 am	Batch Process running concurrently during heavy system use time	Reported to Help Desk at approx 11:00 am. After analysis it was determined that the automated Robot that picks up and populates CYBER with Eligibility and Medicaid Data was running and taking up significant resources. Resolution, Robot is now scheduled to run off peak hours at 2:00 am.

## **2. WORK PLAN / PROJECT EXECUTION**

---

### **Timeline**

- 11:00 am – IT and the Service desk was notified by the CSA that CYBER had slowed down and was freezing.
- 11:35 am – Took the preliminary step of canceling non critical back end processing to free up system resources. Continued to look for the root cause, however this step enabled CYBER to run within performance parameters.
- 1:00 pm – Performed a resource analysis of the Eligibility Robot program to determine if this could be the root cause. Testing confirmed that the resources used by the Enhanced Robot program could impact production during peak usage. Tested performance with the Robot running and then without it. Resolution was to schedule the Robot to run during non peak hours going forward. We will actively monitor the Robot program remotely.

In addition to the specific CYBER performance information provided above, PerformCare also experienced the following unscheduled downtime for activities in the Harrisburg Data Center, for the past 12 months:

- Building Power/UPS problems (UPS battery leak which led to power being severed to the server room by the fire department personnel)
- Cooling Problems (failure/partial failure of both server room cooling units which lead to one of the server room rack UPS systems failing and ultimately cutting power to the distributed load. This UPS failure caused the SAN and several others servers to reboot unexpectedly)

The overall PerformCare Harrisburg Operations Center network performance for the past three years is as follows:

### **2009**

- Average Monthly Network Uptime (Unscheduled) = 99.92%
- (9 out of 12 months had no unscheduled downtime)
- Average Monthly Network Uptime (including Scheduled maintenance) = 99.79%

### **2010**

- Average Monthly Network Uptime (Unscheduled) = 99.96%
- (10 out of 12 months had no unscheduled downtime)
- Average Monthly Network Uptime (including Scheduled maintenance) = 99.78%

### **2011 (through June)**

- Average Monthly Network Uptime (Unscheduled) = 99.99%
- (5 out of 6 months had no unscheduled downtime)
- Average Monthly Network Uptime (including Scheduled maintenance) = 99.86%

## 2. WORK PLAN / PROJECT EXECUTION

**xiv. Describe the Proposer's system data archive and retrieval system including disaster recovery procedures, including loss of the Proposer's main site or computer systems. Indicate when the disaster recovery was last used or tested and describe the outcome.**

### Introduction

PerformCare has taken extreme measures to design a Disaster Recovery Plan that is comprehensive, effective, and practical. Please see **Appendix 26**, Disaster Recovery Plan. One strength of the plan is the fact that it references and coordinates other business contingency plans, such as our corporate-wide Pandemic Response, Inclement Weather approach, and our building safety plan. It also is designed to work in tandem with our satellite offices, which depend on the continuing operation of our National Headquarters in Harrisburg, PA.

The PerformCare office in Baton Rouge is anticipated to be one of our major lines of business with a formidable presence in Louisiana. Therefore, in order to enhance and maximize business continuity in that state, primary Information Technology functions will be centralized in Pennsylvania, so that it will accrue the advantages of our highly sophisticated data replication, archival, restoration and retrieval protocols.

In section h. we describe the business continuity plans for localized emergencies in Louisiana. This section describes the procedures in effect to protect our main operations site that houses the servers, routers and other equipment that supports Louisiana Information Technology capabilities.

The Disaster Recovery Plan establishes procedures to reduce the exposure of the Corporation to accidents, natural disasters, and other emergencies that could inhibit our ability to perform necessary business operations. The procedures will include a careful assessment of potential risks, a determination of essential business and personnel, steps to be taken in anticipation of an emergency that could shut down operations, identification of a recovery site, and a plan for recovery and restoration of normal business.

In order to protect the integrity and security of the Louisiana operations, we have identified and highlighted the following procedures:

- Identification of Information Technology Assets including software applications, documentation, proprietary information, Protected Health Information (PHI), and other pertinent data.
- Delineation of Department-specific resources, information and material necessary for business continuity
- Secure procedures for data storage, replication, and transfer
- Disaster Recovery Data Storage Location and Architecture
- Disaster Recovery Business Continuity Provisions
- Restoration of Data and applications

### The PerformCare Information Technology Center

The PerformCare Information Technology Center is housed at our Operations Center in Harrisburg PA, and is protected both physically and electronically in order to ensure the most secure business environment.

## 2. WORK PLAN / PROJECT EXECUTION

### Physical Protection

The IT Server Room has been designated the highest security classification. It is housed in a locked room within a secure wing within a limited access facility requiring procedure through three increasingly restrictive entry points.

The room has redundant fire suppressions systems (gas and sprinklers) and dedicated primary and back-up air conditioner units to maintain a server-friendly environment.

Because power outages present the greatest risk to IT Systems, the level of redundancy is four fold. The Building itself is connected to two separate power grids, and has automated detection and switching systems to protect against a power failure in one of the grids. In the event of a power outage that affects both grids, a 500kw diesel generator is installed to provide critical areas with continuing electrical service. In the event all three sources fail, a redundant set of battery backups provides sufficient power for a controlled system shutdown and initiation of the disaster recovery protocols.

### Electronic Protection

Electronic security/protection is of utmost importance to PerformCare and therefore strict guidelines are applied to all aspects of the IT environment/infrastructure including, but not limited to: Strong password protection, data encryption, firewall security, external penetration / ethical hacking testing, data loss prevention, mobile device/workstation & media encryption, etc.

- **Strong Password Protection:** All entry points to workstations, servers, routers, VPN tunnel and the PerformCare LAN/WAN network require an 8 character complex password.
- **Data Encryption:** Transmissions of electronic health information (ePHI) and/or other sensitive data may only occur between trading partners and business partners and must be completed by dropping and collecting the files via a secure location with transmission encryption (SSL, IPsec, etc).
- **Firewall Security:** All public (internet) communication to/from the PerformCare network is protected, inspected, and monitored via Cisco PIX/ASA secure firewall equipment. Demilitarized networks (DMZ) are in place to properly triage and secure the traffic between all public networks and the local networking environment.
- **External Penetration / Ethical Hacking Testing:** External penetration testing is performed several times per year on all internet facing systems, networks, and services through an ethical hacking accredited vendor. In addition, on-demand ethical hacking exercises are performed on a per incident basis to maintain the security and stability of all systems.
- **Data Loss Prevention (DLP):** DLP is deployed throughout the PerformCare network to maintain, enforce, and audit access to ePHI. This is accomplished through implementation of a sophisticated policy that dictates encryption, as necessary, enforcement of policy and access auditing for all PerformCare managed devices and data types. These are automated to ensure compliance with all applicable policies, including automatically generated responses to end users and management, as necessary.
- **Mobile Device/Workstation & Media Encryption:** All mobile devices and mobile workstations (including Telecommuter workstations) are encrypted via Pointsec full disk encryption software, providing automatic security for all information on endpoint hard drives. In addition, CheckPoint Media Encryption software is used to encrypt all removable storage media (USB flash drives, backup hard drives, writeable CD/DVD media, etc).

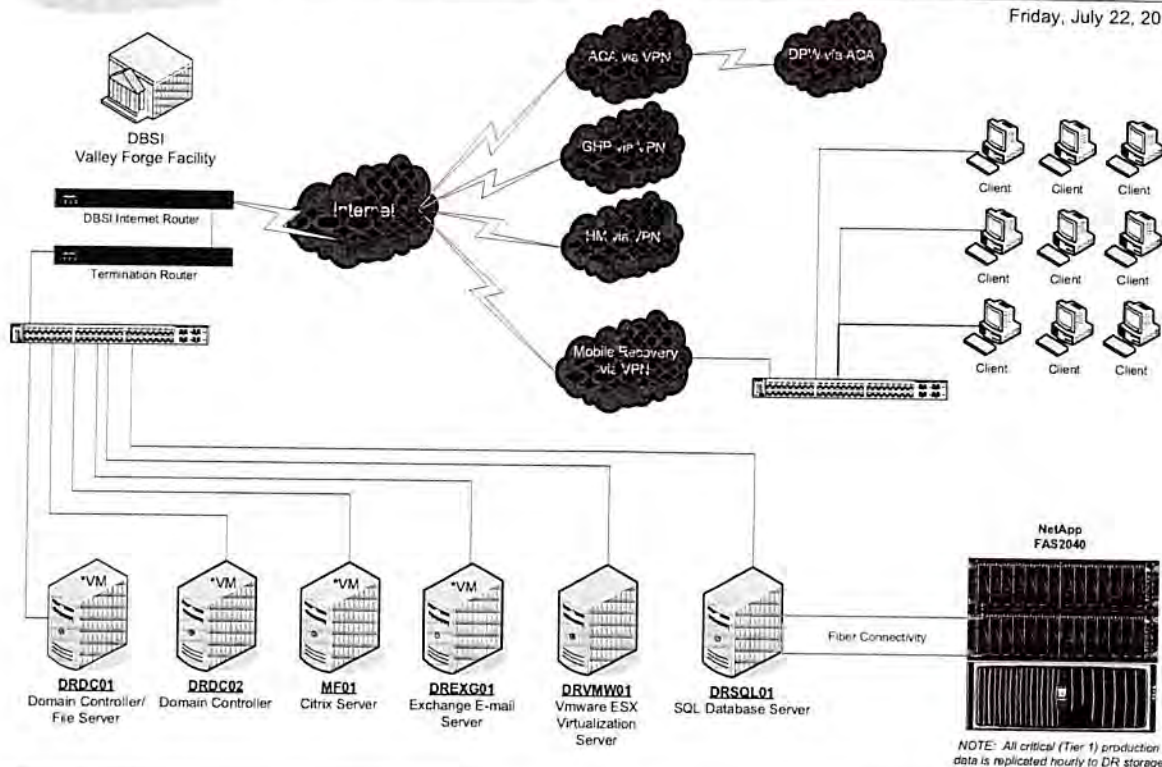
## 2. WORK PLAN / PROJECT EXECUTION

### DR Configuration

The following chart depicts the current Disaster Recovery Configuration which will be upgraded to accommodate the addition of the Baton Rouge office.

### PerformCare Disaster Recovery Configuration

Friday, July 22, 2011



\*VM - Virtual Machine running on CBHNPDR/VMW01

Page 1

### Recovering from a Disaster at our National Operations Center

PerformCare has contracted with DBSI, a nationally recognized Disaster Recovery company for the purpose of providing an off-site location that will become the nerve center for business continuity in the event of a disaster that makes occupation of our national headquarters untenable or our main computer center inoperable. The site provides a secure and remote location in which we have housed sufficient redundant equipment through which we can operate all current applications and restore necessary communications. The site is located in Valley Forge, approximately 55 miles from its site in Harrisburg, PA. The equipment is pre-configured with current software and applications essential to restoration and maintained in a "warm state" with capacity to remote connect so that it becomes operational immediately. In the event that the Disaster Recovery (DR) equipment becomes un-configured or corrupted in anyway, a Disaster Recovery Network Media Kit is kept offsite in a Secure Lockbox containing Network Media, License Numbers, & Administrative password lists.

### Data Back-up and Storage

PerformCare employs three distinct and redundant protocols for back-up and storage in order to ensure that data is made available quickly and accurately for restoration of information technology

## 2. WORK PLAN / PROJECT EXECUTION

functionality and business continuity. The first is the real-time replication of our essential databases to the disaster recovery site. This provides redundancy in situations of a full disaster and in less catastrophic incidents where there may be damage to the servers and other system equipment but the building remains intact. PerformCare uses the 'SnapMirror' functionality available on our NetApp Storage Area Network (SAN) to replicate all essential data on a tiered/policy basis to a standby array at the disaster recovery site. The standby array is configured and staged accordingly in order to present usable data to the end user community within minutes of cutover – making our Recovery Time Objective (RTO) almost immediate. The delta changes to the database are sent continuously to the data recovery center and the database is guaranteed to be intact and current as of the last "snap", which would have a lag time of no more than 2 hours.

The second is a standard tape back-up that is accomplished daily and then transported by Vital Records Inc to an underground hardened tape storage facility. PerformCare maintains a 7 year backup of the local area network, with differential backups being performed on all servers Monday thru Friday. Full backups are performed Saturday and run through Sunday evening. Daily backups are retained for three weeks, weekly backups are retained for one month, and monthly backups are retained for one year. Transaction logs for all databases, including test and development environments are scheduled every two hours and full backups are completed daily. The transaction logs and backups of the databases are captured on the tape backup that is taken off site.

The third is the replication of all critical documents and files for each individual department and business area to the disaster recovery site on a nightly basis. We have dubbed this collection of information as 'Disaster Recovery Kits'. Each department electronically maintains their 'kit' or critical documents in an established location that includes such things as Policies and Procedures, Emergency Contact Lists, Departmental Templates, and Critical Application Files. Because these kits are copied nightly to the disaster recovery site, it allows each business area in the event of a disaster to immediately access such documents without needing to depend on restoration of tape backups. It allows them to continue operations, even if in a more manual process, until full operations are restored.

### **Business Continuity**

PerformCare has designed a multi-faceted approach to providing work space and resources sufficient to restart business operations following a minor or major interruption of service or a full blown long term disaster. PerformCare is staged well to continue operations through its disaster recovery data center held in a warm state at DBSI and through its replication of databases and critical files to the disaster recovery center. The disaster recovery center is set up to allow a remote connection. This enables care managers or other designated personnel to continue to work in CLARIS in the event of significant downtime. PerformCare also has a Telecommuter program that includes a team of Telecommuter Care Managers who work from home. In the event of a localized disaster these individuals will be switched directly to the DBSI Disaster Recovery site through a Virtual Private Network. Managers and certain essential staff have been provided with laptops and wifi devices, and will also be able to connect with the LAN/WAN via the DBSI site. To complete the access of staff to our systems, we have contracted with Agility, Inc. which specializes in providing offsite workstations for employees. The contract allows for a mobile office which includes fully equipped workstations (including telephones and computer equipment) with secure VPN connectivity to the disaster recovery site.

### **Telecommunications**

To accomplish restoration of telephone communication following a disaster, we have contracted with Virtual PBX, a company which can substitute for PerformCare's telephone system until either normal operations are restored or the Agility Back-up site is functional, and emergency cell phones have been issued to member Services and Care Management staff.

