SECTION W – INFORMATION SYSTEMS

W.1 Describe your approach for implementing a management information system in support of this RFP by identifying all information systems (those within and outside your span of control (for claims, clinical and accounting) through which service and utilization data for the La. Medicaid population is processed. Included a Louisiana Medicaid MCO-Program-specific work plan for system readiness and operations that captures:
o All Key activities and timeframes,
o Projected resource requirements,
o Identify the number of dedicated or corporate fulltime employees (FTEs) for implementing information systems in support of this contract, and
o Provide the work location of the FTE's before, during and after implementation.
The work plan should cover activities from ramp up, implementation and ongoing operations.

An Enterprise Management Information System Serving Bayou Health Today

As it has since February 2012, Louisiana Healthcare Connections (LHCC) will use an enterprise Management Information System (MIS) provided to us by our parent company, Centene Corporation (Centene). Our scalable MIS continues to securely and dependably support DHH, DHH's Fiscal Intermediary (FI) and Enrollment Broker (EB), over 200 full-time LHCC employees, approximately 149,000 LHCC members and a current provider network of approximately 170 hospitals, 2,400 PCPs, and 8,300 specialists. This same scalable MIS supports over 3.1 Million members in public sector managed care programs across 20 states, and over 100,000 providers nationwide. Centene supports LHCC with 30 years of Medicaid MIS processing experience and over 550 Information Technology (IT) professionals, who augment LHCC's staff of clinical, customer service, claims, IT, quality, and reporting teams.

For the 3rd year in a row, Centene was among the top 100 in Information Week's Annual Survey of the 500 Most Innovative Business Technology Organizations; ranking 63rd across all industries.

Architected for Medicaid. Our MIS adheres to all industry, HIPAA, and State-specific data and interface standards, and today supports Bayou Health medical and basic behavioral health administration on one unified platform. Our MIS leverages established interfaces for pharmacy data exchange, as well as HL/7 standard interfaces for laboratory test results and other clinical data exchanges. Our adherence to a Service Oriented Architecture (SOA) and Master Data Management (MDM) design and governance, and a table-driven modular approach to application configuration assure our ability to rapidly, yet effectively, continue MIS support for DHH's programs and evolving requirements, as reflected in this RFP and future DHH directives.

Ready to Continue Serving DHH. We have reviewed the RFP and associated Appendices and Addenda, including, and in particular, Sections 6.28.2.11, 16, and 17 of the RFP; Procurement Library Documents including the BAYOU HEALTH Medicaid Managed Care Organizations System Companion Guide Version 1.0; and the LA MMIS Batch Pharmacy Companion Guide requirements. We have also reviewed Federal and Louisiana State regulations and directives cited in the RFP and related to MIS operations, as well as Addendum 8, questions 12, 48, 58, 144, 170,186, 204, 272, 273, 277; and Addendum 13, question 7; and we either currently support, or in the case of new requirements contained in the MCO Companion Guide, *can and will* support, all requirements through straightforward configuration of our MIS.

Addressing DHH's Information Systems Support Needs. We have structured our response in this Section W.1 in four parts:

- **Identification of all Information Systems in Our Span of Control.** Identifies and describes our MIS architecture, the key components that exchange, house, process, report, and present service and

utilization data to LHCC, providers, members, and DHH; and which directly or indirectly support claims, clinical, and accounting processes.

- **Exceeding HIPAA Information Security and Access Management Standards.** Discusses our proven safeguards and controls that ensure member and patient electronic Protected Health Information (PHI) confidentiality, integrity, and availability. We believe security is an even more important topic today for DHH and LHCC, as DHH considers new MMIS capabilities and expanded data interfaces with MCOs. Please also see Section W.3 for more information on our Business Continuity and Disaster Recovery Plans.
- **Systems Outside of Our Span of Control.** Briefly ennumerates those systems we rely on for Bayou Health administration, and mitigating factors to lower overall risk should these systems experience difficulties.
- **LHCC Bayou Health Work Plan.** Offers a summary timeline, IT implementation team roster, and detailed Gantt Chart for our proposed work for DHH and Bayou Health implementation.

Identification of all Information Systems in Our Span of Control

Our SOA-based MIS is architected as functional application, database, and subsystem "layers" that are engineered in an integrated fashion as components of an MIS that is tailored to public sector health program needs. For the following discussion, please refer to ***Figure W.1-A: MIS Within Our Span of Control***, which identifies the information systems that process and house the service and utilization data for the Lousiana Medicaid population we serve.

Architecturally Aligned with DHH Future Systems Direction. To further align our "systems syntax" and technology framework with our clients, we have adopted a view of Medicaid Management Information Systems (MMIS) in line with CMS's Medicaid Information Technology Architecture (MITA). Thus, similar to MITA, our MIS incorporates an SOA view of business and technical services applied to public sector healthcare, MDM, and other architectural components and nomenclature as they pertain to MITA design. In Figure W.1-A, our core transaction processing systems (items **A** through **G** in Figure W.1-A identified and described below) each employs MDM governance for the respective subject area data each application is primarily administering (e.g., eligibility/enrollment, claims, service inquiry data, authorizations, encounter records). Interconnecting items **A** through **G** is our multi-layered, open standards Centelligence™ Data Service Bus (item **H** in Figure W.1-A, and see discussion below for information on Centelligence, our enterprise data integration and analytics platform).

With respect to RFP Section 16.1.16, we believe our architecture can accomodate future DHH strategies related to interconnectivity of our MIS to a future DHH system Enterprise Systems Bus (ESB) to systematically integrate our applications where needed with a future DHH ESB. We have relevant experience in this area, for example, we have integrated critical application functions via secure, open standards based enterprise web services. We also currently use an industry standard approach to a single identity and access management solution: IBM's Security Directory Server (see item **H**), which gives us an open standards approach to defining organizations and individuals within organizational units for secure, yet expansive, flexibility to connect our architecture via SOA to other, similarly designed systems.

Electronic Data Interchange (EDI). LHCC is currently certified with the DHH Fiscal Intermediary (FI) (we provide DHH a copy of our EDI Certification Form annually). Our HIPAA compliant, automated EDI file exchange subsystem [item **A** in Figure W.1-A handles our scheduled HIPAA and non-HIPAA (State proprietary formats) EDI file exchanges with DHH and DHH's FI]; our subcontractors; and our network of over 60 EDI Trading Partners, including leading Louisiana clearinghouses, such as Availity and Emdeon. We receive HIPAA 834 enrollment and eligibility data from Louisiana's Medicaid Management Information System (MMIS) via Secure File Transer Protocol (SFTP), though we can

support virtually any industry-standard secure file exchange protocol, should DHH desire. Our file exchange subsystem protects LHCC's data with access control, authentication, and secure configuration features.

Our EDIFECS transaction subsystem (**A**) provides test and production industry-standard HIPAA Version 5010 compliance checking, automated HIPAA transaction monitoring, and conditional transaction routing driven by transaction-specific business rules. For example, EDIFECS ensures that a HIPAA 834 claim we receive is routed to our AMISYS Advance (AMISYS) claim processing system, and that a HIPAA 278 authorization request is routed to TruCare, our health services management system for integrated Utilization, Case and Disease Management. Our EDIFECS-based EDI subsystem is also Phase I-III CAQH Committee on Operating Rules (CORE) compliant per federal regulations.

Newly contracted providers or provider billing agents, intermediaries, or clearinghouses who want to exchange data with LHCC via EDI, have interactive access to our EDIFECS Ramp Manager application, which allows them to efficiently "on board" and test their HIPAA 5010 transactions (including HIPAA transactions using ICD-10 coding) as implemented according to DHH's MMIS companion guides. Ramp Manager offers near-instant, detailed EDI field, segment, and loop feedback to facilitate troubleshooting by any provider or their submitter. Our "direct to LHCC" EDI submitters can then certify their status with us as HIPAA compliant, permitting submission of production HIPAA 837 claim transactions and receipt of HIPAA 835 Remittance Advices directly via our secure, web based Provider Portal (**K**).

In addition to receiving electronic claims directly (via HIPAA EDI) or through a clearinghouse, we also offer all providers the option of entering claims securely and directly through our online, HIPAA compliant Direct Data Entry (DDE) claim entry application, also available on our secure Provider Portal.

We automate scheduled processing runs (e.g., eligibility, claims) on daily, weekly, or monthly cycles through our TIDAL Enterprise Scheduler (TIDAL) job scheduling software (**A**). Our EDI subsystem also supports a wide range of file transmission acknowledgement protocols, including ANSI standard 999, TA1, 831, 824, and 277U transactions, as well as proprietary acknowledgement formats.

Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.

Member Relationship Management (MRM). We process HIPAA 834 transactions from DHH's EB on both a daily *and* a weekly basis, and process inbound files (within 24 hours of receipt) via our secure file transmission system and integrated EDIFECS middleware, which validates and maps each data item in the 834 to the membership input file format of our MRM (Item **B**) system. MRM employs a Master Data Management (MDM) approach to member data that collects, aggregates, matches, consolidates, quality assures, persists, and distributes member data throughout our MIS to ensure consistency and control in the ongoing maintenance and use of member data.

Processing Enrollment and Eligibility. Our system edits for duplicate member records, date criteria validity, field data integrity, and valid date spans, and then loads "passing" records into our master member files in MRM. The MRM component of our MIS houses our Master Member (a.k.a., patient) Index, which allows us to uniquely identify any Medicaid member across multiple populations and systems within our span of control. Given a potential duplicate record, and upon confirmation of the duplicate by DHH, MRM systematically links the enrollment, service utilization, and customer interaction histories of the duplicate records. Once loaded into MRM, we make member eligibility data accessible to providers online via our secure Provider Portal (**K**). We also send member eligibility data electronically to our subcontractors US Script, Inc.® (US Script) our affiliate and Pharmacy Benefits Manager (PBM); and OptiCare Managed Vision, Inc. (OptiCare), our affiliated vision network provider.

A Complete Member Demographic Picture. MRM is our "system of record" for collecting and indexing member data, allowing us to accept, maintain, transmit, and report on a much more expansive set of member data than is required for claims processing alone. For example, MRM houses information on not only member addresses reported to us by DHH, but those self-reported by the member (which we can then report back to DHH). In addition, we collect information on member communication preferences (e.g., phone and/or secure web messages); links to family members (depending on the data we are able to collect); and critical member flags, such as "special needs" indicators.

Continually Improving Data Quality. We have recently enhanced MRM through the introduction of our Unified Member View (UMV) functionality. UMV uses advanced member identification algorithms to further automate the matching of member data, no matter where that data comes from (e.g., 834 files, documents, historical claims data, customer service calls, etc.). UMV not only improves visibility into members' program participation (past and present), but, through UMV's open architecture, allows us to leverage electronic integration with industry-standard address validation and address enhancement services. Thus, in Q1 2015, we will integrate MRM with address standardization services from SmartyStreets (a leading real time US Postal Service approved address validation service); as well as with identity data services from LexisNexis® to enhance the quality of member data we house and analyze. LexisNexis is a leading provider of identity authentication and verification solutions to provide cleansed and updated member contact data on an ongoing basis. LexisNexis leverages over 10,000 substantiated data sources to verify and authenticate individuals with a confidence level of over 99% by using their proprietary LexID methodology.

Connecting with Our Members Through CRM. MRM is much more than a database, it also includes the latest in *Customer Relationship Management* (CRM) technology, and offers enterprise level call center support for member inquiries, outbound campaigns and targeted outreach, and unified member contact management and communications, across all of the ways our members interact with us, whether by phone, fax, e-mail, mobile platforms, or web.

We have recently added a "Care Manager" view to MRM's CRM navigation panel, which automatically displays members' current and past Care Managers' names and existing and historic case program types in which the member is currently engaged and/or was engaged. This allows any CSR or NurseWise staff to instantly recognize when a caller is in care with us, the type of Care Management or Disease Management services the member receives, and which Care Manager to inform about the call, as needed.

NurseWise is our 24/7 nurse advice line subcontractor and affiliate, and has access to the same system as LHCC staff.

MRM also supports screen-sharing; the ability of CSRs to view (with member or caregiver consent) what the member or caregiver is viewing on our secure Member Portal, whether the member is using a mobile device or their computer, to allow us to better assist them. For example, the CSR can show the member exactly how to view their TruCare Care Plan (see discussion below) while the member is online.

Claims/Encounter Systems. Our claims processing solution is comprised of best-of-breed components for claims and encounter receipt by using an integrated combination of our EDI subsytem (**A**), the Centene Document Management System (CDMS—item **G**) for paper claim processing, AMISYS Advance (AMISYS—item **E**) for claims and encounter adjudication and payment, and Encounter Data Manager (EDM—item **F**). AMISYS is one of the health care industry's premier health plan claims processing systems, and it efficiently supports accurate claim adjudication for complex benefit plans and multiple provider reimbursement models. Encounter Data Manager (EDM), designed specifically for Medicaid encounter processing, is our workflow-enabled encounter reporting system configured for all DHH encounter submission edits, rules, and timeframes.

Multiple Methods for Claim Submission. We accept HIPAA 837 EDI batch claims submissions from claims clearinghouses and direct from our providers via our secure Provider Portal. In addition, the secure Provider Portal supports the online, manual entry of claims via our HIPAA compliant direct data entry (DDE) feature. Providers can also submit paper claims on standard CMS-1500 or UB-04 forms, which CDMS scans, indexes, and converts to machine readable data through CDMS' Optical Character Recognition (OCR) technology. We process both electronically submitted and paper claims thru our HIPAA compliant EDIFECS software, which maps, translates, and validates the data to ensure that common edits are consistently applied. Once claims pass through EDI and pre-adjudication edits, clean claim data is loaded into AMISYS (item **E**).

Software Components Supporting Claims Processing. Our Automated Workflow Distributor (AWD) supports AMISYS, our automated claims workflow software, to manage the workflow of any pended claim in AMISYS in real time. If a claim pends, it is immediately routed as an electronic work item to an analyst skilled in addressing that specific type of pend. The analyst can then address the pend issue within the claims workflow software, with the appropriate change immediately reflected in AMISYS. Our integrated ClaimsXten clinical editing software reviews adjudicated claims in *real time* prior to payment for items such as bundling and unbundling of services, incidental services, mutually exclusive codes, duplicate claims, invalid procedures, and incorrect age/gender validation.