## **2. WORK PLAN / PROJECT EXECUTION**

### **Command and Control Center**

PerformCare has negotiated the use of a nearby facility that can be used in the event of a highly localized disaster. The facility provides a conference room for disaster recovery procedure planning and execution as well as space for critical staff to work using the Virtual PBX and DBSI Disaster Recovery site described above.

### **Communication and Notification**

Declaration of a Disaster may be made by The Security Officer, the Network Systems Manager, or the CEO. Upon Declaration of a Disaster, the Security Officer will immediately notify the Disaster Response Team and the Conference Call protocol will go into effect immediately. After consultation, notification will be made to the Data Recovery and Business Continuity sites to prepare for emergency mode operation. The Human Resources Director will notify all key staff of the current status of the emergency, and whether or not the emergency mode operation plan is in effect. If it is in effect, notification will continue as follows:

- The VP Human Resources will send an alert to all CBHNP staff.
- Notification will go to all stakeholder and oversight parties, including in Louisiana the DHH-OBH, the five WAAs and the regional FSOs. Alerts will also be placed on our website, and transmitted electronically to all CSOC and other stakeholders
- Notifications consistent with a localized Louisiana emergency (see section h.) will be made,

### **Maintenance, Test Schedules, and Results**

At least once a quarter the DBSI Disaster Recovery Site is visited and general routine maintenance is performed.

- Update all Servers with critical operating systems patches and hot fixes excluding service packs.
- Reboot servers as necessary.
- Run an inventory report on all units including infrastructure devices and servers.
- Randomly select a file and restore from tape to confirm proper and continued operation of the tape backup devices.
- Attach DB's to SQL server environment via replicated production storage.
- Update all Active Directory Information – Configuration, User Accounts, etc via AD Import/Export Scripts
- Confirm Disaster Recovery Kit is completely up to date with Documentation and Network Media.

At the same time a series of infrastructure, database and application functions are activated and tested. To date, each of these quarterly tests have been successful. Additional testing is performed monthly as part of the Monthly Maintenance Process.

- All critical systems and software tested for functionality.
- Applications are run to confirm that the replicated data is accurate, current and accessible to the system. This is supported by running standardized queries to generate reports both from the Data Recovery site and the National Operations Center to confirm that the results are identical.

Because the implementation of the Louisiana program will contribute to enhanced web-based activity and connectivity issues for the Operations center, a new procedure will be added.

## 2. WORK PLAN / PROJECT EXECUTION

PerformCare will create an alternate URL that during the course of normal events directs users back to our primary URL. The URL will be considered proprietary and will not be released outside of our Disaster Response Team. During the DR Testing, in order to simulate an operations center catastrophe, IT staff will notify the ISP DNS provider to redirect users to the DBSI DR server array. This will allow us to test web connectivity to the DR site without impacting normal traffic and production services.

In the event of a real Disaster, the same procedure will be applied to our primary URL.

Complete testing, including relocation of essential staff to offsite locations is an extremely expensive process and has the potential to create some level of disruption. For this reason, PerformCare has scheduled these sparingly.

Actual testing of the system occurred during the course of our expansion in which a larger facility was necessary and business continuity was of course absolutely required. The same procedures described in our disaster recovery plan were executed during the move of our National Headquarters from its prior location in Harrisburg, to our current building. Because the move necessitated disassembling and reassembling server configurations, workstations and transportation of equipment, documents and furnishings, the call center was disabled for a short period of that time. As a result, we switched to Emergency Operations mode using our Disaster Recovery site, and business continued without interruption. The Disaster Recovery Plan proved highly effective and provided us the opportunity to tweak certain protocols based on field experience.

<b>xv. Describe the Proposer's technical support or "help desk" services available to front end users of your information systems.</b>
--

A Service Desk is provided as the technical software support arm, featuring 24/7 phone support to all current front-end users. The Service Desk is staffed with courteous and knowledgeable technicians, who work in collaboration with the main SMO office during the workday and are on call during off hours, weekends, and holidays. Louisiana on-site support will be combined with our other Service Desk technicians who operate as a virtual team from both Pennsylvania and New Jersey offices. Service Desk technicians use help desk problem tracking software (Track-It!) to document, track, and resolve work orders in a timely manner. The tracking software generates work orders that contain information about an individual call or request (see graphic that follows).

Work orders are classified by type, subtype, and category; they are tracked by status (open, followed up, in research, pending development, closed, etc.); and they are tracked by Service Level Agreements set by the provider to address specific and general questions and issues in escalating priorities (i.e. Critical, Urgent, Routine, Needs Research, Extensive Research, etc.).

## 2. WORK PLAN / PROJECT EXECUTION

The screenshot shows the 'Work Order Management' interface. Key components and callouts include:

- User Information:** A box at the top left containing fields for 'User', 'Email Address', and 'Summary'.
- Summary:** A callout pointing to the 'Summary' field in the User Information section.
- Notes:** A callout pointing to the 'Notes' field in the User Information section.
- Classification:** A callout pointing to the 'Classification and Schedule' section, which includes fields for 'Type', 'Subtype', 'Category', 'Custom Fields', 'Authorization #1', 'Medical ID #1', 'Look up 5', 'Child ID #1', 'Date 1', 'Application Policies', 'Skill Training', 'Event Policy (SLA)', 'Disagreed Technician', and 'Dues Date'.
- Priority:** A callout pointing to the 'Priority' field in the 'Classification and Schedule' section.
- Work Order ID:** A callout pointing to the 'Work Order ID' field at the top right.
- Status:** A callout pointing to the 'Status' field in the 'Classification and Schedule' section.
- Technician:** A callout pointing to the 'Assigned Technician' field in the 'Classification and Schedule' section.
- Youth ID custom field:** A callout pointing to the 'Youth ID' field in the 'Classification and Schedule' section.

**Service Desk Support: Track-It (Support Request – completed by Service Desk)**

### Account Activation and Deactivation

Adhering to the policy and process for account provisioning, Service Desk technicians assist in setting up new users and activating and deactivating login IDs. This process may be documented through a web-based registration form (see below) or through a work order request from System Administrators, (individuals designated by the client).

The screenshot shows a web-based registration form titled 'View IIC Training-20091125 1635'. The form includes the following fields and instructions:


- Instructions:** 'Please provide the following information to view this recording. Asterisks (\*) indicate required values.'
- Please answer the following questions.**
- \* First name:** A text input field.
- \* Last name:** A text input field.
- \* Email address:** A text input field.
- \* Phone number:** A text input field with a dropdown for 'Country/region' and a label 'Number (with area/city code)'.
- \* Confirm email address:** A text input field.
- \* Company:** A text input field.
- \* Medicaid ID #/All Program Nos.:** A text input field.
- \* County:** A text input field.
- \* Is this registration for a new ID?:** A checkbox with options 'Yes' and 'No'.
- Clear my information:** A link at the bottom of the form.

**Example of Intensive in Community provider registration screen**


## 2. WORK PLAN / PROJECT EXECUTION



### Security (lock-outs)

Users may attempt login three times incorrectly before being locked out of the Application. The Service Desk can verify the identity of a locked-out user live. Verification includes verbal confirmation of login ID, name, agency name, supervisor name, email, phone number, etc. Lockouts are addressed immediately if a phone call is received. Once verified, the locked-out user may have his or her password unlocked or reset. An agency may also request an Access Log Report for a specific provider to assist in investigating a security concern.


**SQL Server Reporting Services**  
[Home](#) > [Management](#) >  
**NJ1026\_AccessLog**

**View** | **Properties** | **History** | **Subscriptions**

 **New Subscription**

From Date  
To Date  

MemberID  ☒ NULL
Login  ☐ NL

1 of 2 ? 100% Find | Next Select a format

**User Access to Member Records**

LOGIN	Member ID	Access Date Time	IPADDR	Filter Date
ASchwartz	20400	7/13/2011 1:29 PM	10.80.4.15	7/13/2011
ASchwartz	79155	7/13/2011 1:27 PM	10.80.4.15	7/13/2011
ASchwartz	79155	7/13/2011 1:26 PM	10.80.4.15	7/13/2011
ASchwartz	79543	7/13/2011 1:25 PM	10.80.4.15	7/13/2011
ASchwartz	55551	7/13/2011 1:11 PM	10.80.4.15	7/13/2011
ASchwartz	96595	7/13/2011 1:07 PM	10.80.4.15	7/13/2011
ASchwartz	96595	7/13/2011 1:06 PM	10.80.4.15	7/13/2011
ASchwartz	96595	7/13/2011 1:06 PM	10.80.4.15	7/13/2011
ASchwartz	62074	7/13/2011 1:05 PM	10.80.4.15	7/13/2011
ASchwartz	33375	7/13/2011 1:04 PM	10.80.4.15	7/13/2011
ASchwartz	33373	7/13/2011 1:04 PM	10.80.4.15	7/13/2011
ASchwartz	55551	7/13/2011 1:01 PM	10.80.4.15	7/13/2011
ASchwartz	55551	7/13/2011 1:01 PM	10.80.4.15	7/13/2011

### Data Access Audit Report: On Demand Report Instructional Guidance

Service Desk technicians offer supplemental instruction on all technical processes of the current system and are continually updated as the system is developed and enhanced.

#### 4. PERSONNEL QUALIFICATIONS



Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Report Analyst Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Silverlight) a plus</li> <li>Excellent communication skills</li> <li>Knowledge of healthcare and human services delivery systems preferred.</li> <li>Bachelor's degree (or equivalent) in a related field with 3-5 experience in data management</li> <li>Strong analytical skills, including the ability to analyze large amounts of data, prepare spreadsheets and interpret results</li> <li>Strong quantitative skills with proficiency in the MS office suite of applications with advanced skills in Excel from both an analytical and database tool perspective.</li> <li>Proficient with Access, VBA, Crystal Reports, Oracle, and SQL.</li> <li>Proficiency with MS Word, Outlook and PowerPoint</li> <li>An understanding of database and reporting concepts</li> <li>Proven performer with a history of delivering accurate and effective reports, data analysis and modeling, information management and basic project management</li> <li>Excellent communication skills, strong judgment skills and the ability to work effectively with both business and technical staff</li> </ul>	<ul style="list-style-type: none"> <li>Produce established reports</li> <li>Develop ad hoc reports as requested by client</li> <li>Perform database queries to support daily operations</li> <li>Complete comprehensive quality assurance checks before publishing to client/customer</li> <li>Independently resolve issues</li> <li>Capable of developing and implementing enhanced requests or creating new reports on existing data sets</li> <li>Consistently communicate and interact with team members in a professional, cooperative manner</li> </ul>

## 4. PERSONNEL QUALIFICATIONS

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Business Analyst Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Knowledge of health care and human services delivery systems preferred.</li> <li>Bachelor's degree and 3-5 years experience in data management or the equivalent in job relevant work experience</li> <li>Strong quantitative skills with proficiency in the MS Office Suite of applications with advanced skills in Excel from both an analytical and database tool perspective</li> <li>Proficiency with Access, VBA, Crystal Reports, Oracle and SQL</li> <li>Knowledge of various software language tools, such as .NET, Visual Basic, C#, Silverlight, ASP.NET, and others</li> <li>IT services data management and reporting experience, particularly with IT Operations (a plus)</li> <li>Excellent analytical ability, communication skills, strong judgment and the ability to work effectively with both business and technical staff</li> <li>Proven performer with a history of delivering accurate and effective reports, data analysis and modeling, information management and basic project management</li> <li>Ability to clearly communicate ideas and thoughts through a variety of media with a highly tuned attention to detail</li> <li>Highly organized, self-starter who can own basic projects and act with limited</li> </ul>	<ul style="list-style-type: none"> <li>Identify customer needs for additional services and/or training and communicate to appropriate staff</li> <li>Perform and prioritize multiple tasks</li> <li>Develop ad hoc reports as requested by client</li> <li>Perform database queries to support daily operations</li> <li>Consistently communicate and interact with team members in a professional, cooperative manner</li> <li>Develop training documentation and conduct training sessions with client</li> </ul>

## 4. PERSONNEL QUALIFICATIONS

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Business Analyst / Change Control Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>supervision</li> <li>• Capability to work and excel in a fast paced, constantly changing environment with moving deadlines</li> <li>• Propensity to multi-task and prioritize responsibilities on a daily basis, and often under pressure</li> <li>• Knowledge of health care and human services delivery systems preferred</li> <li>• Ability to effectively problem solve independently or in a team setting</li> </ul>	<ul style="list-style-type: none"> <li>• Manages the overall CCR processes; facilitates process improvement through effective use of ITIL best practices; identifies opportunities and prioritizes continuous improvement initiatives for CCR management processes</li> <li>• Collaborates with QA administrator to review and update the overall QA program strategic plan</li> <li>• Collaborates with QA staff and ITS functional managers to ensure service level agreements are developed and formalized within the scope of CCR processes and procedures</li> <li>• Collaborates with Project Management to ensure two-way communication pertaining to project and change requests</li> <li>• Assures the integrity and reliability of information systems; produces, analyzes and distributes meaningful reports for the QA administrator pertaining to CCR processes and identifies areas of</li> </ul>

## 4. PERSONNEL QUALIFICATIONS

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Trainer Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Bachelor's degree or equivalent combination of education and experience in the technology industry</li> <li>Minimum two years experience in a functional role, with emphasis on technology and business process training development, design and delivery</li> <li>Excellent communication skills a must</li> <li>Recent expertise working within a software development environment, across sites, and in direct contact with developers</li> <li>Experience with Oracle</li> <li>Strong Windows networking expertise with a focus on Window environments</li> <li>An aptitude for mastering new software applications and IT trends</li> </ul>	<ul style="list-style-type: none"> <li>Work closely with business analyst, project manager, developers and system owners to document the entire system lifecycle for all systems and applications</li> <li>Conduct ongoing training of company products and applications</li> <li>Present information using various instructional techniques and formats</li> <li>Analyze, design, create, and maintain training documentation</li> <li>Effectively organize time and meet aggressive timelines</li> </ul>
Quality Assurance Tester Lead Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>Bachelor's degree in a related field</li> <li>Five years experience in Quality Assurance, Software Analysis and/or development</li> <li>Knowledge of software development lifecycle requirements</li> </ul>	<ul style="list-style-type: none"> <li>Development and implementation of quality assurance processes and procedures</li> <li>Development and implementation of project timelines</li> <li>Continuous project oversight to monitor progress and identify changes, where necessary</li> </ul>

## 4. PERSONNEL QUALIFICATIONS

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
		<ul style="list-style-type: none"> <li>• Knowledge of automated testing software</li> <li>• Demonstrated leadership skills</li> <li>• Understanding of healthcare and human services delivery systems</li> </ul>	<ul style="list-style-type: none"> <li>• Software testing, which includes structures regression and stress testing</li> <li>• Integrated build and documentation support</li> <li>• Maintain and coordinate problem reporting system</li> <li>• Maintain release control by approving software releases before they are submitted to client</li> <li>• Effectively organize time and meet aggressive timelines</li> <li>• Consistently communicate and interact with team members in a professional, cooperative manner</li> </ul>
Quality Assurance Tester Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>• Bachelor's degree in a related field</li> <li>• 2-3 years experience in QA/Software testing</li> <li>• Understanding of software development lifecycle</li> <li>• Knowledge of testing methodologies and QA processes</li> <li>• Knowledge of automated testing software a plus</li> <li>• Understanding of healthcare and human services delivery systems</li> <li>• Ability to function effectively as a team member as well as independently</li> <li>• Ability to perform multiple tasks and be able to prioritize</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to follow developed and implemented quality assurance processes and procedures</li> <li>• Ability to adhere to implemented project timelines</li> <li>• Software testing, which includes structured, regression and stress testing</li> <li>• Integrated build and documentation support</li> <li>• Proper reporting of issues to all involved parties</li> </ul>
Service Desk Supervisor	100%	<ul style="list-style-type: none"> <li>• Associates degree in a technical discipline or an equivalent combination of training.</li> </ul>	<ul style="list-style-type: none"> <li>• Interact with customers of all levels of computer understanding</li> </ul>

## 4. PERSONNEL QUALIFICATIONS

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
Baton Rouge, LA		<ul style="list-style-type: none"> <li>education and experience a plus</li> <li>2-4 years technical help desk experience supporting customers with systems, network, hardware and software</li> <li>2-4 years experience supporting users in Windows environments</li> <li>Proficient with Microsoft Office Suite</li> <li>Experience with Trak-It a plus</li> <li>Ability to manage multiple tasks and meet schedules</li> <li>Demonstrated leadership skills</li> <li>Excellent organization and communication skills, both oral and written</li> <li>Excellent customer service and teamwork skills</li> <li>Ability to manage stressful situations under pressure</li> <li>Ability to maintain a high level of professionalism at all times</li> </ul>	<ul style="list-style-type: none"> <li>Answer calls in a professional manner</li> <li>Research required information using all available resources</li> <li>Identify and escalate priority issues</li> <li>Route issues to appropriate resources</li> <li>Track and route problems and requests and document resolutions</li> <li>Follow-through on customer requests and keep team apprised of the status</li> <li>Follow standard help desk procedures</li> <li>Communicate and interact with team members in a professional and effective manner</li> </ul>
Service Desk Technician Baton Rouge, LA	100%	<ul style="list-style-type: none"> <li>High School Diploma or equivalent</li> <li>Associates degree in a technical discipline or an equivalent combination of training, education and experience a plus</li> <li>Two years technical help desk experience supporting customers with systems, network, hardware and software</li> <li>Two years experience supporting users in</li> </ul>	<ul style="list-style-type: none"> <li>Interact with customers of all levels of computer understanding</li> <li>Answer calls in a professional manner</li> <li>Research required information using all available resources</li> <li>Identify and escalate priority issues</li> <li>Route issues to appropriate resources</li> </ul>

# PerformCare

*Behavioral Health Solutions*

## 4. PERSONNEL QUALIFICATIONS

Position Title & Location	% of Time Allocated to LBHP	Qualifications	Responsibilities
		<p>Windows environments</p> <ul style="list-style-type: none"> <li>• Proficiency with Microsoft Office Suite</li> <li>• Experience with Trak-It a plus</li> <li>• Ability to manage multiple tasks and meet schedules</li> <li>• Excellent organization and communication skills, both oral and written</li> <li>• Excellent customer service and teamwork skills</li> <li>• Ability to manage stressful situations under pressure</li> <li>• Ability to maintain a high level of professionalism at all times</li> </ul>	<ul style="list-style-type: none"> <li>• Track and route problems and requests and document resolutions</li> <li>• Follow-through on customer requests and keep team apprised of the status</li> <li>• Follow standard help desk procedures</li> </ul>

## 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.**

PerformCare has been providing quality managed behavioral health care since 1997 and has robust programs serving both commercial and public sector customers. One of our strengths is our flexibility, which has allowed us to create innovative programs tailored exactly to the needs of our customers and the members we serve. For that reason we have developed a library of plans, policies and procedures, manuals and other documents that will be invaluable resources as we implement our Louisiana Behavioral Healthcare program. Specifically, PerformCare has in place a wide range of materials in our Children's System of Care (CSoc) program in New Jersey. Much of this is directly applicable to the proposed Louisiana program, as we have detailed throughout this proposal response.

As a further example of this experience, **Appendix 36** is an index of our Policies and Procedures crafted for our other lines of business and overall corporation (Note in these documents that PerformCare is known as CBHNP in Pennsylvania). A selected sample of these are described below and offered as specific appendices. PerformCare also has access to the full complement of applicable policies and procedures proprietary to the AmeriHealth Mercy Family of Companies and its operations throughout the country.

The following and attached are highlights of our organization that are presented in addition to the response to questions in the other sections of this proposal.

#### **New Jersey System of Care Attachments**

In keeping with the State's request, full manuals are not included; rather representative pieces are attached and noted.

- **Mobile Response Data Dashboards (example of Data Dashboards)** – Four pages of a mobile dashboard

New Jersey System of Care providers have access to Profile Dashboard Reports that allow their organizations to view aggregate data, metrics and measurements about children receiving treatment through their programs. Developed in collaboration with stakeholders, the dashboard statistics derived from data in CYBER (the base for the proposed CLARIS system in Louisiana) are graphically displayed. In addition to agency specific data, there are charts that show the average distribution for all agencies. The Mobile Response Dashboard includes age distribution, dispatch request time, and dispatch on-site times. **Appendix 37.**

- **Ad Hoc Report Plan** - Two pages, title page and table of contents

The NJ Division of Child Behavioral Health Services has approved a plan that will give CYBER users the ability to create customized report extracts by accessing data marts. These data marts are comprised of specialized views from data tables available through CYBER's Report Manager. Agencies will be able to export reports to Excel which will allow users to do additional filtering and formatting. Please see **Appendix 38** for this report.

- **DYFS FAQs and Reference Guide**- Two pages, one for FAQs and one reference guide

PerformCare NJ established a dedicated operational unit for children, youth and young adults that are involved in child welfare. Operations are directed at ensuring accessibility, availability, and responsiveness for families (birth, foster, kinship, guardian, adoptive), as well as professionals

## 5. ADDITIONAL INFORMATION

serving families involved with DYFS. PerformCare has developed a number of references designed to assist child welfare workers in understanding the role of PerformCare in accessing behavioral health services. These FAQs and Reference Guide are submitted as **Appendix 39**.

- **Clinical Management Program Manual-** Three pages, title page and table of contents

PerformCare has developed a comprehensive clinical management program that includes activities such as care coordination, utilization management, quality improvement and outlier management. The Clinical Management Program Manual, submitted as **Appendix 40**, describes the daily operations of the CSA.

- **Welcome Page Release Business Requirement Specifications-** Three pages and table of contents

The Cyber Welcome Pages provide a customized welcome page for several of the current Cyber user groups, including care management organizations, in-home therapists, mobile response and stabilization services, out-of-home providers and the Division of Child Behavioral Health Services (DCBHS) staff. The welcome screens, submitted as **Appendix 41**, have function buttons, informational links and data grids that are populated upon selection of a link. The intent of the functionality is to provide the users with a more effective way to manage their daily activities.

- **Youth and Family Guide-** Two pages, title page and table of contents

PerformCare mails a *Youth and Family Guide* to all families who register with the Children's System of Care. The guide, the table of contents of which is submitted as **Appendix 42**, is designed to give families information about getting help for their child and includes details about the behavioral health services available in New Jersey. The Youth and Family Guide describes what families can expect when calling PerformCare.

- **3560 Application Instruction Manual-** Two pages, title page and table of contents

3560 is financial funding from DCBHS to pay for behavioral health services when a youth is not eligible for other sources of coverage. PerformCare manages eligibility for New Jersey's DCBHS 3560 Coverage and has developed an electronic application that a Presumptive Eligibility (PE) entity uses when children, youth and young adults have gaps in their Medicaid/NJ Family Care coverage. PerformCare has developed an instruction manual that guides users through the application process. Excerpts of this manual are submitted as **Appendix 43**.

- **Outcome Reporting Training-** Four pages, title page and first three slides

PerformCare has designed a report system that gives treatment providers the ability to analyze CANS assessment data within a youth's CYBER record. This functionality provides up to 18 assessments of the same type (Strength and Needs, Crisis Assessment Tool, Needs Assessment and Needs Assessment with BioPsychoSocial) from the present and dating back to September 2002. Training was developed to help clinicians understand the benefits of using these reports in the treatment planning process as well as instructions on how to access the reports. Excerpts of this training are submitted as **Appendix 44**.

### PerformCare Corporate Attachments

#### Organizational Standards

The Corporate Compliance Plan and the Fraud and Abuse Plan are included as **Appendix 45** and **Appendix 46**, respectively.

#### Member Rights

Member Rights are included as **Appendix 22**. These rights are extremely important and are published in the Member Handbook and on our website. They are consistent with those promulgated by DHH-OBH.

## 5. ADDITIONAL INFORMATION

A sample Member Newsletter from our Pennsylvania HealthChoices program is also included as **Appendix 10**, and is a representative example of written member outreach and education materials. This particular newsletter included Member Rights and Responsibilities as part of the text.

### Utilization Management Guidelines

Several policies are shown in **Appendix 47** from our MDwise Hoosier Alliance (Indiana) program as representative of our UM guidelines for Medicaid:

- Timeliness of UM Decision Making
- Covered Services and Medical Necessity Criteria
- Prior Authorization Process
- Continued Stay Reviews and Discharge Planning
- Adverse Determination, Denials and Denial Notice Procedure
- Behavioral Health Case and Complex Case Management

### Quality Management Guidelines

**Appendix 48** is the QI-UM Program Description from our Pennsylvania HealthChoices program, which has received full NCQA Behavioral Health Accreditation for the past six years. It outlines the UM process, guidelines and interface with the overall QI program. PerformCare (known as CBHNP in PA) is the only Pennsylvania Behavioral Health Managed Care Organization (BH-MCO) to receive the accreditation for Medicaid.

### Employee Expectations

Employee expectations are described in detail in the Code of Ethics and Standards, which is cited below under “Ethical Standards”. They are also delineated in a number of PerformCare Policies and Procedures. An abbreviated selection is included in **Appendix 49**.

- Code of Conduct Summary
- Confidentiality of PHI
- Confidentiality of Proprietary Information
- Breach of Confidentiality
- Building Security
- Non-Fraternalization
- Employee Relations and Problem Reporting

### Ethical Standards

The AmeriHealth Mercy Family of Companies believes that excellent business practices go hand-in-hand with sound ethics. The Code of Ethics and Conduct (**Appendix 49**) describes standards for maintaining good ethics and business practices and what is expected of you as an associate (employee). The Code of Ethics and Conduct provides examples that are specific to each topic to help associates better understand its purpose. As a condition of employment all associates are required to read, understand and abide by the guidelines set forth in the Code of Ethics and Conduct. Every associate must electronically sign the Code of Ethics and Conduct on an annual basis. In addition, PerformCare employs numerous licensed health care professionals who additionally follow relevant professional standards and guidelines.

**5. ADDITIONAL INFORMATION**

---

**All Hazards Response Plan**

PerformCare has developed both an Evacuation Plan for PerformCare National Headquarters and a Disaster Recovery and Business Continuity Plan, which are provided as **Appendix 29 and Appendix 26**, respectively. They have each been cited and discussed in this proposal, *Sections 2.g – Technical Requirements and 2.h – Business Continuity, Disaster Recovery, and Emergency Preparedness*.

**6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS**

The organization's financial solvency will be evaluated. The Proposer's ability to demonstrate adequate financial resources for performance of the contract or the ability to obtain such resources as required during performance under this contract will be evaluated.

**Maintaining Records for Governmental Contracts.** Describe the Proposer's experience in maintaining records for governmental contracts and submitting financial statement to governmental agencies and compliance with the requirements of subsection 6 b. below - Federal Financial Participation.

**General Corporate Overview**

AmeriHealth Mercy of Louisiana, Inc. (AML) is responding to this request for proposal through its sister company PerformCare of Louisiana ("PerformCare"). Both PerformCare and AML are wholly-owned subsidiaries of AmeriHealth Mercy Health Plan (AMHP), and as such, they are both members of the AmeriHealth Mercy Family of Companies. AmeriHealth Mercy Family of Companies (AMFC) is one of the largest Medicaid managed care organizations in the United States and is a leader in the delivery of quality health care to low income populations covered by publicly funded programs, especially Medicaid.

AML is licensed as a Health Maintenance Organization in LA and will be the risk-taking entity for this proposal. AML will subcontract with PerformCare to be the SMO. PerformCare will be responsible for meeting all the requirements and functions as outlined in the RFP.

For the purpose of this response, including specifically Section 6, "Corporate Financial Operations & Conditions," as the SMO PerformCare will be responding to the RFP questions, except as specifically requiring information from either AML or AMFC.

**Maintaining Government Records**

PerformCare has extensive experience in maintaining records for governmental contracts and submitting financial statements to governmental agencies and meeting compliance requirements. For example, in Pennsylvania, PerformCare (known in PA as CBHNP) contracts with various counties and county collaboratives, which in turn contract with the Department of Public Welfare (DPW) to provide Behavioral Health Services to members of the respective counties under the HealthChoices (Medicaid) Program. In accordance with the Financial Reporting Requirements of the HealthChoices Behavioral Health Program, PerformCare is required to submit financial information to the DPW Office of Mental Health and Substance Abuse Services (OMHSAS) on a routine basis. Specific reports may vary dependent upon the type of contract (Risk versus Administrative Services Only).