Claim Payment. LHCC offers direct payment to our providers though Electronic Funds Transfer (EFT) and/or Electronic Remittance Advice (ERA) options or (alternatively) through our free, provider-friendly PaySpan service. We also provide Explanation of Payment (EOP) information to providers online, through our secure Provider Portal, and/or (again) via the PaySpan service.

Once AMISYS adjudicates claims to a finalized status, EDM (**F**) extracts, prepares, and submits the claims data as encounters to DHH's FI.

Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.

Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.

Care and Utilization Management Centered on the Member. TruCare (item **D** in Figure W.1-A) is our member-centric health services platform for collaborative care coordination and Case, basic behavioral health, Disease, and Utilization Management. LHCC's Care Managers use TruCare for full medical and basic behavioral prior authorization, precertification, concurrent, discharge, and transitionary service review functionality. In addition to Utilization Management (UM) support, the TruCare Care Plan displays the member's identified health problems, treatment goals and objectives, milestone dates, and progress in an engaging, well-organized online format, and is available securely to providers and members via the Provider and Member Portals, respectively (**K**).

Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.

Provider Relationship Management (PRM). Provider Relationship Management (PRM (Item **C**)) uses the CRM platform as MRM to offer enterprise level Call Center support for provider inquiries, outbound campaigns and targeted outreach, and unified provider contact management and communications (including claims) across all the ways our providers interact with us, whether by phone, fax, e-mail, mobile platforms, or web.

***Giving CSRs the Whole Picture*.** Through its integration with our other MIS components, including MRM, AMISYS, TruCare, Centelligence™ (reporting and informatics), and our secure Member and Provider Portals, the CRM component of PRM provides our Customer Service Representatives (CSRs) a

comprehensive tool to efficiently address provider inquiries and/or route provider concerns accordingly (e.g., Provider Relations on a contracting topic, Care Managers on a clinical subject, Claims Operations regarding a procedure coding question).

PRM is also integrated with the same Avaya Voice Portal (AVP) telephony component used in MRM. AVP's voice recognition Interactive Voice Response (IVR) technology allows provider users to speak identification information and menu commands for retrieval of eligibility, claim status, and other information, which frees our CSRs to focus on more complex provider calls.

Total Provider Data Management. PRM automates the entire lifecycle of our provider relationships, from provider prospecting, recruiting, and application processing through credentialing and contracting. The system houses applicable fee schedule information and other reimbursement arrangements (e.g., subcapitation) and offers provider service support, continuous provider data management (e.g., demographics, identifiers, affiliations), and ongoing provider network design and maintenance.

PRM allows for efficient, comprehensive, and collaborative provider contracting, amendment, and re-contracting processes with LHCC providers, while ensuring regulatory compliance.

Secure Member Portal. Our secure web-based Member Portal (item **K**) offers members online access to their specific LHCC health plan information and a number of supporting "self-service" functions, such as the ability to view their clinical service and medication history, change PCPs, update their contact information, take an online Health Risk Assessment, view a health alert or gap-in-care, communicate with plan staff, and several other functions. In addition, the member can check the status of their CentAccount incentive status. LHCC's CentAccount™ Program actively promotes personal health care responsibility and ownership by offering our members financial incentives for certain healthy behaviors and adherence to their care plan regimens. Please see ***Figure W.1-B: Landing Page of Member Portal*** for a screen snapshot of the member's "home page" in the Member Portal.

Figure W.1-B: Landing Page of Member Portal

Important Mobile Technology Innovations for Member Engagement

Mobile-Friendly LHCC Public Website. LHCC's websites, including our public website and secured Provider and Member Portals, have been designed as mobile enabled since 2010, with web experiences that translate into easily accessible content when viewed on PCs or mobile devices (see ***Figure W.1-C: LHCC Website Viewed On Personal Computer and Mobile Device***). For 2015, we are building rich, engaged, multimedia websites using best-in-class Adobe Digital Experience Platform software to enrich user engagement on our websites. Additionally, our new software will enhance the "mobile friendliness" of our websites through the incorporation of new style sheet designs and the increased use of capabilities in HTML 5, an increasingly popular software toolset for consistent presentation across PCs using all popular web browsers, Macintosh, mobile phones, and mobile devices. The result will be further enhanced adaptability and optimization of our online content for mobile devices, which will afford users the convenience of access to our website, with access to all website features, while using their mobile devices.

In June, 2014, Centene won the Gold Web Health Award, which recognizes high-quality digital health resources for consumers and health professionals. The awards program is organized by the Health Information Resource Center (HIRC), a 20-year old clearinghouse for professionals who work in consumer health fields.

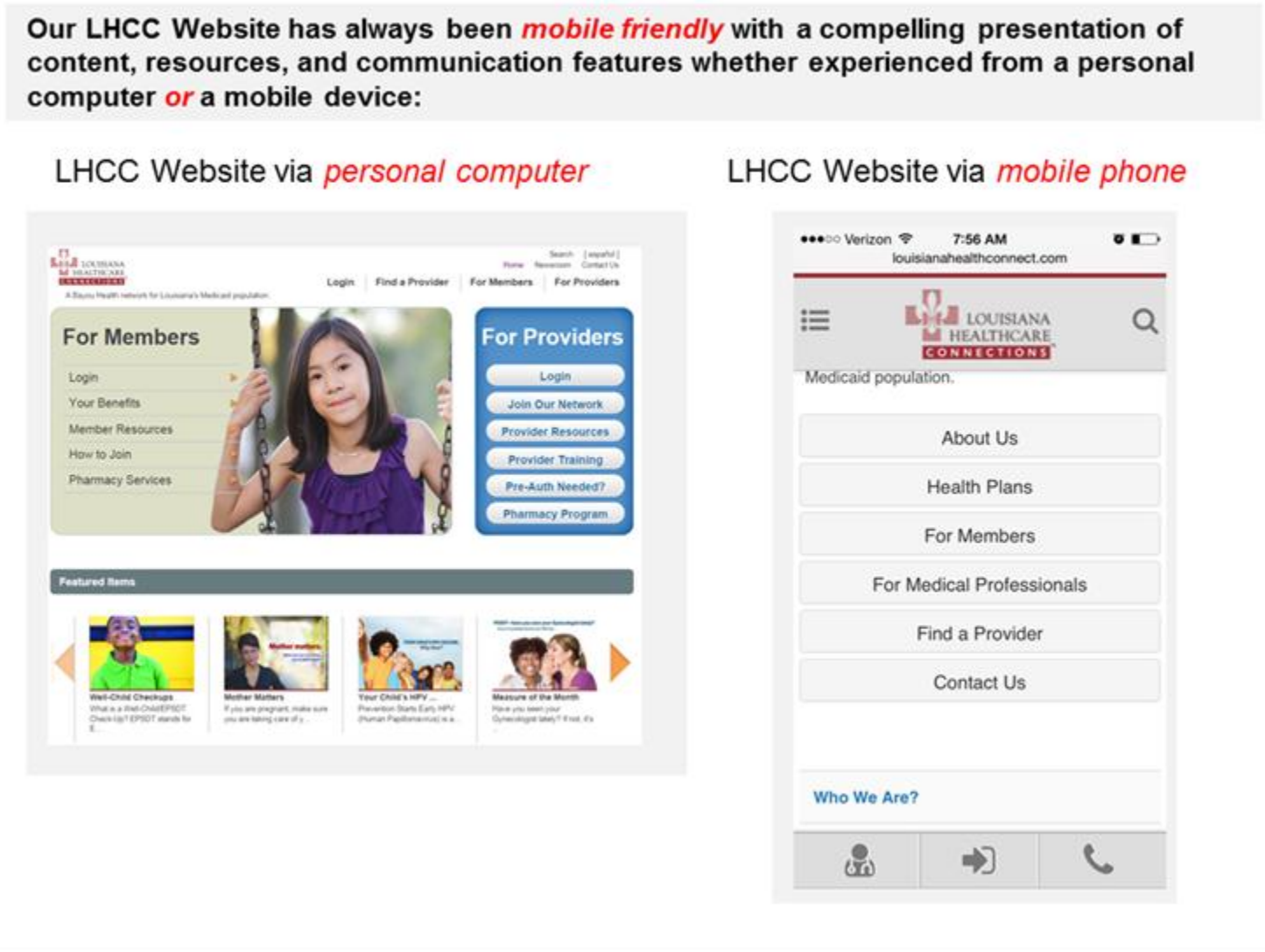
Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.

Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.

Other products that will be rolled out through our Health and Wellness app capability include:

- **on.track.** Through the **on.track** program, members are inspired to set and achieve specific health goals by taking advantage of one of more than 100 leading health and fitness apps available on the market, including dozens of free and low-cost alternatives. Using **on.track**, a member will be able to select activities to track based on their personal health goals, such as nutrition, fitness, weight management, stress and sleep management, tobacco cessation, diabetes and/or hypertension management. The member chooses a simple-to-use app, and links it to his or her **on.track** account and begins activity tracking with just three taps. Seamlessly, data from the tracker is pulled into the **on.track** Lifestyle Manager, where the member can monitor progress toward health goals.
- **on.board Action Plans. on.board** action plans are individualized health behavior change programs designed to target an individual member's most severe health risks, unique risk level, and readiness to change. With a focus on physical activity, nutrition, stress management, and tobacco cessation, **on.board** action plans leverage the fundamentals of game theory to engage an individual and motivate them to learn about, and improve, their health behavior.

Figure W.1-C: LHCC Website Viewed On Personal Computer and Mobile Device



Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.

Secure Provider Portal. Our Provider Portal (item **K** in Figure W.1-A), integrated as a component of our overall MIS, is a secure web-based platform that supports a number of Provider administrative "self-service" capabilities (e.g., eligibility inquiry, authorization submission, claim submission and claim status inquiry, etc.) and a growing family of *clinical* applications via the Centelligence™ Health Information Exchange (CHIE) comprehensive set of clinical data access and exchange capabilities. CHIE's integrated online tools include an Online Member Panel Roster with disease registry; special needs; and Emergency Room utilization indicator flags; the Centelligence Health Record (an online member record with extensive medical, behavioral, and medication history); Online Care Gap Notifications (including HEDIS care gaps and health alerts); access to member TruCare Care Plans; online EPSDT member tracking; and access to online evidence based Clinical Practice Guidelines. CHIE is completely integrated with our secure web-based Provider Portal, and offers demographic and administrative self-service tools and reference support, including our online Provider Directory with multiple search criteria capability. In addition, our Provider Portal is engineered for "mobile friendliness," which allows information to be presented in a manner suitable for mobile device form factors.

Alternatively, and/or in addition, providers, hospitals, state agencies and HIE's can interface with CHIE's health data exchange capabilities for HHS Office of National Coordinator (ONC) standards based data interchanges, including HL7 lab test results, Admission/Discharge/Transfer (ADT) data, and other standardized health information transactions.

Web Based Referral System. Through the online authorization request and status feature of our Provider Portal, we systematically track, manage, and report on referral requests (or request for any service requiring prior authorization). In addition, if a member or provider contacts LHCC for assistance in finding a specialist and/or getting an appointment with a specialist within an appropriate timeframe, we track and monitor these referrals to ensure that appropriate access is available by using the CRM component of MRM. Provider referral requests can be made via our website or over the phone.

For more information on our web based Provider Portal, and the administrative and clinical functionality we make available to our providers in support of our members, please see Section W.6.

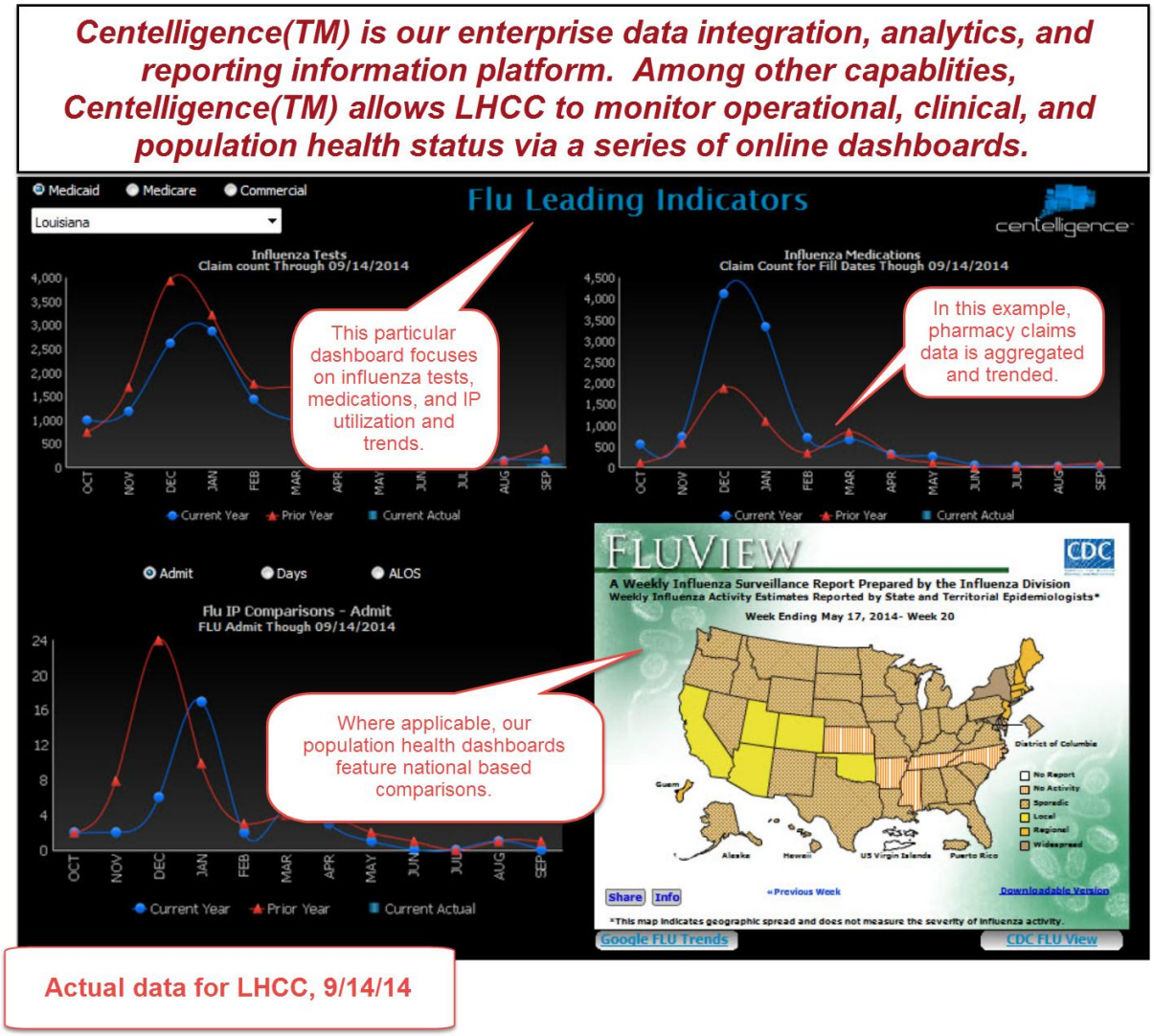
Centelligence™. Centelligence™ (Item **J** in Figure W.1-A) is our award-winning family of data integration, decision support, and health care informatics solutions.

Centelligence™ Enterprise Data Warehouse (EDW). At the heart of Centelligence is the EDW. Powered by Teradata Extreme Data Appliance high performance relational database management system (RDBMS) technology, EDW receives, integrates, and continually analyzes an enormous amount of transactional data, such as medical, behavioral and pharmacy claims; lab test results; health assessments; service authorizations; member information (current and historical eligibility and eligibility group, demographics, PCP assignment, member outreach); and provider information (participation status, specialty, demographics) as required by any of our QI Programs. EDW is SQL and Open Database Connectivity (ODBC) compliant, and allows reporting analysts to efficiently extract and upload (via SFTP) any file or dataset DHH may request for internal reporting, program integrity, and compliance purposes in the manner (i.e., XML) and frequency DHH specifies.

Empowering Insight Through Information*.** Thanks to EDW, Centelligence™'s analytic and reporting tools can provide expansive business intelligence support, including flexible desktop reporting and online Key Performance Indicator (KPI) Dashboards with "drill down" capability. Please see ***Figure W.1-E: Dashboard Example for an actual screenshot. Centelligence™ also powers our provider practice patterns, and clinical quality and cost reporting information products. Through Centelligence™, we have the ability to report on all datasets in our platform, including those for HEDIS, EPSDT services, claims timeliness, and other critical aspects of our operations. Centelligence™ also includes a suite of best-of-breed predictive modeling solutions that incorporate evidence-based, proprietary Care Gap/Health Risk identification applications that identify and report significant health risks at population, provider, and

member levels. These Care Gaps and Health Risk "alerts" power our On Line Care Gaps, which allows our providers and members to securely access actionable health information via our Provider and Member Portals. In short, Centelligence™ produces "business intelligence" to deliver the right information products to the right person (e.g., QI staff, State clients, Care Managers, Member Service Representative, providers, members) for the right task (e.g., clinical quality management, clinical intervention, internal workload adjustments, client reporting) at the right time (e.g., on schedule, or "in real time").

Figure W.1-E: Dashboard Example



Accounting Systems: PeopleSoft Financial Management. LHCC uses Oracle's PeopleSoft Financial Management (PeopleSoft) software to record and report financial data related to Bayou Health. All financial transactions are auditable per GAAP guidelines and historical data can be obtained from PeopleSoft through the use of online queries and reports.

Indexed Electronic Image Support. As mentioned above, we accept paper claims from providers, and require all paper submitters to use standard CMS 1500 and UB04 paper formats. We use our Centene Document Management System (CDMS) (item **G** in Figure W.1-A) component of our MIS to convert paper or fax claim submissions into machine readable data. CDMS is our automated content management system, expressly designed to efficiently manage inbound and outbound paper and fax document traffic to/from LHCC. CDMS automates and accelerates the processing of paper and faxed claims and other paper based correspondence. CDMS's integrated architecture incorporates a full featured, secure inbound/outbound fax communications system with enterprise level document scanning, Optical Character Recognition (OCR), indexing, and routing workflow capabilities to streamline and automate the capture and processing of paper claims and conversion into machine readable data.

Indexing Electronic Images. CDMS automates the indexing and storage of inbound and outbound documentation, such as member letters and provider correspondence. Depending on the specific functional use of a document, CDMS indexes by document type, member identifier (ID), provider ID, and claim ID, and stores a 'frozen image' of the document as issued by us on the date sent.

Storing & Retrieving Electronic Images. CDMS stores electronic indexed images in the CDMS Enterprise Content Management system relational database. All such images, whether outbound "images" or inbound scanned paper or faxes, are indexed by metadata information (member ID, provider ID, and/or claim number in our particular examples above). This allows users to search for, and retrieve, images of pertinent correspondence and materials from within their primary functional applications (e.g., MRM, PRM, TruCare, AMISYS, etc.) in the context of a particular business situation.

E-Mail with DHH. Centene's continuously available electronic mail system is based on Microsoft Exchange, and has secure gateway connection to the Internet for email correspondence with any external party, such as DHH. Our current email client standard is Microsoft Outlook 2010, which is functionally compatible with Outlook 2007. Because our office productivity standard is Microsoft Office 2010, Centene and LHCC users are able to exchange emails and attached documents with DHH that are compatible with DHH's Microsoft Office 2007 standard.

Secure E-Mail. Centene supports industry standard email encryption methods for secure communications, all of which are compliant with HIPAA and Sarbanes Oxley (SOX) rules and regulations. Centene's primary method for securing email communication between systems, sites, and/or domains is Transport Layer Security (TLS). TLS is an industry standard protocol for securing electronic communication, and is designed to prevent eavesdropping, tampering, and message forgery. TLS also supports endpoint authentication and communications privacy by using digital certificates.

Centene's messaging systems also support industry standard email and web encryption protocols, such as S/MIME and SSL. Centene has deployed Cisco's IronPort email security and encryption appliances at the network perimeter, which provide a seamless and integrated means to send encrypted emails to external parties. Centene also supports PGP Workgroup and third-party digital certificates for email encryption and HIPAA compliance, where required.

VPN Capability. If needed, we will establish a Virtual Private Network with DHH, or a DHH designated entity. We can, and do, support VPNs with our state clients, or their intermediaries when necessary. We implement VPNs with Cisco ASA 5500 Series Adaptive Security Appliances for maximum authorized concurrent usage populations and hardware redundancy for VPN availability. We also use Symantec On-Demand Protection software for additional security with our VPN and secure web applications to eliminate malware, clear cache history, and systematically enforce connection security policies.

Exceeding HIPAA Information Security and Access Management Standards

Access Management

Role Based Access Controls. Centene enforces strict control in our MIS over global application and systems access via a series of technical and administrative controls. In particular, we implement Role Based Access Controls (RBACs) throughout our MIS so data can only be accessed, created, or changed by those who have the authority to do so, and in compliance with HIPAA Minimum Necessary rules. Our RBAC provides auditing support, and serves as a strong basis for separation of duties while simplifying security administration by assigning privileges to a role (as opposed to a user) and then assigning role(s) to users. In addition, RBAC addresses security risks by defining employee access rights based on the employee's job functions or responsibilities and eliminates problems inherent with assigning access rights on an individual basis.

We have implemented RBAC such that the individuals responsible for *provisioning* application access, to AMISYS for example, are not themselves users with roles who have rights to *perform transactions* within those applications. Furthermore, our monitoring regimen mitigates the risk of security personnel modifying their own roles, or provisioning new roles for themselves, by logging all changes to access, issuing privileged access reports for periodic review by management, and by notifying oversight personnel when there are any changes to highly privileged administrative roles.

We enforce separation of duties such that the individuals who provision front-end access to our applications do not have rights to provision access to crucial *back-end* components, such as our Centelligence™ reporting applications and EDW, and the reverse is also true; users with access to back-end databases do not have access to the front-end application. Likewise, individuals provisioning access to our network do *not* have rights to provision physical access to the areas where systems are housed (e.g., to physical servers). We document and enforce access control policy that explicitly defines role limitations and access review requirements for applications in our environment. For example, our access control policy for AMISYS requires that the system be audited monthly to ensure that no single role, or no combination of roles granted to a single user, has rights to setup a member or provider and process a claim.

With respect to user logins, the password length, complexity, and lifetime are systematically controlled to ensure they cannot be easily compromised, and users must change passwords on a regular basis, per HIPAA best practices. Inactive PC workstations are automatically locked, and after three failed login attempts, users are locked out and these attempts are logged. Our IT system administrators maintain an incident report and follow-up file that provides the date, time, and comments regarding any unauthorized attempts.

Able to Provide Access by DHH. We will enable access for duly authorized representatives of DHH and other State and federal agencies to evaluate, through inspections or other means, the quality, appropriateness, and timeliness of services LHCC performs, which we can accommodate through site visits to any of our LHCC field offices, Centene's corporate datacenter in St. Louis, MO, or via secure WebEx. Through our web services infrastructure, our MIS also has the capability to allow authorized DHH personnel to have real-time connectivity to the data we house via remote, secure connections from DHH. We will also provide Systems Help Desk support for DHH online access to our system per RFP Section 16.4.2.

Integrity Controls. Our MIS incorporates several types of controls to maintain information integrity, depending on the data processing, transmission, receipt, or storage application. Our controls are tested via ongoing processes (such as edit enforcement routines for data load processes), via our own internal spot audits, and via several external audits, including our annual SSAE-16 report and Sarbanes-Oxley Section 404 Management Controls audits, both performed by nationally known, major accounting and audit firms.

For data exchanges with external entities (e.g., such as DHH, DHH's FI), we use Public Key Infrastructure (PKI) based protocols with public/private key exchanges to ensure data is not altered "in flight," and that sender and receiver are assured of each other's respective identity.

All of our online, transactional, and batch data interfaces and load processes have appropriate data validation logic to enforce data integrity properties, such as:

- Codeset compliance with HIPAA, HL7, US Postal Service, and other standard code sets, for example. We also use check digit algorithms, such as with the National Provider Identifier's tenth digit, where available.
- Data validation through the comparison of key indices of inbound data with values we have stored, such as member and provider identifiers.
- Information completeness, which includes the enforcement of required, situational, and conditional fields on inbound or outbound data transmissions.

All of our core and critical business systems are based on relational database management system (RDBMS) technology from Oracle, Microsoft (SQL/Server) and Teradata, and in all cases we enforce referential integrity, field types, and missing data edits.

Using Symantec's Control Compliance Suite (CCS), we monitor access to secured Local Area Network (LAN) folders and sub-folders that contain critical data, identify changes made to documents stored in these folders, and enforce privacy and security policies on documents containing PHI.

Audit Trails. All core business applications in our MIS, including our applications for MRM and PRM, HIPAA transaction processing (EDIFECS), claims and encounter processing (AMISYS and Encounter Data Manager), Case and Utilization Management (TruCare) and informatics (Centelligence™ Enterprise Data Warehouse and supporting applications) support audit logging and audit trails for data changes, which allows us to track activity in each of these business applications. In addition, our Informatica data integration middleware captures every data change in each of these core data systems in audit logs. We also use master data management (MDM) methodologies and controls with common "cross application" primary and foreign keys, which allows information on source data files and documents to be traced through the processing stages to the point where the information is finally recorded. In particular:

- All online application interfaces for our core business systems capture and log unique log-on IDs and/or the device used to access the application ("terminal ID"), along with date and time of create/modify/delete actions. These audit capabilities are within the applications themselves, for example, our AMISYS online application captures for our audit trails the login ID, date, time, and edit activity of the online user. AMISYS Advance also displays the last change date for claims data on all online screens related to claims viewing by the online AMISYS user. Similar capabilities exist in our other core applications, and allow the online user of these systems (e.g., MRM, PRM) to see the last time transaction data was updated. Our core applications also capture and display batch process change activity where those activities alter data. Our batch routines also produce audit trail data during the particular processing cycle.
- All core health plan data, including member, provider, claims, encounter, authorization, and health risk assessment data, can be traced throughout our MIS from the point of entry through the final information product and/or outbound transmission. We use appropriate indices to enable this capability. For example, we use member, provider, and ICN indices to associate a stored image of a paper claim through our EDIFECS EDI system, through CDMS (image storage), into AMISYS (claims processing), through Centelligence™ (reporting), and MRM and PRM (member and provider services and data management), and Encounter Data Manager (encounter processing).

- All core business systems mentioned above produce listings, transaction reports, update reports, transaction logs, or error logs that serve as an audit trail of online, database transaction, batch file processing, and/or inbound or outbound transmission. For example, we have multiple batch processes that update our Centelligence™ Enterprise Data Warehouse (EDW). If an update process detects incomplete records or other data problems, it is written to an audit report and investigated by an EDW specialist in Centene's IT Department.

Preventing Alteration of Finalized Records. All of our core business applications, including TruCare (clinical Care Management); AMISYS (enrollment, eligibility, claims processing); Member and Provider Relationship Management (MRM and PRM, for member and provider service management respectively); Encounter Data Manager (encounter processing); and Centelligence™ (business intelligence, reporting, and health informatics) do not allow the alteration of finalized records. For example, our TruCare system does not allow chronological clinical notes to be edited once those notes are written to the TruCare database. A TruCare user can add to historical notes (and these additions are time stamped and ID stamped), but no TruCare user can "go back" and edit previously entered notes. Similarly, no AMISYS user can alter finalized claims data. Adjustments and voids against finalized claims are possible, but no alteration is possible on the original, finalized claim record itself.

Physical Safeguards and Perimeter Access Controls. The Centene corporate datacenters in Missouri house core data and voice communications systems that are securely connected via our internal Wide Area Network (WAN) to our information technology assets located throughout local field offices, including LHCd. Centene physically protects all core business application and telecommunications systems in our corporate datacenter with limited and strictly controlled access. We secure our Centene datacenter and all Centene corporate and health plan facilities, including LHCC, via proximity card access by authorized personnel, on all external doors, elevators, and the internal entry doors on each floor. The Centene datacenter contains an additional layer of proximity card access that restricts access to authorized personnel only. Additional physical security controls at our datacenters include digital security cameras, multiple security guards who are on duty at all times, and panic switches installed at each reception desk.

We will provide DHH with access to our data facilities upon request. We require that every visitor to the Centene datacenter sign into the log book indicating the time, employee escort, and purpose of their presence in the network room. We also require that visitors sign out when leaving the datacenter. Our card access system records all access attempts/card swipes, whether successful or not. We also monitor and record access and movement using multiple cameras throughout the Datacenter, including all entry points into the datacenter room.