PerformCare works with each program in the preparation of these required reports. Information is reviewed and validated by the Primary Contract holder (county) and appropriate fiscal and reporting staff at PerformCare. PerformCare management and the Primary Contractor both attest to the accuracy of the submitted information.

The following reports must be submitted to DPW/OMHSAS:

- Report #1 - Enrollment Table
- Report #2 - Primary Contractor Summary of Transactions
- Report #3 - Subcontractor Summary of Transactions
- Report #4 - Related Party Transactions and Obligations
- Report #5 - Risk Pool Analysis
- Report #6 - Claims Payable (RBUCs and IBNRs)
- Report #7 - Lag Reports

**6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS**

- Report #8 - Claims Processing Report
- Report #9 - Analysis of Revenues and Expenses
- Report #11 - Coordination of Benefits Report
- Report #12 - Reinvestment Report
- Report #13 – Balance Sheet/Statement of Net Assets
- Report #14 - Statement of Revenues, Expenses and Changes in Retained Earnings (Deficit)/Fund Balance
- Report #15 - Statement of Cash Flows
- Report #16 - Federalizing GA Report
- Report #17 - Contract Reserves Compliance Report
- Report #18 - Insurance Department Quarterly Filings
- Report #19 - Adult Outpatient Services in Alternative Settings
- Report #20 - Annual Counterpart Reports
- Report #21 - Annual HealthChoices Behavioral Health Contract Audit
- Report #22 - General Purpose Financial Statements
- Report #23 - Annual Subcontractor Entity-Wide Audit
- Report #24 - Insurance Department Annual Filing
- Report #26 - Insurance Department Annual Audited Financial Statements
- Other Financial Requirements
- Financial Data Certification Form

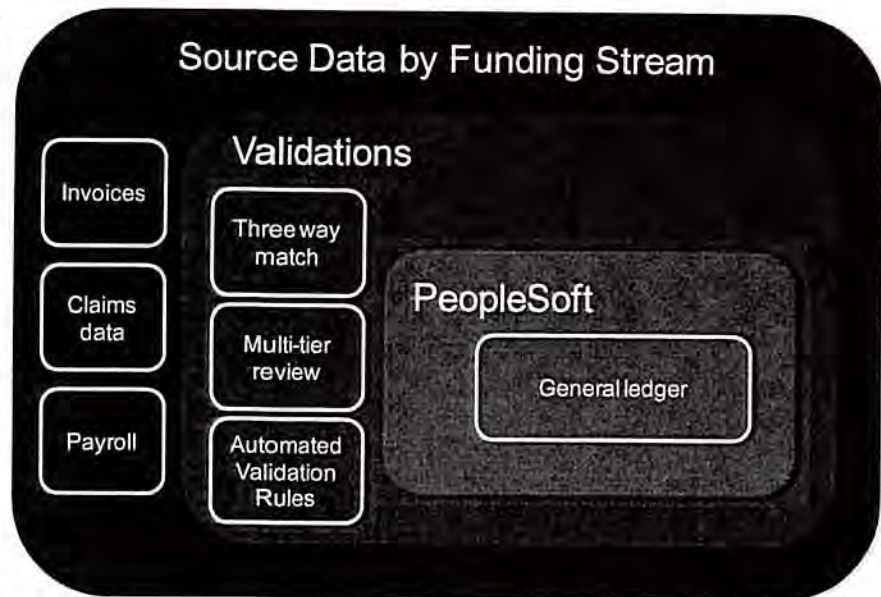
We understand and acknowledge that all states have requirements for record retention, and our policies and procedures have been developed and implemented accordingly. As an example, PerformCare has 10 years of experience in submitting financial information to the Office of Mental Health and Substance Abuse Services on behalf of the Capital Area Behavioral Health Care Contract. For our other Pennsylvania HealthChoices programs, PerformCare is entering the fifth year of these contracts and submitting applicable OMHSAS reports and financial information. For these programs, PerformCare recognizes that financial records retention is a requirement of the contract with Department of Public Welfare and the Primary Contract holder. Therefore, PerformCare has established a policy that all financial records will be retained for a period of eight (8) years. If a contract is extended, then the financial data will be retained for the extension period and five years thereafter.

On an annual basis, the PerformCare Pennsylvania HealthChoices program is independently audited with audited financial reports being submitted to the Department of Public Welfare – Office of Mental Health and Substance Abuse.

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

- a. **Federal Financial Participation and Access to Records, Books, and Documents.**
- i. Describe the Proposer's general ledger and accounting system and how the system tracks and records revenue and expenses from separate funding streams, including location of system and records.

PerformCare uses Peoplesoft, an Enterprise Resource Planning (ERP) system, for all accounting transactions impacting the general ledger including Accounts Payable, Purchasing, Asset Management, Human Resource Management and various other functions. In addition to Peoplesoft, PerformCare uses Hyperion and nVision for budgeting, analysis, and reporting. These systems are fully integrated setting the foundation for an effective single source back office system.



Tracking of the funding stream at the point of entry into any system is critical. Keeping this in mind and with Peoplesoft being the data source for financial reporting, the funding source is coded and reviewed prior to General Ledger posting, without exception.

Each funding stream has a designated product number assigned along with an accountant responsible for the product accounting. This individual's main role is ensuring the funding streams data integrity. While the accountant is the final review, every transaction follows a predefined workflow and validity checks throughout the process, described in detail below.

### Revenue

Upon receipt, revenue is matched and reconciled to the applicable billing and/or enrollment and coded to the appropriate product on the general ledger. Within the General Ledger system, revenue is recorded at the Product level. The breakdown of revenue by the Rating Groups is maintained in the Data Warehouse and reconciled to the General Ledger.

### Expenses

General and Administrative invoices are stamped, labeled, and pre-coded. Once entered they follow a predetermined workflow of approvals with managers who are trained to review the product and other attributes before approving payment. Depending on the dollar amount invoices may be reviewed by three or more management approval levels. Once approved by appropriate management the invoices are three-way matched and if successfully matched impact the General Ledger at that time where additional reviews and analytical procedures are performed by the project accountant.

Medical claims are adjudicated in the Claims module of CLARIS (the PerformCare Louisiana Information Technology system discussed in detail in *Section 2.g*) and subsequently are uploaded to the Peoplesoft system. Funding stream is predetermined and reconciled with supporting claim documentation by the project accountant prior to journal entry upload. Ongoing analysis of Claims by Rating Group is done via the detail information contained in the Data Warehouse and not through the

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

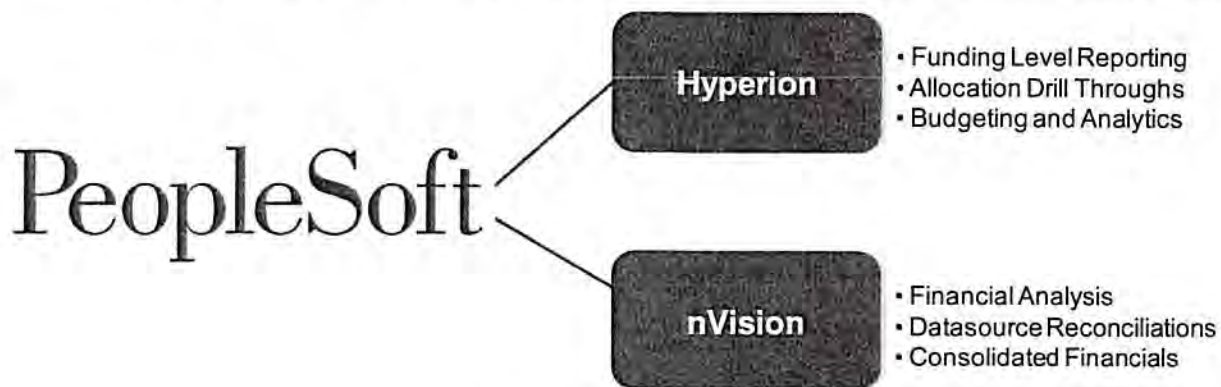
General Ledger. Paid claims are reconciled to cash disbursements and tied out to lag detail contained in the Data Warehouse.

Payroll entries are uploaded through an interface file provided by PerformCare's payroll vendor. Product level coding is provided; however, based on Activity Based Costing, this will be adjusted by the product accountant.

### Financial Reporting

As an extension of, and integrated with PeopleSoft, the Hyperion platform enhances reporting capabilities by funding stream. This software allows for more effective activity based costing, analyzing funding stream level budget versus actual reports, and various other tools. nVision, an add-on to the PeopleSoft system, is also used for various analyses, financial statements, and source data reconciliation.

As part of the reporting process in the Hyperion system, allocations of overhead expenses are performed for reporting by funding stream. PerformCare employs an *Activity Based Costing* approach and reviews these procedures and cost drivers throughout the year. Cost drivers consist of activities identifiable to the funding stream such as claims processed, calls received, and time studies among others.



In addition to the General Ledger system, PerformCare utilizes a Data Warehouse for analysis and reporting purposes. From the CLARIS system, the following information is captured in the Data Warehouse:

- Member Enrollment and Eligibility, including Rating Group, Effective Date, Disenrollment Data
- Capitation revenue by member – For PA HealthChoices, the funding from the state is calculated on a per member by rating group by day. Therefore, the funding will vary based upon the number of days in the month and by members within the rating group
- Claims with appropriate information such as Date of Service (DOS), Diagnosis Code, Place of Service, Paid Date

It is through the Data Warehouse that revenue and expenses are analyzed and reported by the various financial categories of aid and by claim type. Information contained in the data warehouse is reconciled to the General Ledger to ensure the accuracy and integrity of the Data Warehouse.

### System and Record Location

The PeopleSoft infrastructure is located in Philadelphia, Pennsylvania and maintained by PerformCare's parent company, AmeriHealth Mercy. All records will be maintained at or accessible electronically from PerformCare's Louisiana location. The Data Warehouse will be located at the

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

PerformCare Harrisburg Corporate Office with the Louisiana staff having local, direct, and immediate access to the Reporting Application module.

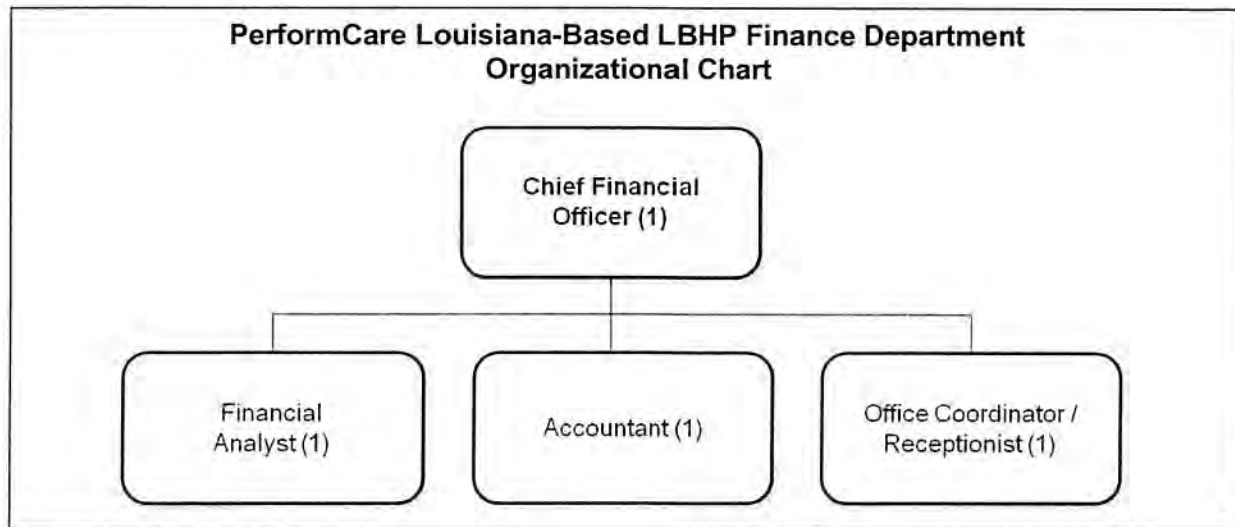
PerformCare will have the following staff located in Louisiana:

- Chief Financial Officer
- Financial Analyst
- Accountant
- Office Coordinator/Receptionist

In addition, PerformCare will have the following Informatics positions located in our Corporate office:

- Data Analyst
- Statutory Reporting Analyst

These positions will be responsible for providing the financial reporting to DHH-OBH and ongoing analysis to support the operations. By having these Informatics positions in our Corporate office, it will allow for cross training and ensuring consistency within the Informatics team. These positions will work closely with the LA CFO to ensure that deadlines are met and reporting is accurate and on a timely basis. This structure is currently in place with our other Programs and provides the appropriate resources to manage ongoing priorities.



**ii. Describe the Proposer's experience with audits from governmental agencies. Provide two examples of actual audit reports and the resulting corrective action plan.**

PerformCare is accustomed to working with governmental agencies and their auditors. For example, as part of the Pennsylvania HealthChoices Program, annual financial audits are required for the Primary Contractor and their Behavioral Health MCO "BH-MCO". The Annual audit is completed using guidelines by the Commonwealth of Pennsylvania and in accordance with generally accepted auditing standards. The scope of the audits includes:

**6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS**

- Financial and compliance audits of operations and activities for the purpose of determining the compliance with financial and programmatic record keeping and reporting requirements of the contract;
- Audits of automated data processing operations to verify that systems are in place to ensure that financial and programmatic data that is being submitted to the Commonwealth of Pennsylvania is properly safeguarded, accurate, timely, complete, reliable, and in accordance with contract terms and conditions; and
- Program audits and reviews to measure the economy, efficiency and effectiveness of program operations under this contract.

For the Fiscal Year ending June 30, 2008, PerformCare was placed on a Corrective Action Plan regarding four specific areas that needed to be addressed. The majority of the comments were related to adequate documentation rather than process changes that needed to be implemented.

- Documentation of Indirect Cost Allocation
- Documentation of process for coding Invoices to the appropriate LOB
- Documentation of Allocation process for Salaries and Benefits
- Documentation of Non-HealthChoices Allocation processes

PerformCare recognized that these improvements needed to be made and implemented them successfully during Fiscal Year 2009. Since then, there have been no Corrective Action Plans related to the financial reporting.