The Director of Systems Services must authorize Centene Datacenter access requests, and grants authorization on a need basis only. Our MIS staff require vendors performing services within either of our datacenters to sign in and be escorted into the facility by authorized personnel only. Each month, the Manager of Centene Datacenter Operations reviews the sign in log to ensure that physical access requests are approved only if appropriate. In addition, onsite security guards are on duty at all times at our Datacenter facility. The physical security provisions we have in place today will continue to be in effect for the life of our Contract with DHH.

Network Security. To secure the internal data network, Centene employs an array of industry best-practice technologies, such as firewalls; Access Control Lists (ACL); Terminal Access Controller Access-Control System Plus; Demilitarized Zones (DMZ); Intrusion Prevention Systems (IPS); Virtual Private Networks (VPN); Data Loss Prevention (DLP); Secure communication protocols (SSH, SFTP, etc.); and SSL encryption for secured web communications. Our IT supervisors monitor network security using advanced event management on a routine basis, and our network engineers routinely implement restrictive VPNs for secure connectivity with our external Trading Partners, such as our State clients. All

such implementations are audited and approved prior to production by our Information Security staff to ensure adherence to policy and observance of least privilege.

Two Factor Authentication for Secure Remote Access. We utilize award winning SecureAuth® *Identity Enforcement Platform (IEP)* software to provide secure multifactor authentication for LHCC employees and partners, and we can include DHH-designated users who would require remote access to Centene information systems. Centene and LHCC recognize that DHH must approve our approach to two-factor authentication no later than 15 calendar days after the Contract award.

Data Encryption. Windows 7 is our desktop operating system, and we enforce full-disk encryption. In early 2015, we will exceed RFP requirements by enhancing Windows 7 security with Checkpoint's Endpoint Security (EPS) product, which encrypts data on local disk drives at a higher level than the operating system. We will run EPS on all laptops and desktops.

Malware Protection. We have MacAfee anti-virus software and host-based intrusion software on both PCs and servers for malware protection. Our IT Security department is proactive in monitoring for malware, threats, and vulnerabilities. For example, we assessed and eliminated any exposures to the HeartBleed SSL vulnerability within days of announcement of that threat earlier in 2014.

Data Backup. Centene performs backups nightly on all LHCC data by using IBM Tivoli Storage Manager (TSM), an automated hierarchical storage management system that we use for data recovery operations, if needed. All of our production software applications (claims, Care Management, enrollment, etc.) are backed up daily to an off-site storage facility provided by our HIPAA compliant vendor, Recall Data Protection Services (Recall). Centene stores this data offsite as an additional safeguard, supplementing real-time data replication between our two datacenters. In the event of a site-disabling event in either of our two datacenters, we can recover data and operate production systems from the data tapes that are stored off-site in fire proof data vaults if, for any reason, there is difficulty using replicated data. Access to these tapes is restricted to individuals authorized by Centene management. Data recoverability from these tapes is tested on a regular basis by fulfilling restore requests.

Records Retention. We currently comply with all DHH records retention requirements, and we have kept all operational and clinical data online since beginning Bayou Health operations in January 2012. Furthermore, our MIS allows us to fully comply with RFP Section 16.13.

Security Risk Assessment. Centene conducts in-depth risk assessments and penetration tests of our MIS and key business processes on a regular basis. Our security risk assessment activities include a mix of regularly scheduled assessments, as well as periodic, on-demand, assessments necessitated by significant changes in the threat environment or specific requests by customers or business partners. These assessment activities are further augmented by our vulnerability management program, which includes the regular scanning of our MIS against both new and existing exploits, and to verify continued regulatory compliance. In all cases, should material defects or weaknesses be discovered, they are prioritized based on risk, mitigated, and retested to validate resolution. Testing is performed using both internal resources and reputable third-party providers, such as Ernst &Young, LLP, and ViaForensics. Centene's well-established Internal Audit Team, with independent validation from our third-party audit partner, Ernst and Young, oversee risk mitigation and management.

Centene and LHCC will conduct a security risk assessment and communicate the results in an information security plan to be provided no later than 15 calendar days after the Contract award, with the risk assessment made available to appropriate federal agencies, if requested.

Interoperable Subcontractor Systems in our Span of Control. Our subcontractors use enterprise, HIPAA compliant, interoperable systems. We monitor our subcontractors' performance through a combination of our data interfaces, and regular formal reviews and reporting (please see Section F.5 for more information). The systems that interface with our MIS include:

***Telehealth Triage*.** Telehealth Triage is the clinical content and workflow application that supports NurseWise, our 24/7 nurse advice line. Telehealth Triage is integrated with our MRM so that eligibility information is securely sent to Telehealth Triage.

US Script's PBM system. Supports eligibility, prior authorization, real-time pharmacy point-of-service claims processing and payment, customer service, and reporting. US Script, our affiliated Pharmacy Benefits Manager for Bayou Health, has a system that uses Oracle database software and hardware, and is HIPAA 5010 NCPDP D.0 compliant. Browser-based online reporting tools allow for secure report delivery in familiar, easy to use formats such as Microsoft Office. Every 24 hours, US Script receives eligibility data from us, and sends processed pharmacy claims data to our EDW for integration with other data we house on our members, and for a variety of Care Management, analytic (e.g., care gaps derived from predictive modeling), and reporting purposes.

OptiCare's Risk Manager System. Supports eligibility, benefits design, authorizations, utilization management, provider reimbursement, and claims adjudication. OptiCare is our affiliated vision benefits administrator for Bayou Health. Other OptiCare integrated applications include CSI (customer service and HEDIS outreach programs), Credentialing Manager (recruitment/credentialing), Redix (EDI), and ActiveBatch (automation). OptiCare supports HIPAA 5010 transactions, and vision providers may submit claims via EDI clearinghouse, secure web portal, or paper. Similar to US Script, we send eligibility data to OptiCare, and receive processed vision claims from OptiCare for incorporation and use in EDW.

Systems Outside of Our Span of Control

In order to administer Bayou Health today, we rely on the following systems operated by these organizations that remain outside our span of control:

- **DHH's Fiscal Intermediary (FI) MMIS.** We receive and send eligibility and enrollment data, as well as encounter data and related files (provider registry, provider site registry, PCP linkage, authorization file), and other data with the FI Medicaid Management Information System (MMIS).
- **DHH Enrollment Broker (EB).** Our website links to www.bayouhealth.com and we send information to the EB (e.g., provider directory information) when requested.
- **DHH.** We exchange e-mails with DHH, and we anticipate continuing to securely send data per RFP Section 18 to DHH, including Section 18.11.
- **Provider and Trading Partner (Clearinghouse) Systems.** We rely on our providers to prepare accurate, timely, and complete HIPAA compliant claim submissions to LHCC. Approximately 95% of claims submitted to LHCC are electronic, submitted to us directly from providers as batch files, keyed in online by providers via our Provider Portal, or via claims clearinghouses (e.g. Emdeon, Availity). We also rely on providers to file authorization requests to us via phone, fax, or our secure Provider Portal. T

The systems used by providers or clearinghouses are beyond our span of control, however our providers are contractually obligated for claims and authorization submissions. In addition, if a provider's system fails, the provider can still submit claims and authorizations to us simply by using our Provider Portal (in which case, the only "system" the provider needs is an Internet connection and a computer with a reasonably recent version of any of the predominant web browsers in general use today).

LHCC Bayou Health Work Plan

In order to configure our MIS for incrementally new Bayou Health requirements, we will base our work plan on our Enterprise Business Implementation Methodology (EBIM) approach, informed by 30 years of

Centene IT implementation experience (including over 20 health plan implementations for new programs or program renewals in the past five years), to manage the inter-related tasks across a coordinated, multi-disciplinary team of specialists at LHCC and Centene. Although MIS readiness for this RFP is largely an extension of our existing contract, we treat all such business continuance with the same due diligence and attention to detail as we do with completely new health plan business (as we did with our initial Bayou Health implementation in 2011).

Architected and Organized to Implement. Centene and LHCC can provide flexible, low-risk implementation of public-sector health programs because our MIS architecture incorporates integrated components with open, well-documented, industry-standard application, data, and communication interfaces. This allows us to refine existing connectivity quickly and reliably with DHH, the DHH FI and EB, and our providers. Our MIS components feature table-driven, parameter-based configuration utilities that minimize, if not eliminate, the need for custom software development and its associated implementation risk. As a result, our IT Implementation Team can focus our project efforts on detailed analysis, precise definition of any changed business rules, and new DHH-specific data edits, all of which (in the case of this RFP) represent *incremental* changes to processes, edits, and interfaces we already support today.

Best Practices for Changes. We use industry–recognized best practices in Change Management, including the Agile Software Development Life Cycle (SDLC) discipline, in conjunction with our systematic Capacity Monitoring, Planning, and Annual Systems Refresh Program to provide rapid, iterative deployment of implementations and system enhancements or changes. All of these methodologies leverage our approach to quick, thorough, auditable change and configuration management, and are supported via an array of industry-standard software tools and platforms, such as our ServiceNow integrated Change Management and Configuration Management workflow system.

Training. LHCC, supporting Centene staff, and our providers will participate in training to ensure their understanding of incremental changes in Bayou Health (due to this RFP) on topics related to eligibility, claims, and claims and encounter process requirements. As we do currently, all LHCC and supporting Centene staff will continue to receive initial and ongoing training on HIPAA and the HITECH Act regarding the use and safeguarding of PHI, including training on HIPAA related to the significant changes mandated in the HIPAA Omnibus Final Rule published in the Federal Register on January 25th, 2013.

A Six Step Approach. Please see ***Figure W.1-F: Summary Timeline*** for an overview of our work plan (we offer a more detailed, Gantt Chart view of our work plan further in this discussion). In our approach, due to the very short preparation time for "go-live" production, we will begin implementation activities prior to knowing whether or not DHH will award us a contract. In item **A** in Figure W.1-F, we will mobilize our IT Project Team the day after submission of our proposal, and continue and complete requirements analyses (some of which began on the date of the RFP release on 7/28/14). If we are awarded a contract on, or about, 10/24/14, we will immediately seek to review and refine our work plan with DHH, and establish a project communication update protocol with DHH and the FI (item **B**). In **C**, we will configure and deploy any additional desktop PCs, office equipment, and additional telephony equipment needed for any new staff needed. Line **D** represents the heart of most of our work plan activities; implementing, testing, and documenting any system changes necessary as a result of this RFP. We have designed our work plan with slack time (represented in item **E**) as a best practice in our EBIM methodology. In item **F**, the IT implementation team closely monitors production for the first month of operations until the first cycle of claims processing and report production.

Staffing the Work Plan with Louisiana Expertise. The six step transition plan discussed above also allows for smooth ongoing operations of our existing contract as the LHCC team will be supported with Centene IT staff who are themselves familiar with LHCC's processing and technology needs, thanks to their ongoing support of LHCC today. Please see ***Figure W.1-G: IT Work Plan Resource Summary*** for a roster listing our projected resource staffing. The total number of dedicated staff will be 42 Full Time

Equivalents. Team members based in Missouri will be on-site for significant portions of the implementation. Our dedicated Corporate resources will be available for ongoing support managing system changes and maintaining overall system integrity at our Corporate offices and onsite as needs arise.

Gantt Chart. In ***Figure W.1-H: Work Plan***, we offer a more detailed view of our work plan. We use Microsoft Project to manage our work plans to allow us to carefully segment, stage, balance work, identify critical paths, and address project bottlenecks.

Ready to Implement. The combination of our LHCC operations team, who currently serve the Bayou Health program, working with Centene staff experienced in all aspects of MIS implementation (particularly contract renewals), will assure a successful and smooth transition to a new Bayou Health program in 2015.

Figure W.1-F: Summary Timeline

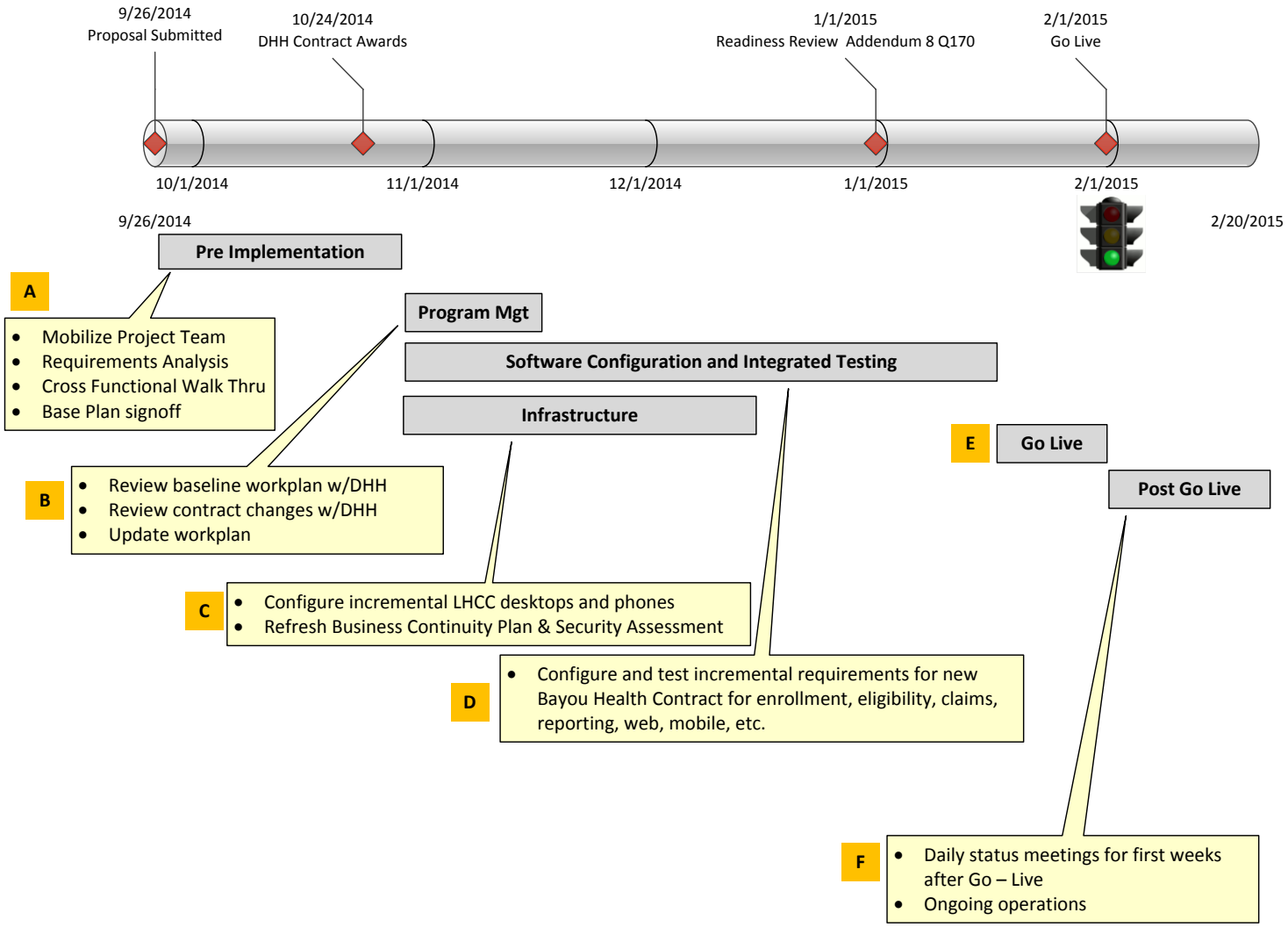


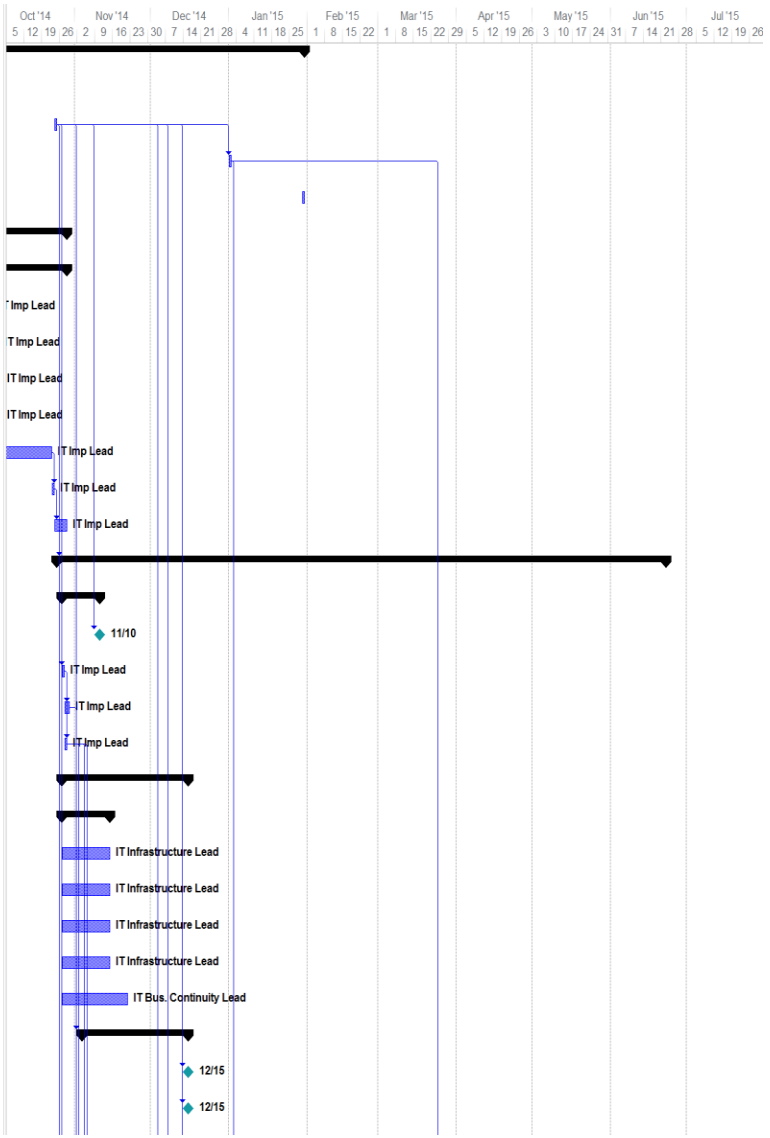
Figure W.1-G: IT Work Plan Resource Summary

Resource	Employee Type	Location Before Implementation	Location During Implementation	Location After Implementation
Claims Liason 1	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
Claims Liason 2	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
Claims Liason 3	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
Claims Team	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
Contract Implementation Analyst	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
IT Applications Support Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT Report Analyst	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT Report Analyst 2	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT Report Analyst 3	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT Report Analyst 4	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT Bus Ops Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT Bus. Continuity Lead	FTE	St Louis, MO	St Louis, MO and Baton Rouge, LA	St Louis, MO
IT Claim Lead	FTE	Farmington, MO	Farmington, MO	Farmington, MO
IT Claim Lead 2	FTE	Farmington, MO	Farmington, MO	Farmington, MO
IT Claim Lead 3	FTE	Farmington, MO	Farmington, MO	Farmington, MO
IT Compliance Reporting	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
IT CRM Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT DBA Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT EDI Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT EDW Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT Elig Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT Encounter Lead	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
IT Finance Lead	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
IT Implementation Lead	FTE	St Louis, MO	St Louis, MO and Baton Rouge, LA	St Louis, MO
IT Infrastructure Lead	FTE	St Louis, MO	St Louis, MO and Baton Rouge, LA	St Louis, MO
IT Infrastructure Specialist 1	FTE	St Louis, MO	St Louis, MO and Baton Rouge, LA	St Louis, MO
IT Infrastructure Specialist 2	FTE	St Louis, MO	St Louis, MO and Baton Rouge, LA	St Louis, MO
IT Integration Lead	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
IT Liason	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
IT Med Mgmt Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT PDM Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT Process Auto. Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT Security Lead	FTE	St Louis, MO	St Louis, MO and Baton Rouge, LA	St Louis, MO
IT Web Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
IT Web Specialist	FTE	St Louis, MO	St Louis, MO	St Louis, MO
Provider Relations Specialist 1	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
Provider Relations Specialist 2	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
Provider Relations Specialist 3	FTE	Baton Rouge, LA	Baton Rouge, LA	Baton Rouge, LA
US Script Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
OptiCare Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO
Nurtur Lead	FTE	St Louis, MO	St Louis, MO	St Louis, MO

LOUISIANA HEALTHCARE CONNECTIONS

Figure W.1-H: Work Plan

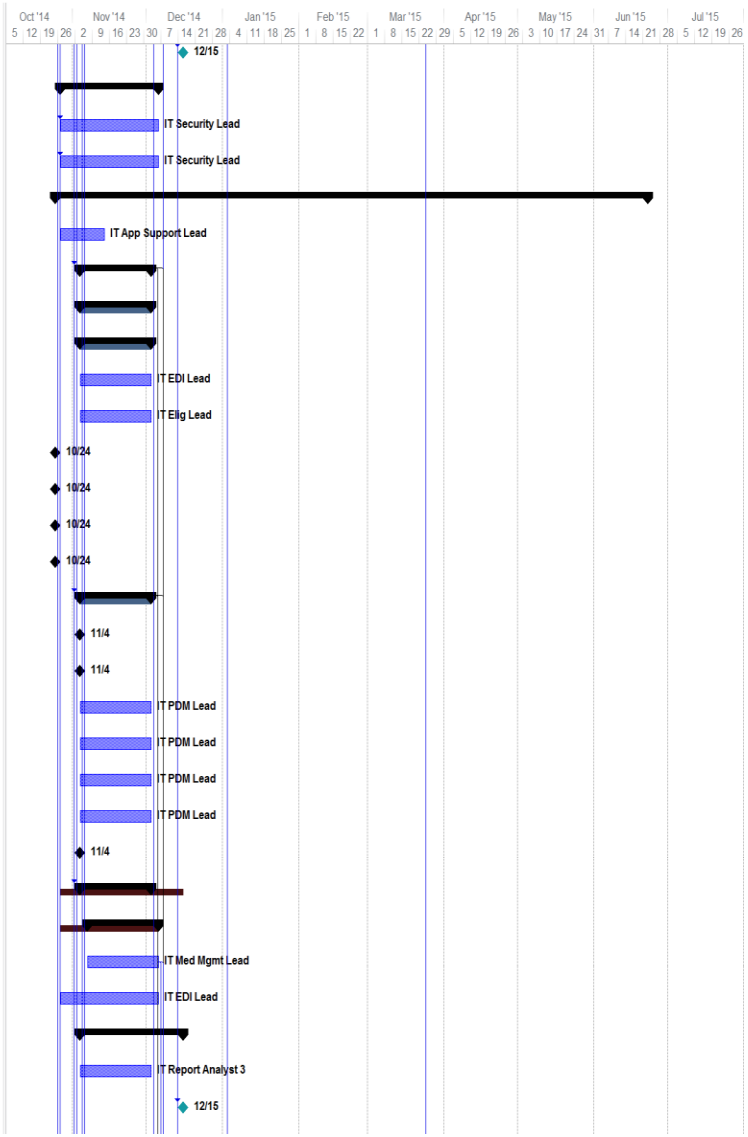
	Task Name	Start	Finish	Predecessor	Lead Resource
1	**Implement New Bayou Health Contract**	**Fri 9/26/14**	**Fri 1/30/15**		
2	RFP Submission to Louisiana	Fri 9/26/14	Fri 9/26/14		
3	Contract Award Notification from Louisiana	Fri 10/24/14	Fri 10/24/14		
4	Implementation Start Date for Louisiana	Thu 1/1/15	Thu 1/1/15	3	
5	Go-Live Ready for 2/1 launch	Fri 1/30/15	Fri 1/30/15		
6	**Pre-Implementation Activities**	**Mon 9/29/14**	**Tue 10/28/14**	**2**	**IT Imp Lead**
7	**Program Management**	**Mon 9/29/14**	**Tue 10/28/14**		**IT Imp Lead**
8	Identify IT Project Team	Mon 9/29/14	Mon 9/29/14		**IT Imp Lead**
9	Strategize program requirements	Mon 9/29/14	Wed 10/1/14		**IT Imp Lead**
10	Conduct IT kick-off meeting	Thu 10/2/14	Thu 10/2/14	9	**IT Imp Lead**
11	Initiate IT Contact Roles and Responsibilities	Thu 10/2/14	Thu 10/2/14	9	**IT Imp Lead**
12	Requirements Analysis	Fri 10/3/14	Wed 10/22/14	11	**IT Imp Lead**
13	Conduct cross functional walk through	Thu 10/23/14	Thu 10/23/14	12	**IT Imp Lead**
14	Sign off and baseline work plan and schedule	Fri 10/24/14	Tue 10/28/14	13	IT Imp Lead
15	**Implementation**	**Fri 10/24/14**	**Mon 6/22/15**	**3**	**IT Imp Lead**
16	**Program Management**	**Mon 10/27/14**	**Mon 11/10/14**		**IT Imp Lead**
17	Define Project Management Organization Structure Appendix JJ	Tue 11/4/14	Mon 11/10/14	3	IT Imp Lead
18	Review baseline work plan and schedule with state	Mon 10/27/14	Mon 10/27/14	3	IT Imp Lead
19	Review Transaction Requirements/Changes with State and FI	Tue 10/28/14	Wed 10/29/14	18	IT Imp Lead
20	Update work plan and schedule	Tue 10/28/14	Tue 10/28/14	18	IT Imp Lead
21	**Infrastructure**	**Mon 10/27/14**	**Mon 12/15/14**		**IT Infrastructure Lead**
22	**Site Updates**	**Mon 10/27/14**	**Fri 11/14/14**		**IT Infrastructure Lead**
23	Incremental eqpt for Baton Rouge office (desktops, printers, phonesets)	Mon 10/27/14	Fri 11/14/14		IT Infrastructure Lead
24	Incremental eqpt for Lafayette office (desktops, printers, phonesets)	Mon 10/27/14	Fri 11/14/14		IT Infrastructure Lead
25	Incremental eqpt for North Shore office (desktops, printers, phonesets)	Mon 10/27/14	Fri 11/14/14		IT Infrastructure Lead
26	Incremental eqpt for New Orleans office (desktops, printers, phonesets)	Mon 10/27/14	Fri 11/14/14		IT Infrastructure Lead
27	Disaster Recovery	Mon 10/27/14	Fri 11/21/14		IT Bus. Continuity Lead
28	**Refresh Business Continuity Plan**	**Tue 11/4/14**	**Mon 12/15/14**	**3**	**IT Bus. Continuity Lead**
29	Submit DHH Information Systems Capability Assessment (RFP Section 16.3.10)	Tue 11/4/14	Mon 12/15/14	3	IT Bus. Continuity Lead
30	**Submit Systems Quality Assurance Plan to DHH (RFP Section 16.4.3)**	**Tue 11/4/14**	**Mon 12/15/14**	**3**	**IT Bus. Continuity Lead**