**Examples of Audit Reports**

**Appendix 50** includes the HealthChoices Programs Standards and Requirements-Appendix W regarding the Behavioral HealthChoices Audit Clause. In **Appendix 51**, we have submitted copies of two audit reports for FY09-10 for two of our Primary Contractors.

**b. Financial Reporting.** Submit the Proposer's audited financial statements that cover the two (2) most recent years and the most recent unaudited quarterly financial statements (year-to-date). If the Proposer is a newly formed corporation and does not have any audited financial statements submit the most recent annual audited (to cover the most recent two years) and quarterly unaudited financial statements of the corporation that intends to provide funding or support to the newly formed corporation. Disclose the relationships of the corporation providing funding to the Proposer.

PerformCare is a wholly owned subsidiary of AmeriHealth Mercy Health Plan. AmeriHealth Mercy has grown to become one of the largest Medicaid managed care organizations in the nation.

As noted earlier in this section. AmeriHealth Mercy of Louisiana, Inc. (AML) is responding to this request for proposal through its sister company PerformCare of Louisiana ("PerformCare"). AML is licensed as a Health Maintenance Organization in LA and will be the risk-taking entity for this proposal. AML will subcontract with PerformCare to be the SMO. PerformCare will be responsible for meeting all the requirements and functions as outlined in the RFP. Both PerformCare and AML are wholly-owned subsidiaries of AmeriHealth Mercy Health Plan (AMHP), and as such, they are both members of the AmeriHealth Mercy Family of Companies.

As a wholly owned subsidiary, PerformCare does not issue separate audited financial statements. AML is a newly formed organization so there is no financial information available for this company. The

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

most recent audited financial statements and quarterly financial statements of AmeriHealth Mercy Health Plan are submitted as **Appendix 52**.

The table that follows contains financial measures requested for the latest three years, based on the audited financial statements for AmeriHealth Mercy Health Plan (AMHP).

**Table of Financial Measures (Dollar Amounts in Thousands)**

Financial Measure	Formula	2008 (from 2009 audited statement)	2009 (from 2010 audited statement)	2010 (from 2010 audited statement)
(1) Working Capital	Current Assets - Current Liabilities	\$████	\$████	\$████
(2) Current Ratio	Current Assets ÷ Current Liabilities	████	████	████
(3) Quick Ratio	(Cash and Cash Equivalents + Investment Securities + Accounts Receivable) ÷ Current Liabilities	████	████	████
(4) Net Worth	Total Assets - Total Liabilities	\$████	\$████	\$████
(5) Debt-to-Worth Ratio	Debt/Loans Outstanding ÷ Net Worth	████	████	████

AmeriHealth Mercy Health Plan, as the parent organization, would provide additional funding for AML to ensure compliance with the required capitalization. As noted above, AMHP has net worth in excess of \$████ and will be able to provide financial support to both AML and PerformCare.

- i. Describe the Proposer's experience in developing and submitting financial statements to governmental agencies and tracking revenue and expenditures by funding source. Include three examples of actual reports submitted to governmental agencies. Identify customer(s) who can verify the experience.

PerformCare has been developing and submitting financial statements to governmental agencies and tracking revenue and expenditures by funding source for over 10 years. As noted above, the PeopleSoft General Ledger system has the ability to track revenue and expenditures by funding source. For all the Pennsylvania HealthChoices contracts, revenue and administrative expenses are tracked by the funding source. PerformCare establishes a project code for all contracts and uses the project code to track revenue and administrative expenses. Financial reports are developed based upon the project code and provided to the Primary Contract holder. These reports are the basis for information that is submitted to the Office Mental Health and Substance Abuse Services.

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

PerformCare captures detailed member, revenue and claims information from CLARIS for analytical and reporting purposes. Reports are developed and submitted to Government Agencies.

For our Pennsylvania HealthChoices programs, the standard reporting package includes reporting revenue and expenditures by funding sources. The standard reports include:

- **Report 01 – Enrollment by month by fiscal year by Rating Group** - The purpose of this report is to provide enrollment for the last day of the reporting month by rating group. Additionally, this report provides the member months for the current fiscal year with retroactive member month adjustments reported in the current month.
- **Report 02 – Primary Contract Summary of Transactions identifying Revenue, Medical and Administrative Expenses by Rating Group** - The purpose of this report is to report revenue and expenses incurred by PerformCare based by the Rating Group. The Revenue reported includes the Medical and Administrative funding received by the Primary Contractor. Distributions to PerformCare for Medical and Administrative Expense are reported. Administrative Funding and Expenses received or incurred by PerformCare are excluded from this report.
- **Report 03 – Subcontractor (PerformCare) Summary of Transactions identifying Revenues, Medical and Administrative Expenses by Rating Group** - The purpose of this report is to report revenue and expenses incurred by PerformCare based by the Rating Group. The Revenue reported includes the Medical and Administrative funding received by PerformCare based upon our Contract with the Program. Administrative Funding and Expenses received or incurred by the Program are excluded from this report.

In conjunction with Report 02 – Primary Contract Summary of Transactions, this report is utilized by the Department of Public Welfare – OMHSAS in monitoring current fiscal year performance of the Program and in developing rates for subsequent years.

- **Report 06 – Claims Payable (RBUCS and IBNRS)** - The purpose of this report is to capture the total amount of Claims Reserves broken out between Received But Unpaid Claims (RBUCs) and Incurred But Not Reported (IBNR). In addition, the purpose of this report is to track claims through the claim adjudication process and the overall adequacy of the Claim Reserves. In developing the monthly Claim reserves, additional factors are considered including but not limited to:
  - Changes in claim payment policies, or coverage
  - Significant fluctuations in enrollment by Rating Group (Report 01)
  - Changes in Claims processing (i.e. Claim system upgrades or conversions)
  - Significant changes in reimbursement
  - Significant Provider billing issues
- **Report 07 – Lag Reports** - This report is prepared based upon paid claims by Service Category and in the Aggregate. It is the standard lag triangle that shows paid claims by Date of Service. Utilizing historical information to develop completion factors (CF), these CF are used to develop projections or estimates for the most recent months that are not fully developed. It is a way to monitor past estimates for reasonableness and to determine if there are changes in claims due to seasonality or other issues that may impact the estimates on an ongoing basis.
- **Report 08 - Claims Processing Report** - This report reflects the status of claims entered in the Claims Processing System as of the end of the reporting month. This report has two components: # of Claims and \$ amount of Claims.

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

The purpose of the report is to monitor and ensure that Claims are adjudicated within a timely manner to ensure compliance with Prompt Payment Regulations.

- **Report 09 - Analysis of Revenue and Expenses** – This report is filed on a quarterly basis and will reconcile to Reports 2 & 3. This shows the overall performance of the Program.

For the Pennsylvania HealthChoices program during rate negotiation years, the Primary Contractor develops their projected medical expenses and administrative expenses for the next fiscal year. OHMSAS has developed a rating template for submitting the projected rates to be accompanied by a narrative description of the overall program. The template is prepared by PerformCare and contains the required information to develop the rates:

- Membership by Rating Group
- Costs by Rating Group
- Historical and projected utilization and trend projections by Category of Service, excluding expansion activities
- Projected Administrative Costs for the Primary Contract and PerformCare

### Examples of Reports Submitted to Governmental Agencies

The seven financial reports described above are shown in **Appendix 53**. The Rating Template is shown in **Appendix 54**.

### Customers Who Can Verify Experience

Scott Suhring, CEO of the Capital Area Behavioral Health Collaborative (CABHC) and Missy Reisinger, Director, the Tuscorora Managed Care Alliance (TMCA), will be able to verify PerformCare's experience in developing and submitting financial reports to governmental agencies and tracking revenue and expenditures by funding sources. These individuals serve as the PA County oversight directors who, among other responsibilities, ensure the accurate and timely submission of requisite State reports. Their contact information is as follows:

#### Mr. Scott Suhring

CEO, CABHC  
2300 Vartan Way, Suite 206  
Harrisburg, PA 17110  
(717) 671-7190

#### Ms. Missy Reisinger

Director of Managed Care, TMCA  
425 Franklin Farm Lane  
Chambersburg, PA 17201  
(717) 709-4332

- |   |
|---|
| <p>ii. Describe the Proposer's experience in working with governmental agencies in developing and submitting financial and utilization data to assist in the monitoring of contractual performance and operations. Include three examples of actual reports submitted to governmental agencies. Identify customer(s) who can verify the experience.</p> |
|---|

As noted in *Question 6.C.i*, reports are provided to the State and Primary Contractor on a routine basis. Specifically, Reports 2, 3 and 9 show Enrollment, Revenue and Expenses by Category of Aid.

PerformCare provides to the Primary Contract Holder on a monthly basis the Surplus Deficit Report. This is a summary report that shows the Excess (Deficit) of the Medical Funding to the Claim Costs.

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

This is reviewed and discussed at the Monthly Oversight Meetings which include PerformCare Senior Management and Senior Management from the Primary Contractor.

Surplus/Deficit					
Month	Business Days	Membership	Claims Incurred* (\$)	Capitation Revenue for Medical Claims (\$)	Surplus/ Deficit (\$)
Jul-10	22	██████	██████	██████	██████
Aug-10	22	██████	██████	██████	██████
Sep-10	21	██████	██████	██████	██████
Oct-10	21	██████	██████	██████	██████
Nov-10	20	██████	██████	██████	██████
Dec-10	21	██████	██████	██████	██████
Jan-11	20	██████	██████	██████	██████
Feb-11	20	██████	██████	██████	██████
Mar-11	23	██████	██████	██████	██████
Apr-11	21	██████	██████	██████	██████
May-11	21	██████	██████	██████	██████
Jun-11	22	██████	██████	██████	██████
<b>FY11</b>	<b>254</b>	██████	<b>\$ ██████</b>	<b>\$ ██████</b>	<b>\$ ██████</b>

\*Best Estimate-excludes margin

In addition, PerformCare has developed other specific reports to assist in managing costs and identifying medical trends. These reports are provided to the PA HealthChoices Programs on a monthly basis and used throughout PerformCare for identifying and monitoring either costs or services. These reports are based upon paid claims and updated monthly from the Data Warehouse:

- **Cost Tracking by Per Member Per Month (PMPM)** - This report is based upon PMPM costs by financial (service) category by Date of Service (DOS). It is not completed claims but only paid claims.

The first tab of the report shows the monthly PMPM by DOS for the Financial Category. The report contains three years of historical paid claim information to monitor changes in the Program.

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

Cost Tracking Cost by Financial Categories					
Summary PMPM	FY 08-09	Base Line (FY 09-10)	Mar 2011	Apr 2011	May 2011
Enrollment	████	████	████	████	████
PMPM					
Inpatient Psychiatric	████	████	████	████	████
Inpatient D&A	████	████	████	████	████
Non-Hospital D&A	████	████	████	████	████
Outpatient Psychiatric	████	████	████	████	████
Outpatient D&A	████	████	████	████	████
BHRS	████	████	████	████	████
RTF-JCAHO	████	████	████	████	████
RTF Non-JCAHO	████	████	████	████	████
Ancillary Support	████	████	████	████	████
Community Support	████	████	████	████	████
Other	████	████	████	████	████
Total	████	████	████	████	████

The next level is by the Financial (Service Category) to analyze trends within the sub Financial Category. To better understand the flow of these charts, see the above highlighted category of Non-Hospital D&A, which is then detailed in the following chart as a specific Level of Care.

Cost Tracking Cost by Level of Care					
Non-Hospital D&A PMPM	FY 08-09	Base Line (FY 09-10)	Mar 2011	Apr 2011	May 2011
PMPM					
NH Detox	████	████	████	████	████
NH Halfway	████	████	████	████	████

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

Cost Tracking					
Cost by Level of Care					
Non-Hospital	FY 08-09	Base Line (FY	Mar 2011	Apr 2011	May 2011
NH Rehab	■	■	■	■	■
Total	■	■	■	■	■

The 3<sup>rd</sup> level of analysis is by Provider within the Sub Financial Category. From the above table, non-hospital rehabilitation is highlighted as an example. Below we reviewed PMPM costs by provider for this level of care. The aggregate PMPM is highlighted in green.

Cost Tracking					
Cost by Provider					
NH Rehab PMPM	FY 08-09	Base Line (FY 09-10)	Mar 2011	Apr 2011	May 2011
Enrollment	187,460	196,757	16,948	16,904	16,948
PMPM					
Provider A	0.00	0.18	0.00	0.00	0.00
Provider B	0.07	0.08	0.00	0.00	0.00
Provider C	0.00	0.06	0.00	0.00	0.00
Provider D	0.00	0.12	0.00	0.00	0.00
Provider E	0.00	0.13	0.00	0.03	0.00
Provider F	0.00	0.10	0.00	0.00	0.05
Provider G	0.00	0.02	0.00	0.00	0.00
Provider H	0.00	0.21	0.19	0.04	0.00
Provider I	0.05	0.06	0.00	0.11	0.00
Provider J	0.00	0.11	0.00	0.00	0.00
Provider K	0.71	0.93	0.78	0.66	0.70
Provider L	0.53	0.72	0.96	0.28	0.05
Provider M	0.00	0.01	0.00	0.00	0.00
Provider N	0.06	0.03	0.00	0.00	0.00

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

Cost Tracking Cost by Provider					
NH Rehab PMPM	FY 08-09	Base Line	Mar 2011	Apr 2011	May 2011
Provider O	0.58	0.75	1.42	0.81	0.62
Total	2.00	3.51	3.35	1.93	1.42

- **Utilization per 1,000:** This report is very similar to the Cost tracking report except that it shows services/1000 to identify trends. The same drilldown capabilities are available as in the Cost Tracking PMPM report.
- **Utilization per 1,000 Comparison:** This is a comparison of specific contract utilization/1000 to all our Contracts utilization per 1,000. This will allow PerformCare and the Primary Contract Holder to analyze the variances in the delivery of services. The Pennsylvania Department of Welfare (DPW) has stated that during FY 11-12, it will focus on over (underutilization) of services. Utilizing this report allows us to be prepared to address questions regarding variations in the utilization of services by members. For analyzing access and availability of services, PerformCare uses Utilization rather than PMPM reports as there may be differences in the Fees schedules from one Program to another. Therefore by Program, the PMPM Cost Tracking includes the impact of cost variances as well as utilization/delivery methods drivers impacting the overall PMPM costs. PerformCare has the ability for Ad Hoc reporting via the Data Warehouse for additional drill down capabilities such as analyzing ASD costs or specific Levels of Care analysis.