LOUISIANA HEALTHCARE CONNECTIONS

Figure W.1-X: Work Plan, Continued

	Task Name	Start	Finish	Predecessor	Lead Resource
31	**Submit Systems Refresh Plan to DHH**	**Tue 11/4/14**	**Mon 12/15/14**	**3**	**IT Bus. Continuity Lead**
32	**Security**	**Mon 10/27/14**	**Fri 12/5/14**		**IT Security Lead**
33	**Security Risk Assessment and Security Plan**	**Mon 10/27/14**	**Fri 12/5/14**	**3**	**IT Security Lead**
34	Review and Update as needed Two Factor User Authentication Process / Approval	Mon 10/27/14	Fri 12/5/14	3	IT Security Lead
35	**Software Configuration Iterations/Sprints**	**Fri 10/24/14**	**Mon 6/22/15**		**IT Imp Lead**
36	AMISYS Environment Analyze, Configure, Test	Mon 10/27/14	Thu 11/13/14		IT App Support Lead
37	**Eligibility and Enrollment Analyze, Configure, Test**	**Tue 11/4/14**	**Tue 12/2/14**	**19**	**IT Elig Lead**
38	**Core Eligibility Processing**	**Tue 11/4/14**	**Tue 12/2/14**		**IT Elig Lead**
39	**Eligibility EDI Processing**	**Tue 11/4/14**	**Tue 12/2/14**		**IT EDI Lead**
40	Review existing and update as needed: LA-specific adaptations to HIPAA transaction	Tue 11/4/14	Tue 12/2/14		IT EDI Lead
41	Review existing and update as needed: Eligibility Supplemental Reports	Tue 11/4/14	Tue 12/2/14		IT Elig Lead
42	Remittance (State)	Fri 10/24/14	Fri 10/24/14		IT Report Analyst 4
43	**Customer Service & Call Center**	**Fri 10/24/14**	**Fri 10/24/14**		**IT Report Analyst 4**
44	Review existing configuration and update as needed: Customer Relationship Management system (CRM)	Fri 10/24/14	Fri 10/24/14		IT CRM Lead
45	Review existing configuration of IVR and update menu and auto-attendant script as needed.	Fri 10/24/14	Fri 10/24/14		IT Infrastructure Specialist 1
46	**Provider Data Management: Review existing configuration, adjust & test as needed**	**Tue 11/4/14**	**Tue 12/2/14**	**19**	**IT PDM Lead**
47	Review existing Provider FTP Site Setup for any required changes	Tue 11/4/14	Tue 11/4/14		IT Del Assur Lead
48	Review existing Core Provider Data Management setup for any changes needed	Tue 11/4/14	Tue 11/4/14		IT PDM Lead
49	Make config changes to existing Provider Registry File, Provider Site File, PCP Linkage files	Tue 11/4/14	Tue 12/2/14		IT PDM Lead
50	Test new Provider Extract file frequencies with DHH FI (moving from monthly to weekly)	Tue 11/4/14	Tue 12/2/14		IT PDM Lead
51	Test Provider Error Response from DHH FI	Tue 11/4/14	Tue 12/2/14		IT PDM Lead
52	Test new frequency of Provider Data Integration - from subcontractors (USS, Opticare)	Tue 11/4/14	Tue 12/2/14		IT PDM Lead
53	Test existing Find-A-Doc online provider directory	Tue 11/4/14	Tue 11/4/14		IT PDM Lead
54	**Medical Management**	**Tue 11/4/14**	**Tue 12/2/14**	**3**	**IT Med Mgmt Lead**
55	**Care Management Application Analyze, Configure, Test**	**Fri 11/7/14**	**Fri 12/5/14**		**IT Med Mgmt Lead**
56	Test existing Approved and Denied Auths File Feed (RFP 17.8.5) for any changes required.	Fri 11/7/14	Fri 12/5/14		IT Med Mgmt Lead
57	Determine ADT feed specifications	Mon 10/27/14	Fri 12/5/14		IT EDI Lead
58	**Predictive Modeling**	**Tue 11/4/14**	**Mon 12/15/14**		**IT Report Analyst 3**
59	Review existing Historical Claim Data Integration for any incremental changes and implement	Tue 11/4/14	Tue 12/2/14		IT Report Analyst 3
60	Submit Predictive Modeling Specs to DHH (per RFP 6.40.2)	Tue 11/4/14	Mon 12/15/14	3	IT Report Analyst 3



LOUISIANA HEALTHCARE CONNECTIONS

Figure W.1-X: Work Plan, Continued

	Task Name	Start	Finish	Predecessor	Lead Resource
61	Identify and configure any changes needed for HEDIS & Quality Measurement	Tue 11/4/14	Tue 11/4/14		IT Report Analyst 3
62	Identify and make andy changes needed for Provider Profile Reports	Tue 11/4/14	Tue 12/2/14		IT Report Analyst 3
63	**Rewards Grid (CentAccount) Analyze, Configure, Test**	**Tue 11/4/14**	**Mon 12/8/14**	**3**	**IT Report Analyst 4**
64	Configure LHCC Rewards Grid for Members	Tue 11/4/14	Mon 12/1/14		IT Report Analyst 4
65	Configure LHCC Rewards Grid for Providers	Tue 11/4/14	Mon 12/1/14		IT Report Analyst 4
66	Obtain DHH Approval on LHCC Rewards Grid	Tue 12/2/14	Mon 12/8/14	64,65	IT Report Analyst 4
67	Integrate new LHCC Rewards Grid	Tue 11/4/14	Mon 12/1/14		IT Report Analyst 4
68	Put into place any needed changes to existing interface with TSYS for CentAccount	Tue 11/4/14	Mon 12/1/14		IT Report Analyst 4
69	**Claims Processing Analyze, Configure, Test**	**Wed 11/5/14**	**Wed 12/3/14**	**20**	**IT Claim Lead**
70	Review existing EDI Claims Processing configuration and identify, configure any new changes per MCO Sys Guide	Thu 11/6/14	Thu 12/4/14	20	IT EDI Lead
71	Review existing configuration for Paper Claims Processing CDMS set/up and configure any needed changes.	Thu 11/6/14	Thu 12/4/14	20	IT EDI Lead
72	Review existing claim adjudication configuration and identify any incremental changes and configure.	Wed 11/5/14	Wed 12/3/14	20	IT Claim Lead
73	Configure Electronic Visit Verification (EVV) interface for LHCC	Thu 11/6/14	Fri 1/2/15	20	IT Claim Lead
74	**Claims Supporting Processes**	**Wed 11/5/14**	**Fri 1/2/15**	**20**	**IT Claim Lead**
75	Update Explanation of Payment per RFP requirements (Section 17)	Wed 11/5/14	Tue 12/16/14		Contract Implementation Analyst
76	Notify and Make Available to Providers on Clean Claim Requirements (RFP Section 9.5.6)	Fri 12/5/14	Fri 1/2/15	71	Contract Implementation Analyst
77	**Finance**	**Mon 10/27/14**	**Mon 11/24/14**	**3**	**IT Finance Lead**
78	Review existing Claim Payment configuration against RFP requirements (RFP Section17)	Mon 10/27/14	Mon 11/24/14		IT Finance Lead
79	Review existing Provider Capitation configuration and identify any needed changes.	Mon 10/27/14	Mon 11/24/14		IT Finance Lead
80	Review Existing Business Intelligence & Data Integration Config and implement any incremental changes needed	Mon 10/27/14	Mon 11/24/14	3	IT Report Analyst
81	**Compliance & Regulatory**	**Mon 10/27/14**	**Mon 1/5/15**	**3**	**IT Compliance Reporting**
82	**Regulatory Reporting**	**Mon 10/27/14**	**Mon 1/5/15**		**IT Compliance Reporting**
83	Review 2014 Bayou Health contract for new/changed reporting requirements	Mon 10/27/14	Fri 11/7/14		IT Compliance Reporting
84	Finalize eCQM and QRDA reporting rqts with DHH. Configure and test.	Mon 10/27/14	Mon 11/24/14		IT Compliance Reporting
85	Update reporting grid with Regulatory reports	Mon 10/27/14	Fri 11/14/14		IT Compliance Reporting
86	Identify changes to and review Compliance reports with Functional area leads	Mon 11/17/14	Mon 12/15/14	85	IT Compliance Reporting
87	Review Compliance reports with development teams	Mon 11/17/14	Mon 12/15/14	85	IT Compliance Reporting
88	Compliance with DHH reporting requirements	Tue 11/4/14	Mon 1/5/15	83	IT Compliance Reporting
89	**Encounter Processes**	**Thu 12/4/14**	**Thu 3/26/15**	**69**	**IT Encounter Lead**
90	Update existing Encounter Process informed by MCO Systems Companion Guide and Pharmacy Companion Guide	Thu 12/4/14	Wed 12/24/14	3	IT Encounter Lead

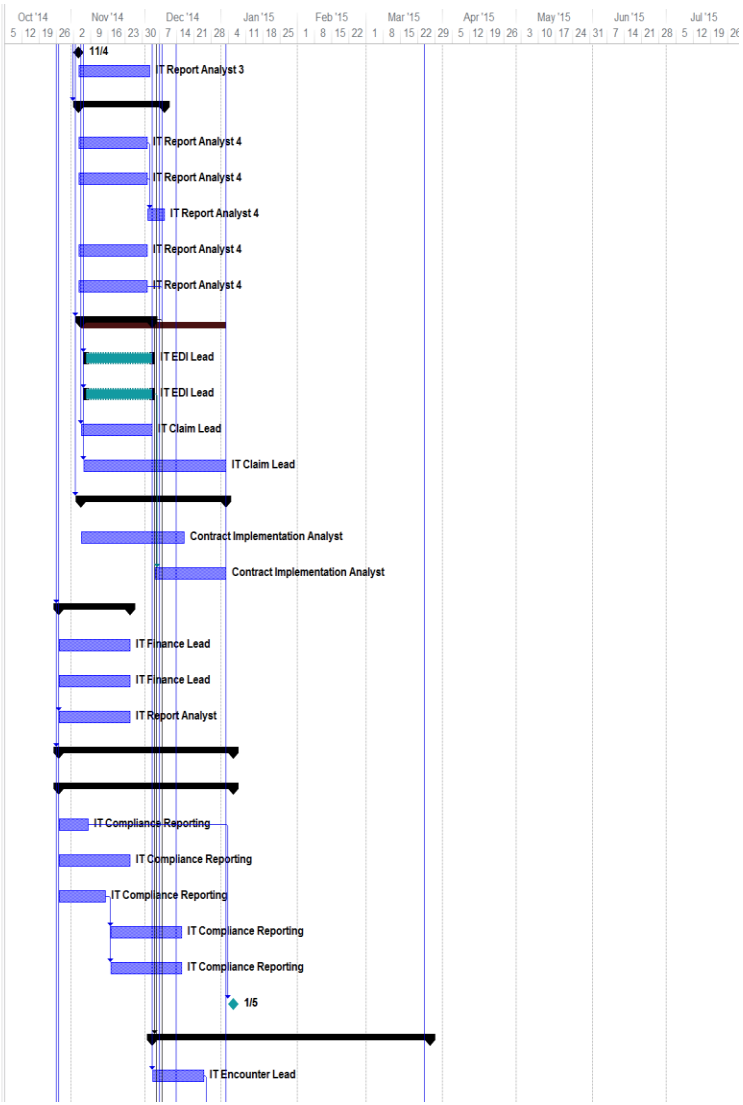


Figure W.1-X: Work Plan, Continued

	Task Name	Start	Finish	Predecessor	Lead Resource
91	Configure Encounter Data Manager for new contract requirements	Thu 12/25/14	Wed 1/14/15	90	IT Encounter Lead
92	Medical Encounter testing with DHH and DHH FI	Thu 1/15/15	Wed 2/11/15	91	IT Encounter Lead
93	Pharmacy Encounter Submission Testing with State	Thu 1/15/15	Wed 2/11/15	91	IT Encounter Lead
94	Submit Encounters to DHH's FI per requirements per RFP 17.8.4	Fri 1/2/15	Thu 3/26/15	4	IT Encounter Lead
95	Submit Encounter Authorization File per RFP 17.8.5	Fri 1/2/15	Thu 3/26/15	4	IT Encounter Lead
96	Encounters Readiness Testing	Fri 1/2/15	Thu 3/26/15	4	IT Encounter Lead
97	**Web Portal**	**Fri 10/24/14**	**Mon 6/22/15**	**3**	**IT Web Lead**
98	DHH Review of website per RFP 10.3.3	Tue 11/4/14	Mon 12/15/14	3	IT Web Lead
99	**Non-Secure Portal (Public Site)**	**Fri 10/24/14**	**Fri 11/14/14**		**IT Web Specialist**
100	Update content to announce contract award	Mon 10/27/14	Mon 10/27/14	3	IT Web Specialist
101	State Portal Review Activities - updates as appropriate	Mon 10/27/14	Fri 11/14/14	3	IT Web Specialist
102	Provider Directory updated	Fri 10/24/14	Fri 10/24/14		IT Web Specialist
103	Go-Live updates on website	Mon 10/27/14	Fri 10/31/14		IT Web Specialist
104	Secure Member Portal	Fri 10/24/14	Fri 10/24/14	3	IT Web Lead
105	**Secure Provider Portal**	**Mon 10/27/14**	**Fri 12/5/14**	**3**	**IT Web Lead**
106	Configure Practice Improvement Resource Center	Mon 10/27/14	Fri 12/5/14		IT Web Lead
107	**Mobility**	**Mon 10/27/14**	**Mon 6/22/15**	**3**	**IT Web Lead**
108	Find-A-Doc application	Mon 10/27/14	Fri 12/26/14		IT Web Lead
109	ID Cards	Mon 10/27/14	Fri 12/26/14		IT Web Lead
110	Start Smart for Baby (Mobile StartSmart)	Mon 10/27/14	Mon 1/19/15		IT Web Lead
111	Configure, test and Deploy CentAccount Mobile	Mon 10/27/14	Mon 6/22/15		IT Web Lead
112	Configure, test and LHCC Health/Wellness tools on Mobile App	Mon 10/27/14	Mon 6/22/15		IT Web Lead
113	Update Systems Documentation and Training Materials	Mon 10/27/14	Fri 1/30/15		IT Imp Lead
114	**One Time Data Loads**	**Tue 1/6/15**	**Tue 2/3/15**		**IT Imp Lead**
115	If needed: load historical claims	Tue 1/6/15	Tue 2/3/15	119	IT Imp Lead
116	If needed: load open authorizations	Tue 1/6/15	Tue 2/3/15	120	IT Imp Lead
117	If needed: load Rx Claims	Tue 1/6/15	Tue 2/3/15	120	IT Imp Lead
118	**Software Integration Testing**	**Mon 12/8/14**	**Mon 1/5/15**	**37,46,56,69**	**IT Imp Lead**
119	Member Integration test of configured changes	Mon 12/8/14	Mon 1/5/15	37	IT Imp Lead
120	Provider Integration test of configured changes	Mon 12/8/14	Mon 1/5/15	46	IT Imp Lead

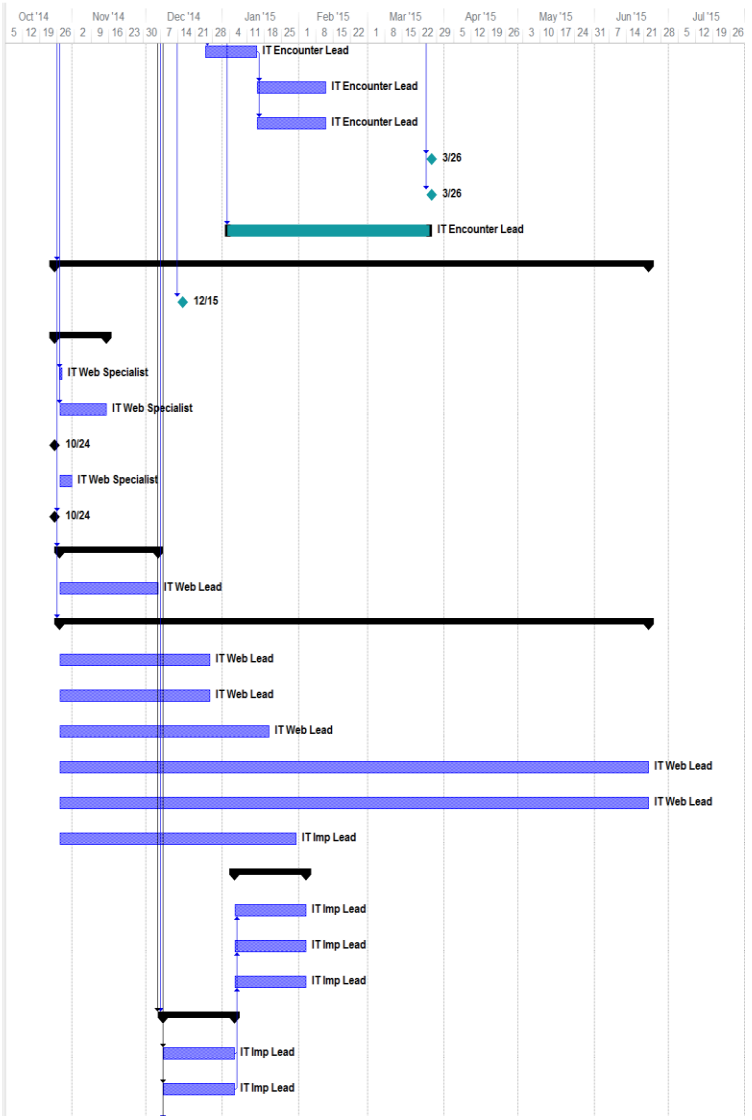
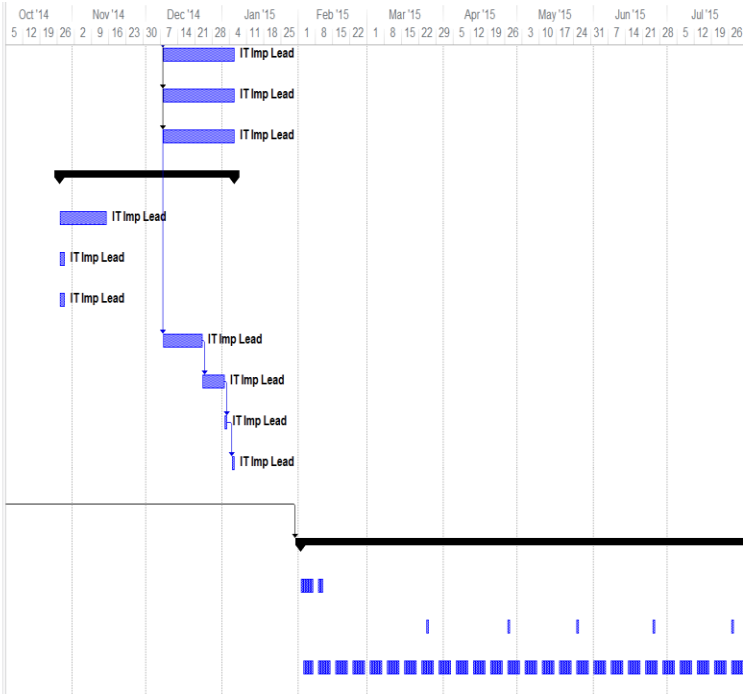


Figure W.1-X: Work Plan, Continued

	Task Name	Start	Finish	Predecessors	Lead Resource
121	Authorization Integration test of configured changes	Mon 12/8/14	Mon 1/5/15	56	IT Imp Lead
122	Claim Integration test of configured changes	Mon 12/8/14	Mon 1/5/15	69	IT Imp Lead
123	Claim Payment Integration test of configured changes	Mon 12/8/14	Mon 1/5/15	69	IT Imp Lead
124	**Readiness Review**	**Mon 10/27/14**	**Mon 1/5/15**		**IT Imp Lead**
125	Plan & Prepare Readiness review	Mon 10/27/14	Fri 11/14/14		IT Imp Lead
126	Coordinate Functional Area requirements for Readiness Review	Mon 10/27/14	Tue 10/28/14		IT Imp Lead
127	Meet with Functional Areas to review Readiness Review details	Mon 10/27/14	Tue 10/28/14		IT Imp Lead
128	Preparation for Readiness Review	Mon 12/8/14	Tue 12/23/14	3,37,46,56,68	IT Imp Lead
129	Readiness Review Complete (includes desk and onsite)	Wed 12/24/14	Thu 1/1/15	128	IT Imp Lead
130	Document and compile follow up items from Review	Fri 1/2/15	Fri 1/2/15	129	IT Imp Lead
131	Coordinate completion of follow items	Mon 1/5/15	Mon 1/5/15	130	IT Imp Lead
132	Go Live	Sat 2/1/14	Sat 2/1/14		IT Imp Lead
133	**Ongoing Operations**	**Mon 2/2/15**	**Fri 1/26/18**	**132**	
134	**Daily IT Status Meeting**	**Mon 2/2/15**	**Tue 2/10/15**		**IT Imp Lead**
145	**Monthly IT Operations Status Meeting**	**Wed 3/25/15**	**Thu 1/25/18**		**IT Liason**
181	**Daily Claims Status Round-up**	**Tue 2/3/15**	**Fri 1/26/18**		**Claims Team**



W.2 Describe results of capability and capacity assessments performed of current systems to ensure they meet or exceed contract requirements. Describe upgrades or enhancements to existing systems needed to meet or exceed contract requirements. Additionally, if no upgrades are anticipated for this project, describe what and when major system changes/enhancements were last made.

Current Systems with Capability and Capacity

Louisiana Healthcare Connections (LHCC) will continue to use an enterprise Management Information System (MIS) provided to us by our parent company, Centene Corporation (Centene). Our MIS has met all Bayou Health capacity and capability needs for DHH since we began operations in February of 2012, and today, our MIS dependably supports DHH, DHH's Fiscal Intermediary (FI) and Enrollment Broker (EB), over 200full-time LHCC employees, approximately 149,000 LHCC members, and a current provider network of 169 hospitals, 2,406 PCPs, and 8,339 specialists. From 2008 through mid-year 2014, Centene has experienced an average annual growth rate of 19% per year in membership, and an increase of 25% average annual growth in membership per year over the past 2.5 years (2012 through mid year 2014), with *no negative impact* on MIS response times or storage and processing performance.

We have reviewed the RFP and its Appendices, Addenda, and related Library documents, including (and in particular) Sections 10 and 12 (for website requirements); 16 and 17 (for system and claims management, respectively); the BAYOU HEALTH Medicaid Managed Care Organizations System Companion Guide Version 1.0 (MCO Companion Guide), and the LAMMIS Batch Pharmacy Companion Guide Version 1.6 (for encounter reporting and new DHH file exchange requirements).

Meeting and Exceeding Capability and Capacity Needs. We will meet or exceed contract requirements for this RFP by:

- Implementing enhancements to meet or exceed requirements through our proven best practices approach to change management
- Maintaining a scalable MIS architecture to assure easy growth in capacity
- Ensuring regular capacity and capability assessments through structured, yet efficient organizational processes.

Enhancements

Capacity: Ready for 2015. After our Capacity Management Team (CMT—see discussion further in this section) assessed the existing capacity of our MIS as it operates today for LHCC, we found that we have enough capacity in place to serve the anticipated volumes resulting from this RFP. Please see the discussion below for more details on our continual, ongoing capacity assessment and system refresh processes.

Capabilities: Meeting DHH's Needs. Per the MCO Companion Guide, as well as Section 16.9.1, we have identified changes in submission frequency for three existing files we send to DHH's FI currently; the *Provider Registry File*, the *Provider Site File*, and the *Primary Care Provider Linkage File*. We currently submit all three files on a monthly basis for our existing Bayou Health contract, and we can easily increase this frequency to weekly submission since the requisite data underlying these reports is updated every 24 hours.

In addition, per Section 17.8.5 and Addendum 8 (Questions 369 and 370), we will submit the prior authorization request file. In fact, as of 8/1/2014 we submitted the prior authorization request file referenced in Section 17.8.5 to DHH's FI, per the DHH memorandum dated 5/21/2014, titled "Prior Authorizations and Denials." We have experienced no issues in our submission of this new file, and there is no need for any additional changes to our MIS to satisfy this requirement.

We will also be able to accommodate new requirements related to remittance advice detail reporting, as required in Section 17.4 (our MIS already produces this level of detail for LHCC affiliates, and we already store the requisite data).

All of the above file related changes are technically not "enhancements," but are configuration changes. Nonetheless, we subject all changes (including configuration changes) to our standard Agile based Software Development Lifecycle (SDLC) regimen. Agile is an industry best practice discipline that incorporates a collaborative, iterative approach for consistently successful change implementations. Please see Section W.4 for more information and a flow chart of our change management process.

Exceeding Requirements with New Member Engagement Technologies. We will *exceed* RFP capability requirements for new internet website and mobile applications for members through the introduction of several new capabilities, all currently well into development:

Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.

- We are building new bi-directional communication capabilities into our web-based Member and Provider Portals, including enhanced web and mobile device screen-sharing for user support (which allows our Customer Service Representatives [CSRs] to assist our web users online with the user's permission), and "Click-to-Call" support (which allows members and providers to click, enter a phone number, and get an immediate call back from our CSR). Please see Section T.3 for details.
- We are introducing new levels of automation in our enrollment and eligibility data processing through our Unified Member View (UMV) enhancement. Through the use of advanced matching heuristics, UMV will further automate the linkage of member records across multiple eligibility spans and LHCC programs, and will use advanced real time residential, contact, and identity verification services from SmartyStreets (certified by the US Postal System) and Lexis/Nexis. Please see Section W.1 for more information.

Recent Enhancements. Over the past year, we have made a number of enhancements to our MIS, none of which we made to meet a contractual requirement, but all of which we implemented to improve service. Three of the more significant enhancements are described below.

Document Processing Automation for Authorization Requests. We recently configured our Centene Document Management System (CDMS) to further automate the receipt and processing of authorization request forms that are faxed to us by our providers. Although we offer providers the option of entering authorization requests online via our secure web-based Provider Portal, we still support providers who prefer to download our PDF fillable prior authorization request forms and fax them to LHCC. CDMS is our automated content management system that is expressly designed to efficiently manage inbound and outbound paper and fax document traffic to/from LHCC. CDMS's integrated architecture incorporates a full featured, secure inbound/outbound fax communications system with enterprise level document scanning, Optical Character Recognition (OCR), indexing, and routing workflow capabilities to streamline and automate the capture and processing of paper-based documents. Our providers can now fax completed authorization requests to CDMS, which then converts the faxed image to data and builds the authorization request directly into TruCare, our clinical Case Management and Utilization Management system. Our CDMS-based enhancement allows us to efficiently support quicker turnaround time on provider authorization requests, and has been well received by our provider community.

AMISYS Advance System Upgrade. In 2013, we smoothly implemented a significant upgrade of our AMISYS Advance (AMISYS) claims processing system. This upgrade enabled full ICD-10 processing support in preparation for the 10/1/2015 ICD-10 compliance date. The upgrade also significantly enhanced our ability to implement fee schedule changes, which allowed us to implement DHH changes in the quickest possible timeframe and maintain full auditability and integrity for all changes and change history. Our AMISYS upgrade also made our benefit plan configuration process more efficient by allowing us to leverage prior benefit plans to a greater extent when implementing incrementally new benefit plans (a key consideration, should we be selected to serve Bayou Health again for 2015).

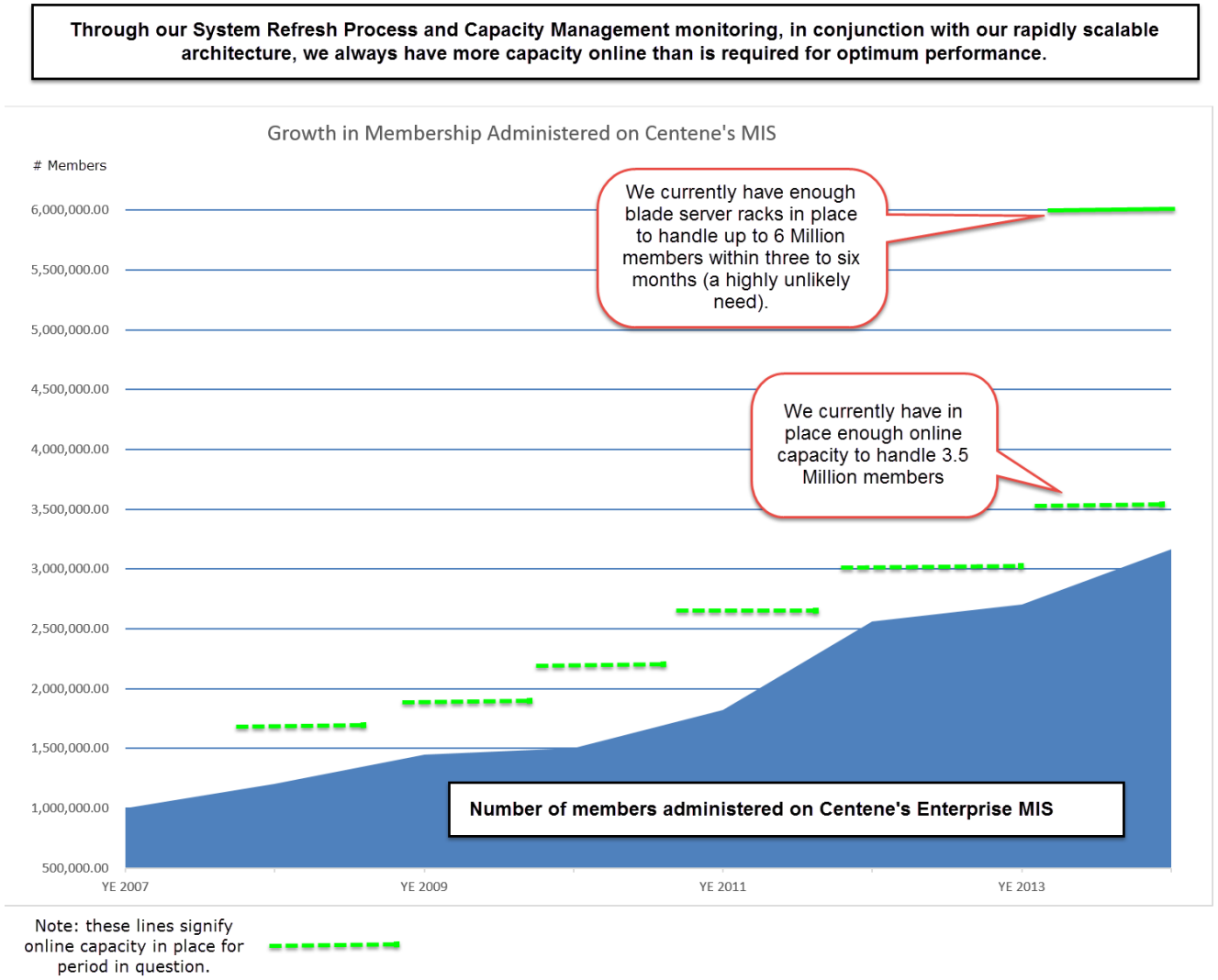
Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.