### Examples of Reports Submitted to Governmental Agencies

The Surplus Deficit report, cost tracking, utilization reports are examples of reports provided to Government Agencies are shown in **Appendix 55**.

### Customers Who Can Verify Experience

Scott Suhring, CEO of the Capital Area Behavioral Health Collaborative (CABHC) and Missy Reisinger, Director, the Tuscorora Managed Care Alliance (TMCA), will be able to verify PerformCare's experience in developing and submitting financial and utilization data that assist in monitoring contractual performance and operations. These individuals serve as the PA County oversight directors who, among other responsibilities, ensure the accurate and timely submission of requisite State reports. Their contact information is as follows:

#### Mr. Scott Suhring

CEO, CABHC  
2300 Vartan Way, Suite 206  
Harrisburg, PA 17110  
(717) 671-7190

#### Ms. Missy Reisinger

Director of Managed Care, TMCA  
425 Franklin Farm Lane  
Chambersburg, PA 17201  
(717) 709-4332

**6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS**

**d. Budget Tracking System (Early Warning System).** Describe the Proposer's experience in working with governmental agencies in developing and submitting budget tracking systems (early warning systems) to track expenditures, utilization, cost per service, and recipients in service by funding source. Include one example of actual reports submitted to governmental agencies. Identify customer(s) who can verify the experience.

PerformCare has developed a detailed system to track revenue, expenditures, utilization, cost per service and recipients in service by funding source, and we will work in conjunction with DHH-OBH to further refine this system as needed for this program. PerformCare will provide annual projections with monthly reporting to gauge expenditure patterns. It is anticipated that PerformCare will develop annual projections based upon input provided by DHH-OBH and Mercer as well as PerformCare actuaries. It will be imperative that Managed Care Assumptions are thoroughly discussed to ensure that the projections are actuarially sound.

The basis for these reports is to utilize those that have been successfully developed for the PA HealthChoices program and modify them as necessary to capture the appropriate information for DHH-OBH. PerformCare will utilize the Data Warehouse to build specific Cost Tracking PMPM, and Utilization per 1000 reports. PerformCare will use the most recent information available from DHH-OBH to develop budgets for the various programs' CSoC, adults etc. Through ad hoc reporting in the Data Warehouse, PerformCare will be able to develop the appropriate reports to monitor Cost per Service and Members in Service by Funding Source. These are standard for reporting requirements for the PA HealthChoices Programs and we will be able to replicate these reports for DHH-OBH.

Specifically, PerformCare already has developed and implemented the following reports for applicable government customers:

- Enrollment by Rating Group
- Lag Reports by Financial (Service Category)
- Cost Tracking PMPM
- Utilization per 1000
- Revenue and Expenses by Rating Group

PerformCare will adhere to the State of Louisiana budget timeline in order to assure DHH-OBH can submit timely and accurate budget information. PerformCare has ready access to AMHP actuaries as well as external actuaries to ensure that all budgets have the most relevant information available to develop assumptions and ensure that budgets are completed timely. Please refer to the reports described above and provided as **Appendix 56**, which are the reports used to track budget expenditures, utilization and cost per service by funding source. In addition, quarterly meetings are held with the Primary Contract Holder and their actuary to discuss claim costs, trends and a comparison to actual funding.

#### **Customers Who Can Verify Experience**

Scott Suhring, CEO of the Capital Area Behavioral Health Collaborative (CABHC) and Missy Reisinger, Director, the Tuscorora Managed Care Alliance (TMCA), will be able to verify PerformCare's experience in developing and submitting financial and utilization data that assist in monitoring contractual performance and operations. These individuals serve as the PA County oversight directors who, among other responsibilities, ensure the accurate and timely submission of requisite State reports. Their contact information is as follows:

**Mr. Scott Suhring**  
 CEO, CABHC  
 2300 Vartan Way, Suite 206  
 Harrisburg, PA 17110

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

(717) 671-7190

**Ms. Missy Reisinger**

Director of Managed Care, TMCA

425 Franklin Farm Lane

Chambersburg, PA 17201

(717) 709-4332

**e. Protection Against Liability and Insolvency.** Describe how the Proposer will ensure that members are not held liable for services from provider and maintain compliance with 42 CFR 438.106 and Section 1932(b)(6), Social Security Act (as enacted by section 4704 of the Balanced Budget Act of 1997). In addition, provide the Proposer's experience with the regulations contained within this requirement.

In each of its Medicaid lines of business, PerformCare recognizes the rights of members not to be held liable for payment (including co-payment, deductibles or balance billing) for covered services. In addition to the requirements of 42 CFR 438.106 and Section 1932(b)(6), Social Security Act, PerformCare is also subject to the provisions of the Pennsylvania HealthChoices Behavioral Health Program Standards and Requirements, which hold in part that there shall be "no co-pay or cost sharing obligation by the Member".

PerformCare supports this right of members by providing clear information both to consumers and providers. For example, all of our Member Handbooks contain the following notice (or words to the same effect): "Whether or not you have other insurance, there is no co-payment for any service authorized by PerformCare." This same information is provided during Member Orientation and is available on member pages of our website.

Protection of members from liability is made enforceable for our providers, which are not only required to comply with Medicaid standards, but are additionally obligated contractually by our Provider Agreements. Below is an excerpt from such an agreement:

*"Provider agrees that in no event, including, but not limited to, nonpayment by CBHNP, the insolvency of CBHNP, or breach of this Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a Member or persons other than CBHNP acting on their behalf for Covered Services under this Provider Agreement. Provider further agrees that (a) this hold harmless provision shall survive the termination of this Agreement regardless of the cause giving rise to termination and shall be construed to be for the benefit of Members; and that (b) this hold harmless provision supersedes any oral or written contrary agreement now existing or hereafter entered into between Provider and Member or persons acting on their behalf."*

Enforcement of the requirement is facilitated by member reports and informant tips through our member complaint system or through our Fraud, Waste and Abuse hotline. In instances where a member receives a bill for covered services and brings it to our attention, PerformCare will initiate an investigation of the incident. If the bill is determined to represent a mistake, PerformCare will work with the provider to assess whether there have been other instances of inappropriate billing and initiate a corrective action plan to preclude further recurrence. Any monies collected from the member or members will be recouped and remitted to the member.

If PerformCare determines a pattern of such billing, or a conscious effort to recover funds from members, immediate notification will be made to the appropriate state entity (e.g., Office of Attorney General, Office of Program Integrity) and we will assist and cooperate in the ensuing investigation and possible legal action.

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

### Experience with Regulations Contained Within 42 CFR 438.106 and Section 1932(b)(6)

As noted, above, PerformCare is required to adhere to these regulations for all of our Pennsylvania HealthChoices programs. Therefore, PerformCare has over 10 years of experience complying with these requirements.

#### f. Solvency and Corporate Financial Condition

- i. The Proposer agrees to have in place within thirty (30) days of the contract award date, capitalization requirements as will be established for this contract in the amount of funds equal to sixty (60) days of estimated payments to the Contractor, which is met with no encumbrances, such as loans subject to repayment. Describe in detail how this requirement will be met. If the Proposer is relying on another organization to meet the capitalization requirement, submit the most recent audited financial statements of the other organization. In addition, in this case, submit a written certification, signed and dated by the President/Chief Executive Office of the parent organization, indicating the parent organization's plan to provide the initial minimum capitalization to the Proposer, without restrictions, within the time frame contained in the RFP.

As attested to in the certification, submitted as an attachment to the cover letter, AMHP has funded the initial capitalization requirements for AML without restriction. If additional capitalization is required for this Contract, AMHP will provide that additional funding without restriction and within 30 days of the contract award date, and understands that capitalization requirements will be established for this contract in the amount of funds equal to 60 days of estimated payments. This capitalization will have no encumbrances, such as loans subject to repayment.

AmeriHealth Mercy of Louisiana, Inc. (AML) is a newly-formed organization. As such, audited financial statements are not available for AML. However, please see audited financial statements for AML's parent organization (AmeriHealth Mercy Health Plan) for the two (2) most recent years, and the most recent internally prepared unaudited quarterly statement for AMHP. AML was initially capitalized by AMHP, its parent organization. AMHP will continue to provide funding and support to AML.

As described earlier, AML will subcontract with PerformCare for the administration and management of the SMO. In accordance with the requirements of this contract, AML as the licensed entity shall file with the Louisiana Department of Insurance, the quarterly and annual statutory reports. These reports shall be provided to DHH-OBH for the evaluation of the financial solvency of AML.

#### ii. Describe the Proposer's business plan to fund any potential losses to ensure continued compliance with the capitalization requirements.

PerformCare will use the reports identified in the previous parts of this section to monitor financial performance for the Louisiana SMO Contract. Examples of these reports as noted above are:

- Surplus Deficit reporting
- PMPM Cost Tracking
- Utilization per 1000

In the event that it becomes apparent that costs will or may exceed funding and place AML in a deficit situation, a multi-disciplinary approach will be implemented to identify causes:

- Utilization management and operations personnel will analyze data to determine if:
  - Services are being provided in the appropriate settings;
  - Changes in membership and severity of population being served have occurred;

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

- Shifts in utilization of services provided have occurred, and/or
- New services have been developed that have impacted the costs.

The goal is to have these meetings well in advance of deficits, when trend reports show this possibility. This may result in workgroups formed with community stakeholders, providers, and other partners to further analyze utilization and cost patterns to determine appropriate measures to be taken.

If such negative cost trending is seen, management and key staff from the PerformCare finance, provider relations and claims department will simultaneously review claims payment to determine if claims are being paid appropriately. This may result in actions such as training for providers to improve coding of services or changes in where services are delivered, or changes to PerformCare's internal policies and procedures. PerformCare will also engage internal and external actuaries, as indicated, to analyze the current claim trends.

If losses do occur PerformCare has other assets and reserves built as a result of operations located outside of Louisiana. While the goal is that each line of business (LOB) should be profitable and sustainable on its own, PerformCare recognizes that given the underwriting cycle, fluctuations in performance can occur. Therefore, PerformCare has reserves from other LOBs that could be used to fund potential losses in Louisiana.

Ultimately, if necessary, ALM as the risk taking entity is responsible for all programs losses. Further, AmeriHealth Mercy Health Plan has the financial stability to fund potential losses of both AML and PerformCare. As of 12/31/2010, AHMP's net worth was \$[REDACTED] AMHP will provide the appropriate capitalization required to ensure compliance with the capitalization requirements if losses are incurred.

**g. Non-Allowable Costs.** Describe the Proposer's experience with following the guidelines of OMB Circular A-87 and maintaining compliance with those requirements. and include one example of A-87 Audit Report. Identify customer(s) who can verify the experience.

PerformCare is not required to follow the OMB Circular A-87 Cost Principles for State, Local and Indian Tribal Governments as part of the PA HealthChoices Program. However, PerformCare has fiduciary responsibility to be fiscally compliant and responsible as part our contract with the Primary Contractor and is required to follow prescribed allowable and unallowable costs as set forth by the PA HealthChoices Program which is similar in nature to A-87 and related reporting. Basic principles for incurring costs include, but are not limited to:

- Be necessary and reasonable for performing the requirements of the program
- Donations, taxes, lobbying, alcohol, entertainment and certain other costs are not permitted to be reported as program costs
- No revenue is permitted to be reported with a funding stream unless it is directly related to the program
- Be authorized or not prohibited under any State regulations
- Be determined in accordance with generally accepted accounting principles
- Amount can be reasonably determined and not exceed what would be incurred by a prudent person
  - Costs are general and necessary to the overall support of the operations
  - Meet sound business practices; i.e. negotiated in good faith and are "arms length" transactions
  - Comparable market prices for comparison purposes

## **6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS**

- Have appropriate supporting documentation that can be substantiated
- Allocable costs are allowable to the extent that there is value to the program and the allocation methodology utilizes allowable methodology that can be validated

PerformCare has developed a detailed accounting manual that has been through numerous HealthChoices and independent external audits. The Allocation Methodology utilized by PerformCare is described in the following section.

### **Cost Allocation Methodology**

Accuracy of cost allocations is critical in analyzing the financial viability of each PerformCare line of business (LOB) and providing appropriate documentation to support the allocation methodologies utilized. PerformCare adheres to cost accounting principles to ensure adequacy and supportability of costs using several methods including standard cost pools and activity-based costing. It is the intention of PerformCare to consistently monitor trends and identify areas where more appropriate allocation methodologies can be cost effectively utilized to continually improve the accuracy of matching revenue and costs.

### **Current Allocations**

There are several methods of allocation available to PerformCare depending on the nature of the cost. The current cost drivers PerformCare employ are:

#### **1. Time Studies**

Where direct costing is not possible for salary and related costs, time studies are used to determine the appropriate amount to charge to individual funding streams. On a semi-annual basis the affected associates complete a two week time study and these allocation rates are used until the next time study is completed. If business needs change significantly between studies, an interim time study is completed to maintain appropriate costing to funding streams.

#### **2. Claims processed**

This driver counts the number of received claims for each LOB and derives a percentage for subsequent allocation. Currently this methodology is used only for allocating the Claims department payroll and related costs.

#### **3. Call volume**

Similar to claims, the call volume to PerformCare's Member Services department varies by LOB and some LOBs do not incur any of these costs. Incoming call data is stored by PerformCare's telephone system and analyzed to derive percentages by LOB. Currently this methodology is used only for allocating the Member Services department payroll and related costs.

#### **4. Other operational measures**

Where appropriate several other cost drivers are monitored and utilized to record allocations of salary and administrative costs. These drivers include physician consultation ratios, authorization levels, and follow-up statistics, among others. Drivers are evaluated with the completion of each semi-annual time study.

#### **5. Administrative Revenue**

Administrative revenue is applicable to all LOBs of PerformCare, unlike some other measures such as enrollment or PMPM. These percentages are reviewed and updated on a quarterly basis, however, there

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

is no retroactive adjustment to prior quarters. Because of its cross-LOB nature this cost driver is used for costs that cannot be allocated using another driver (by nature of the cost or due to cost of implementing the driver versus the impact of using it).

### Example of Audit Report

An example of a report submitted to governmental agencies is submitted as **Appendix 55**.

### Customers Who Can Verify Experience

Scott Suhring, CEO of the Capital Area Behavioral Health Collaborative (CABHC) and Missy Reisinger, Director, the Tuscorora Managed Care Alliance (TMCA), will be able to verify PerformCare's experience with following the guidelines of the HealthChoices audit guidelines and maintaining compliance with its requirements. These individuals serve as the PA County oversight directors who, among other responsibilities, ensure the accurate and timely submission of requisite State reports. Their contact information is as follows:

**Mr. Scott Suhring**

CEO, CABHC

2300 Vartan Way, Suite 206

Harrisburg, PA 17110

(717) 671-7190

**Ms. Missy Reisinger**

Director of Managed Care, TMCA

425 Franklin Farm Lane

Chambersburg, PA 17201

(717) 709-4332

**h. Performance Bond/Retainage.** Describe how the Proposer will meet the performance bonding requirement outlined in the RFP. For purposes of this response, assume that the initial performance bonding/retainage requirement is approximately ten percent of the total annual contract.

AML will, upon award of the SMO Contract and prior to commencing work, secure the necessary bond as required by the RFP.

Specifically, AML will:

- Obtain a performance bond in amount equal to 10 percent of the total annual contract that is rated at least A by A.M. Best Company, of a standard commercial scope from a surety company or companies holding a certificate of authority to transact business in Louisiana.
- Shall not leverage the bond as collateral for debt or create other creditors using the bond as security.
- Acknowledges that it will be in material breach of the contract if it fails to maintain or renew the performance bond as required.
- Within 30 days notification by DHH-OBH, obtain a performance bond in an adjusted amount, in the event that the estimated annual payment increases.
- Agrees that if AML is declared to be in default of any material term of this contract, DHH-OBH shall in addition to any other remedies it may have under this contract, obtain payment under the performance bond or performance bond substitute for the following:

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

- Making funding available through a consensus proceeding in the appropriate court for payment to subcontracted providers and non-contracted health care providers for reimbursement due to nonpayment of claims by AML, in the event of a breach by AML's obligation under this contract.
- Reimbursing DHH-OBH for any payments by DHH-OBH on behalf of AML.
- Reimbursing DHH-OBH for any extraordinary administrative expenses incurred by a breach of AML's obligations under this contract, including expenses incurred after termination of this contract by DHH-OBH.
- Making any payments or expenditures deemed necessary to DHH-OBH, in its sole discretion, incurred by DHH-OBH in the direct operation of the contract pursuant to terms of this contract and to reimburse DHH-OBH for any extraordinary administrative expenses incurred in connection with the direct operation of AML.
- AML shall reimburse DHH-OBH for expense exceeding the performance bond amount.

**i. Liquidated Damages.** Describe the Proposer's experience in performing contracts with liquidated damages provisions and acknowledge the Proposer's acceptance of the liquidated damages provisions of this RFP.

AmeriHealth Mercy of Louisiana, Inc. (AML) is a newly-formed organization, and accordingly has not had the opportunity to perform contracts with liquidated damages provisions. AML was recently recommended for award of a contract with DHH to provide Prepaid Coordinated Care Network (CCN-P) Services in DHH's Geographic Service Areas A, B and C. Under this CCN-P contract, AML will be subject to monetary penalties for substandard performance along many of the same or similar indices that DHH-OBH has included in this RFP. AML fully acknowledges and understands that it will be subject to corrective action, notice to cure, sanction and other remedies such as liquidated damages that are available under the SMO Contract.

PerformCare's contract with New Jersey as the Contracted System Administrator (CSA) for the Children's System of Care has liquidated damages provisions. Since the inception of the contract, no liquidated damages have been paid by PerformCare in administering this contract.

PerformCare acknowledges that if it fails to meet the performance standards specified within the contract, the liquidated damages outlined in the RFP may be assessed. If assessed, the liquidated damages will be used to reduce the DHH-OBH's payments to PerformCare or if the liquidated damages exceed amounts due from DHH-OBH, PerformCare will be required to make cash payments for the amount in excess.

PerformCare acknowledges that the decision to impose liquidated damages may include consideration of some or all of the following factors:

- The duration of the violation
- Whether the violation (or one that is substantially similar) has previously occurred
- PerformCare's history of compliance
- The severity of the violation and whether it imposes an immediate threat to the health or safety of the consumers
- The "good faith" exercised by PerformCare in attempting to stay in compliance

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

**i. Fraud and Abuse.** The Proposer shall describe its approach for meeting program integrity requirements including a compliance plan for the prevention, detection, reporting and corrective action for suspected cases of Fraud and Abuse in the administration and delivery of services. Discuss Proposer's approach for meeting the requirements for coordination with DHH and other State funding agencies. Include a description of the internal controls and policies and procedures, the Proposer will implement to detect fraud and abuse within its own organization, and for providers and members. Describe the Proposer's experience with implementing a comprehensive fraud and abuse monitoring program. Include key personnel and departmental structure involved in Proposer's fraud and abuse program. Provide three (3) examples of fraud or abuse the Proposer has detected and what Proposer did upon detection. Identify a customer that can verify the experience.

PerformCare considers the detection, identification, investigation, reporting and correcting of instances of fraud, waste, and abuse as a necessity in managing an organization that is based on integrity and ethical behavior. It is also part of our fiduciary responsibility to the clients we serve.

PerformCare and AmeriHealth Mercy of Louisiana, Inc. ("AML") are members of the AmeriHealth Mercy Family of Companies ("AmeriHealth Mercy" or "Company"). AmeriHealth Mercy has established a Corporate Compliance Program in furtherance of AmeriHealth Mercy's mission and values whereby management exercises appropriate due diligence to prevent and detect unlawful and/or unethical conduct by all AmeriHealth Mercy associates. It is the responsibility of each AmeriHealth Mercy associate to be conscientious enough to monitor their own behavior and comply with the rules of the Corporate Compliance Program. AmeriHealth Mercy is committed to maintaining and observing high standards of ethical conduct in its business and operational practices.

The Corporate Compliance Program is a company-wide program, structured to encourage and elicit collaborative participation at all levels of the AmeriHealth Mercy organization. The Corporate Compliance Program fosters an environment which requires associates to comply with all relevant laws and regulations and appropriately report any concerns about business and operational practices. The Compliance Program positions include the Company's Partnership Boards, Chief Compliance Officer, Corporate Compliance Committees, Compliance Liaisons, Corporate Audit and Legal Affairs.

Among the purposes of the Corporate Compliance Program are:

- To educate officers, managers and associates of AmeriHealth Mercy concerning the legal risks of certain business practices;
- To encourage AmeriHealth Mercy officers, managers, and associates to seek appropriate counsel regarding business practices and to conduct those activities within the requirements of the law and ethical standards of AmeriHealth Mercy's Code of Ethics and Conduct ("Code" or "Code of Conduct"); and
- To secure consistency with applicable compliance program guidelines established by the U.S. Department of Health & Human Services Office of the Inspector General ("OIG") and other regulatory agencies.

AmeriHealth Mercy has implemented processes to provide education and guidance on the Company's ethics and legal compliance policies and procedures and for the reporting and investigation of compliance issues. This includes the use of a confidential toll-free telephone line for all Associates, Contractors and Consultants. Associates, Contractors, and Consultants will not be subject to retaliation or reprisal for reporting, in good, faith, actions that they feel violate the Company's Standards of Conduct.

The Corporate Compliance Program includes a comprehensive program to prevent, detect and investigate fraud, waste and abuse ("FWA") for providers, members and employees. AmeriHealth Mercy's Corporate & Financial Investigations department ("CFI") works with the Associate Vice President of Corporate Audit/Investigations and the Chief Compliance Officer in auditing and monitoring compliance. The Chief Compliance Officer in consultation and collaboration with Corporate Audit,

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

including Corporate and Financial Investigations, will conduct a timely and reasonable inquiry of detected offenses and develop and conduct appropriate corrective actions.

AmeriHealth Mercy will conduct monthly monitoring of key websites for providers, vendors and subcontractors, including <http://exclusions.oig.hhs.gov/search.aspx>; <http://www.ngdb-hipodb.hrsa.gov/index.jsp>; and [www.EPLS.gov](http://www.EPLS.gov). In the event that exclusions are discovered during the research of these websites, the Compliance Director will notify DHH according to the required timeframes.

### Education

The Chief Compliance Officer, working in conjunction with other departments, including Human Resources, has general responsibility to oversee the development and implementation of communications and training programs for associates to ensure compliance with the Corporate Compliance Program.

The communication and training programs include the following areas:

- New associate orientation (to include coverage of ethics and legal compliance issues)
- Department-specific training and educational programs in identified high-risk areas, including Financial Services, Operations/Claims, Member Services, Corporate Audit, Provider Services, Provider Network Management and Information Solutions
- Annual review of ethics and legal compliance issues potentially found within departments at substantial risk or by undertaking specific business practices
- The identification of resources to provide effective compliance educational programs

Associates are informed that strict compliance with the AmeriHealth Mercy Code of Conduct and the requirements of the Corporate Compliance Program is a condition of employment, and that:

- The promotion of and adherence to compliance with the Code of Conduct and the requirements of the Corporate Compliance Program are elements of evaluating supervisors and managers
- AmeriHealth Mercy has a policy concerning the non-employment or retention of associates who are sanctioned for a violation of the Code of Conduct, or the requirements of the Corporate Compliance Program or are excluded from participation in the Medicaid and/or Medicare Programs
- AmeriHealth Mercy has a policy concerning disciplinary action for noncompliance with the company's Standards of Conduct

Annually, as a condition of continued employment, every associate (including full-time, part-time and temporary employees) undergoes training on the Code of Conduct. The Code of Conduct instructs associates to report suspected FWA to the Corporate & Financial Investigations department.

The CFI department also facilitates a structured FWA education and training program for AmeriHealth Mercy associates. This training is provided to new associates in the corporate orientation program, and at other times as required by law. The training programs includes CFI's mission and purpose; identification of suspicious fraud, waste and/or abuse scenarios; and the CFI referral process.

See the following AmeriHealth Mercy policies:

- **Appendix 47** - The Corporate Compliance Program
- **Appendix 49** - Code of Ethics and Conduct
- **Appendix 48** -Corporate and Financial Investigations Overview of Responsibilities

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

### Detection

The Corporate Compliance Program includes a comprehensive program to prevent, detect, and investigate FWA, including monitoring and auditing systems designed to detect ethical or legal violations and a reporting system whereby associates, contractors and consultants may report suspected violations of the Company's Code of Conduct.

The Chief Compliance Officer, in consultation and collaboration with Corporate Audit, the Legal Affairs department and key operational staff, coordinates appropriate internal audits and surveys to verify adherence to and awareness of AmeriHealth Mercy's ethics and compliance policies and procedures.

The Corporate Compliance Department:

- Reviews the results of periodic surveys to test associate awareness of the Company's Compliance Program and the Code
- Identifies audits required to verify adherence to, and awareness of, ethics and compliance policies
- Conducts special audits, as necessary, to verify adherence to the Company's ethics and compliance policies and procedures – including on-site visits, interviews with personnel, reviews of written materials and documentation, and trend analysis studies
- Monitors compliance with the terms of settlement agreements having operational implications, including settlement of government investigations or major litigation

The Corporate and Financial Investigations department is charged with preventing, detecting and investigating FWA. AmeriHealth Mercy's FWA efforts are led by a professional team of investigators and analysts. CFI team members have investigative, clinical and analytical backgrounds and training. The CFI team supports the organization's FWA efforts for AmeriHealth Mercy across the country. The CFI team will also support the FWA program of AML. The team is also supported by vendors who provide medical records reviews, investigative reviews, and facility and professional audits.

Prevention of FWA is handled through various methods including clinical editing during claims processing and the use of prepayment correct coding edits.

CFI proactively identifies potential incidents of fraud and abuse as part of its program for ongoing monitoring and auditing. The procedures that CFI has in place to safeguard AmeriHealth Mercy against provider or member fraud and abuse include the following:

- Periodic evaluation of claims data to detect apparent abnormalities in provider billing or member utilization patterns
- Periodic sampling of bills/claims to determine propriety of payments
- Sampling of services through member contact to ascertain that billed services were rendered for provider cases
- Requirement that providers and subcontractors agree to adhere to program standards regarding FWA as a condition of contracting
- Dissemination of information to members and providers concerning FWA

CFI also uses an internal data warehouse to identify patterns that may be indicative of FWA. Combined, these tools are used to identify potential FWA, such as:

- Over-utilization
- Up-coding

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

- High-dollar claims
- Unusual patterns by subscribers, providers or facilities
- Unusual dates of service
- Excessive time units for time-based codes
- Unusual claims volume by providers or subscribers
- Unbundling services
- Incorrect reimbursement to providers, subscribers, facilities and/or pharmacies
- Incongruous procedure code, prescription and diagnostic code combinations

CFI conducts audits/investigations in response to referrals that suggest that claims are being paid inappropriately. Referrals are received from a variety of internal and external sources that are key in monitoring and detecting potential FWA. Internal sources may include AmeriHealth Mercy associates (including referrals made via email or the Internal Hotline) and routine reports. External sources may include complaints from members and/or providers, media reports, fraud alerts issued by other health insurance providers, and governmental and regulatory authorities.

Some examples of FWA that may be reported include:

- Billing for services not provided
- Falsifying medical diagnoses or procedures to maximize payments
- Misrepresentation of dates
- Invalid descriptions of services or identities of subscribers/providers
- Billing for a more costly service than the one that was provided, or billing for duplicate services
- Accepting bribes for patient referrals
- Billing for non-covered items or services (e.g., cosmetic surgery)
- Credit balances with failure to refund overpayment
- Providing false membership information
- Prescription fraud

All incoming referrals are recorded in the CFI case tracking tool. Coordination for fraud and abuse complaints received by the Company will be handled in accordance with the state requirements. This includes complaints about a member's eligibility, a member's utilization of benefits, and against a health care provider or contractor in the network. An Investigator obtains necessary data for making a determination as to whether to investigate the case. CFI notifies departments that are likely to be impacted by an investigation of the provider's or member's status, and of any special instructions relating to utilization by the provider or member.

Across the organization, other departments support fraud and abuse prevention and detection through a system of controls, including the following:

- Upcoding, unbundling, and correct coding is identified through the claims system clinical editing
- InterQual guidelines to determine medical necessity and level of care are applied
- Pre-authorization guidelines are applied to prevent abusive utilization patterns

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

- Medical record and high dollar claims reviews
- Credentialing and re-credentialing consistent with NCQA and/or URAC standards
- A system to prevent processing of fraudulent checks

### Investigation

Protocols are established by the Chief Compliance Officer to ensure that investigations involving employees performed in a timely and complete manner, including but not limited to the following:

- Investigations will be staffed and conducted as consistently as possible as determined by the Chief Compliance Officer. In appropriate cases, the case will be opened as follows:
  - Case opening should include a written summary of the allegation and its source
  - Investigator to be assigned and, if warranted, an auditor from Internal Audit to be assigned
  - Associate Vice President, Corporate Audit/Investigation shall report to the Chief Compliance Officer on a regular basis regarding the status of an outstanding investigation in which Internal Audit/Investigations is participating
- The Chief Compliance Officer regularly updates the Senior Vice President of Legal Affairs and General Counsel ("General Counsel") regarding significant active external and internal fraud investigations.
- External legal counsel will be retained, as appropriate, in cases of government investigations, internal fraud against the Company or government, and external fraud against the company or government; and the resulting investigation will be conducted on behalf of General Counsel in order to provide advice to the Company in anticipation of litigation.
- Cases involving possible fraud against the government are given investigative priority. Credible information regarding fraud against the government will be referred to the appropriate state or federal agency as determined by General Counsel and the Chief Compliance Officer as promptly as practical under the circumstances.
- In any case initiated by an identified tipster, the tipster is not advised of the status of the ongoing investigation; however, additional information may need to be gathered from him/her. In appropriate circumstances, the Chief Compliance Officer will report back to the person who brought the complaint or allegation.

See **Appendix 58** (Compliance Investigations and Inquiries Policy/Procedure) for detailed description of the investigation process.

AmeriHealth Mercy reports substantiated instances of provider and member fraud to appropriate regulatory, governmental oversight and/or law enforcement agencies within the required timeframe as defined by DHH. When the determination has been made that an external referral is warranted, CFI may consult with Corporate Compliance and Legal Affairs to review case-specific information and complete the referral.

AmeriHealth Mercy also submits periodic reports concerning its Corporate Compliance Program and its FWA monitoring and detection activities, as required by applicable regulatory authorities. AmeriHealth Mercy will coordinate activities with DHH and MFCU through periodic meetings and information sharing to ensure that DHH and MFCU are aware of suspected fraud within the required timelines and to discuss FWA issues. The Compliance Director and CFI will work closely with the DHH, MFCU, State's Auditor's Office, Office of the Attorney General, General Accounting Office, Comptroller General, and/or any of the designees above, as often as necessary during the contract term, and for a period of six years after the contract ends.

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

### **PerformCare's Fraud, Waste and Abuse Program**

PerformCare's fraud, waste and abuse program has been fully integrated within our Corporate Compliance Program and comprises a substantial portion of the Corporate Compliance Committee agenda. Both compliance and fraud and abuse are key responsibilities of our senior management, including our Compliance Officer, the Privacy/Security Officer, the heads of Information Technology, Provider Relations, Claims, Human Resources and Operations. Detection and reporting of fraud and abuse are core components of our initial and ongoing employee training as well as essential elements of our member and provider training and education. Information on fraud and abuse is also included in written material that is provided to members and family members as well as incorporated into our Provider Manual. Numerous policies and procedures have been developed and implemented to ensure ongoing compliance with all fraud and abuse requirements. These policies and procedures are reviewed and updated annually before being submitted to the Corporate Compliance Committee for approval.

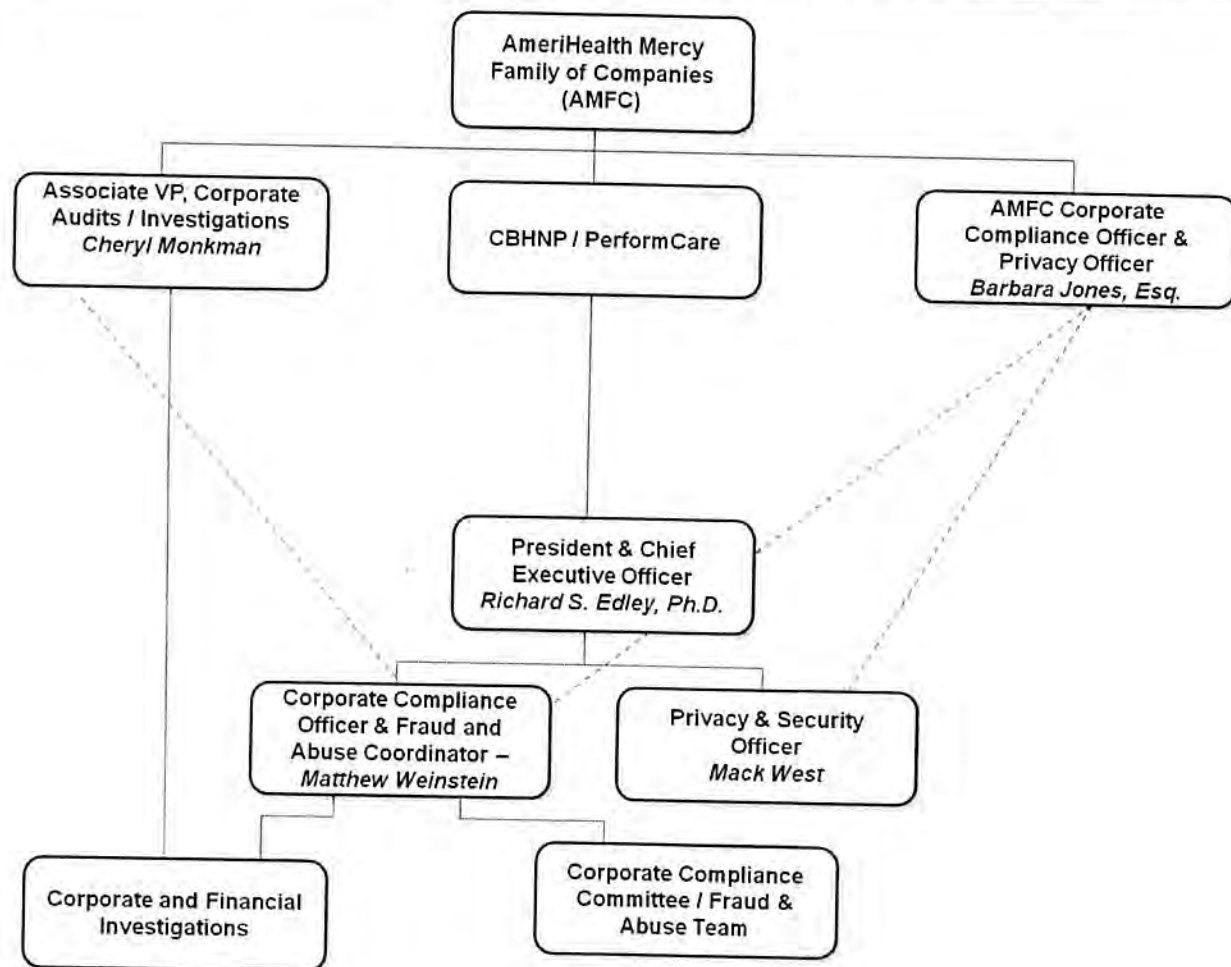
The following are among the many ways we identify and address incidents of fraud and abuse: review of tips and complaints, data mining, provider self reporting, record reviews, investigation and reporting of suspected provider fraud and abuse, and recipient fraud and abuse. We also have policies and procedures in place for reporting child abuse and recovering fraudulent, unsubstantiated, and inaccurate claims payments.

PerformCare has extensive experience implementing comprehensive fraud and abuse programs that are in compliance with applicable state and federal laws and have been reviewed for their adherence to all regulations as demonstrated by successive audits by our governmental and oversight entities. Our ability to implement a comprehensive program is a result of the operational and organizational infrastructure we have in place to support fraud and abuse programs and initiatives.

### **Key Personnel and Departmental Structure**

Key personnel responsible for the Compliance and Fraud, Waste and Abuse activities include the following:

- Partnership Boards, through the respective Audit Committee, will provide strategic direction for the Corporate Compliance Program, and be responsible for approving the annual Corporate Compliance Plan.
- Chief Compliance Officer has primary authority and responsibility for the day-to-day operations of the Corporate Compliance Program.
- LaCare Corporate Compliance Officer has primary authority and responsibility for the day-to-day operations of the LaCare Compliance Program.
- Corporate Compliance Committees consist of members of senior management from across the organization. The Committees are responsible for overseeing the implementation and monitoring of the Corporate Compliance Program.
- Corporate Audit works with the Chief Compliance Officer in auditing and monitoring compliance throughout the Company.
- Corporate and Financial Investigations has responsibility for preventing, detecting and investigating fraud, waste and abuse for the organization.
- Legal Affairs works cooperatively in the development and implementation of the Corporate Compliance Program.



## Examples of Detected Fraud and Abuse Instances

### Example 1 - Example of Data Mining case – Children’s Wraparound

#### Method of Discovery

Routine data mining procedures

#### Presenting Problem

PerformCare found that a wraparound provider submitted claims for attending appeals meetings which are administrative and not subject to payment. Further investigation was conducted to determine if this practice was widespread.

#### Method of Investigation

1. Onsite record review.
2. Review of applicable payment regulations.

#### Findings

PerformCare identified 14 providers that fit the investigation criteria. Of those, 11 had billed for attending a grievance meeting.

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

### Coordination with External Stakeholders

PerformCare coordinated with the County, Bureau of Program Integrity and Office of Mental Health and Substance Abuse Services (OMHSAS) on the findings and the action plan.

### Outcome

1. Recovery of \$ [REDACTED] for a one-year sample that was expanded by a provider self audit.
2. Provider Corrective Action Plan with claims pre-screening, and requirement to conduct self audits on findings and expand the period to one year.

### Example 2: Example of Targeted Audits - Targeted Case Management (TCM)

#### Method of Discovery

Routine quality of care record review, PerformCare noted two items.

#### Presenting Problem

1. A wraparound provider was billing for non-covered and/or administrative services.

#### Method of Investigation

1. Data analysis to determine days when more services were delivered than expected
2. Treatment record review and retention
3. Review of the applicable state regulations

#### Findings

1. The provider submitted claims in excess of \$ [REDACTED] for attending professional training over a two-year period.
2. The provider submitted claims in excess of \$ [REDACTED] for billing for less than four minutes of time over a one-year period, and determined that the provider billed for leaving a voice message with member and service systems.
3. Services provided that did not meet the mental health needs of the member in excess of \$ [REDACTED]

### Coordination with External Stakeholders

PerformCare coordinated with the County, Bureau of Program Integrity and Office of Mental Health and Substance Abuse Services (OMHSAS) on the findings and the action plan.

### Outcome

1. Recovery of claims for services which were disallowed by OMHSAS regulation totaling \$ [REDACTED]. These were claims for attending professional trainings and leaving voice mail messages.
2. Improved monitoring and claims payment policy and procedures.
3. Provider corrective action plan, including a self monitoring plan.
4. Education for all providers on regulations and payment policy.
5. PerformCare educated providers that services delivered to the member needed to meet the mental health condition of the member and be listed on the treatment plan.
6. Ongoing audits to identify similar non-compliance.

## 6. CORPORATE FINANCIAL OPERATIONS & CONDITIONS

### **Example 3: Example of Targeted Audits**

#### **Method of Discovery**

PerformCare was forwarded a tip from state oversight agency from a current employee at a provider agency. The employee would not give her name.

#### **Presenting Problem**

1. The employee was instructed by the owner to complete treatment plans (TP) on members without a TP meeting, and instructed to complete TP for families that the team or individual were not serving.
2. At times TP were completed late and employee was also instructed to forge the previous staff's signature, who had left the agency, or to back-date the TP.
3. Claims were submitted without the proper documentation.
4. An employee was working full time for two agencies.
5. The administration knew about overpayments and did not correct the payment with PerformCare.

#### **Method of Investigation**

1. Complete review of claims.
2. Record reviews.
3. Staff interviews

#### **Findings**

1. Billing was completed before the proper documentation was completed.
2. Staff also provided services to a family in which another staff member signed off on the notes and billing; found by audit, could not identify who provided the services.
3. An employee was working full time for two agencies; not found by audit and found by interview.
4. The administration knew about overpayments and did not correct the payment with PerformCare; found many examples in the audit and by interview.
5. Services were provided by un-credentialed staff or otherwise inappropriate staff.
6. About 50 percent of the staff had a significant criminal history
7. The agency offered pattern of pay incentives that promoted excessive claims.

#### **Coordination with External Stakeholders**

PerformCare coordinated with the County, Bureau of Program Integrity and Office of Mental Health and Substance Abuse Services (OMHSAS) on the findings and the action plan.

#### **Outcome**

1. Immediate referral to PerformCare's Credentialing department and Medical Director.
2. Removal of criminal staff from all contact with PerformCare members.
3. PerformCare met with OMHSAS and the County, resulting in suspension of referrals and ultimately revocation of license.
4. All members were transferred to their choice of other appropriate provider.
5. PerformCare referred the case to the Office of Attorney General (OAG).



## 7. COST AND PRICING ANALYSIS

- a. The Proposer shall specify costs for performance of tasks. The Proposal shall include all anticipated costs of successful implementation of all deliverables outlined. An item by item breakdowns of costs shall be included in the proposal, including per member per month costs associated with covered populations.
- b. Proposers shall submit the breakdown as described in Attachment IV.

PerformCare has submitted the requested information, inclusive of the breakdown in Attachment IV, in the *Cost Proposal*, submitted as a separate binder, as directed in the RFP.



## 8. CMS CERTIFICATIONS

**The Proposer shall complete the CMS required certifications listed in the Attachment Section of this RFP.**

On the following pages, please find signed copies of the following CMS required certifications. Copies of these documents are also submitted as Attachments A – D, respectively, in the Attachments binder.

- Certification Statement (RFP Attachment I)
- Certification of Compliance with Pro-Children Act of 1994 (RFP Attachment V)
- Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion (RFP Attachment VI)
- Certification Regarding Lobbying (RFP Attachment VII)