Scalable Architecture to Meet Capacity and Capability Demands on an Ongoing Basis

Our MIS is engineered for hardware, software, and communications *scalability* for granular, low risk, and rapid capacity enhancement, without onerous development or changes in our overall information technology (IT) architecture. We incorporate scalability in our MIS architecture through the careful deployment of proven technologies, such as automated systems capacity measurement; virtualization; extensive use of rack mounted, CPU blade technology; storage area networks (SAN); server clustering; and hardware and software redundancy (including the use of redundantly sourced communication services from multiple vendors). This means that although Centene's MIS currently serve 3.1 million members (including LHCC's membership), we have the MIS capacity in place *now* to serve over 3.5 million members today, and still maintain our current performance. We have enough capacity in place today to serve the 40% of Louisiana Medicaid "upper limit" (RFP Sections 11.3.3.4 and 11.9.9.4, and Addendum 8, question 160).

Furthermore, we have enough rack space configured today to accommodate the addition of enough CPU blade servers (that could handle up to 6 million members) without any degradation in processing performance, without any additional datacenter footprint needs, and without any additional software licensing agreements or software instance operations. This means that, if we needed to, we could accommodate up to 6 million members within 90 calendar days. Please see ***Figure W.2-A: Capacity Trend*** for a graphical depiction of the growth in membership supported on our MIS, and our ability to smoothly maintain more than enough computing capacity in place.

Figure W.2-A: Capacity Trend



Continual Capacity Monitoring. We use a coordinated set of system monitoring tools to constantly monitor CPU load, storage capacity, bandwidth utilization, and application and web responsiveness. We use CA Technologies' industry leading MIS capacity measurement suite of tools to automatically capture system performance and capacity data, maintain a repository of that data for trending, analyze the data to accurately determine existing capacity, and equip our IT Management with an online capacity dashboard for real time monitoring. We also use CA Technologies' Wily's Introscope (Introscope) performance monitoring software to continually monitor our web application servers and web response time, and we use the Hewlett Packard OpenView Operations® system to automatically monitor overall MIS performance every two seconds.

An Iterative Capability and Capacity Assessment Process

We ensure the alignment of IT capability with business need through the *Centene Architectural Review Team* (CART) process. CART, which is our IT architecture governance body, includes subject matter experts and management from each IT discipline (database, network, security, server platforms, etc.). CART is responsible for the review of new, existing, and evolving technologies for incorporation into our MIS environment to ensure strict adherence to accepted design principles, security best practices, and overall alignment of technology with business needs (including LHCC). Please refer ***to Figure W.2-A Centene Architectural Review Team (CART) (W.2-B)*** for the following discussion, which illustrates the overall process by which we continually surface, vet, align, and deploy new and/or enhanced IT capabilities to meet business requirements.

- Item **A** connotes the formal identification, documentation, and presentation to CART of new capability or capacity needs from either LHCC (or its affiliated health plans) themselves, one of our Centene corporate business units (e.g., claims operations), or the IT department through our regular and systematic monitoring of processing performance. Please note that not all MIS changes need to go through the CART process; only MIS changes with an impact on our overall architecture (including capacity needs) are managed through CART. All software changes and implementation projects go through our Change Review Board (CRB—see Section W.4), and if the CRB determines the need for review, a specific Change Request or project is sent by the CRB to CART.
- Item **B** represents our strategic IT plans (including our Systems Refresh Plan) at any point, and in the CART process, we ensure on an ongoing basis that our Systems Refresh Plan will support the capability or capacity need in **A**, or if additional capability or capacity is needed.
- Item **C** represents the review by the CART team of planned capability and/or capacity enhancements. As a result of CART review, an appropriate design team is assembled, depending on the expertise required, to develop detailed business and technical design specifications (item **D**), including capacity assessments of Central Processing Unit (CPU) power, online disk, data communications bandwidth, etc.
- After the design team in **D** completes and documents the design for the capability or capacity upgrade, the CART board ensures that our IT standards and compliance needs will be met. CART and the design team then prepare a summary of the design and supporting business decision, which is tabled with Centene's CIO and appropriate business directors and local health plan management (including LHCC) (**E**). Note that in item **D**, CART may update our IT Strategic Plan (**B**), depending on the nature of the approved project in **E** that is approved by our CIO and business stakeholders for deployment (**F**).

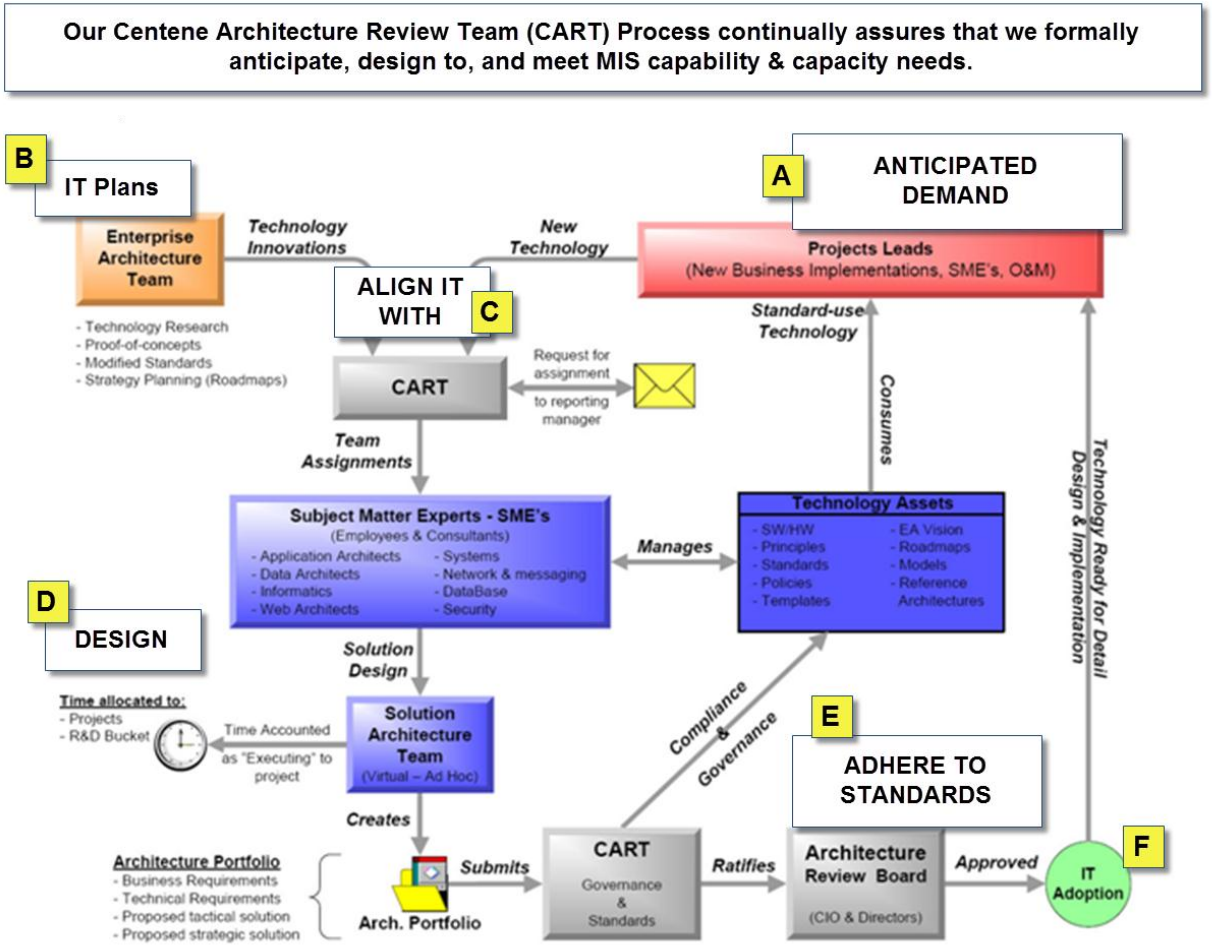
Through the above process, CART also ensures that our capability and capacity assessments and needs are:

- Compliant with state and federal regulations and guidelines, industry standards, and best practices for systems or functions required to support contract requirements
- Compatibile with current DHH requirements (as listed in 16.3.11.1-3) regarding desktop workstation hardware/software, network, and back-up capabilities
- Able to support real-time connectivity and interoperate, as needed. For example, with DHH, DHH's Fiscal Intermediary (FI), its Enrollment Broker (EB), and trading partners' systems
- Can generate metrics necessary to support reporting, quality assurance, and/or continuous improvement initiatives.

Updates to Centene's annual Systems Refresh Plan comprise yet another output of the CART process, as CART team members must account for the future routine assessment of new MIS componentry to determine not only if modifications, upgrades, and /or replacements is necessary, but to ensure that systems components remain formally supported by the original equipment manufacturer (OEM) or authorized vendor. We will provide DHH with a copy of our annual Systems Refresh Plan within 30 days after Contract execution (if awarded), annually thereafter, and prior to implementation of any revisions.

Information System Capability Assessment. In addition to CART, our IT Security staff perform Information System Capability Assessments (ISCAs) to assess the capabilities and performace of existing Centene health plans (including LHCC) according to ISCA guidelines. Our IT Security staff prepared and submitted a formal DHH-supplied ISCA to DHH subsequent to our initial Bayou Health contract award in 2011, and will do the same—upon DHH request—within 30 days of current contract award.

Figure W.2-A Centene Architectural Review Team (CART)



A Capacity Management Approach Supported by Technology

Working in alignment with CART, Centene's IT System Services Team (SST) has implemented a thorough Capacity Management Architecture (CMA) with supporting processes and software tools (discussed above) to monitor and report on system metrics (e.g., CPU load, memory usage, disk input/output [I/O], network bandwidth, and transaction times) crucial to maintaining satisfactory system performance and service levels. Within our System Services Team, we have a dedicated Capacity Solutions Team (CST) comprised of a Capacity Planner supported by a virtual team of system engineers expert in the design and performance of their respective system environments (e.g., UNIX, Windows, Citrix, Messaging, VoIP Networking/Telecom, etc.).

CST members are responsible for ensuring that IT resources are planned and scheduled in a manner that ensures a consistent level of service in agreement with current and future business need. In keeping with Information Technology Infrastructure Library (ITIL) best practices, CST members, in conjunction with out Network Operations Center (NOC) staff, continually evaluate our capacity "profile" from three perspectives, which are described below.

Business Capacity Management. At this level, CST staff translate business needs and plans regarding new or contract renewal business into requirements for our service and IT infrastructure, and use existing data on current resource utilization and anticipated membership to trend, forecast, and/or model *future capacity requirements*. Our Capacity Management Information System (CMIS) automatically loads and normalizes utilization data from targeted system environments into a suite of capacity management tools (the CA® Technologies suite mentioned above) that support impact assessment at not only the component level, but in terms of the cumulative impact of one component (e.g., AMISYS Advance) on another (e.g., TruCare). Other deliverables include:

- A **Monthly Capacity Report** (for CST review) that compares current utilization of our key production systems (claims, member and provider services, Care Management, etc.) with our 12-month historical trend to identify projected capacity deficiencies (versus established thresholds), or foreseeable needs that would alert us to schedule implementation of additional capacity accordingly
- A **Quarterly Capacity Report** that compares current systems capacity to anticipated growth for the coming quarter,
- An **Annual Capacity Report** review, that forecasts "expected organic growth" for the coming year on a quarter-by-quarter basis. The Annual Capacity Report is a key input to Centene's Annual Capacity Plan which, in turn, informs our Annual Operating Plan, whereby executive leadership budgets IT funds for the coming year.

In addition, the CST supports Centene's IT Governance process by assisting the CRB and CART in the ongoing alignment of MIS capacity with any anticipated long-term need identified through our one, three, and five-year strategic planning processes. Preparations for the current 2014 Bayou Health RFP, for example, began well in advance of the RFP's release; some tasks, such as development of the initial project plan and resource allocation, were initiated six months ago. We anticipate full compliance with MIS requirements by the Readiness Review and go-live dates specified by DHH.

Service Capacity Management. Network Operations Center (NOC) team members at Centene's Corporate Data Centers in St. Lous, MO, focus on the managment, control, and forecasting of the *end-to-end* performance and capacity of our live, operational MIS services usage and workloads, and ensure that the performance of all services, as detailed in service targets within LHCC's Service Level Agreement (SLA), is monitored and measured; the collected data recorded, analyzed, and reported; and variances proactively addressed wherever possible. NOC staff monitor all production systems and remote offices

24/7/365 for service availability, system performance, and capacity utilization, seeing to it that critical systems functions, data exchange functions, and "other" systems functions meet or exceed SLAs.

Component Capacity Management. Here, NOC team members focus on the performance, utilization, and capacity of our *individual* MIS components, and employ an ITIL-based Incident Management Process enabled by industry-leading incident management and system monitoring tools, including Neotys' NeoLoad and Hewlett-Packard's LoadRunner, to monitor business-critical applications via fault-tolerant interfaces (the latter providing for uninterrupted surveillance of monitored nodes). Strategically placed probes that emulate client access to business-critical applications provide metrics that assist in the prediction, isolation, and diagnosis of application events, and provide data that aids in capacity planning, performance measurement, and service level reporting activities. Similarly, we use automated probes to monitor web application servers and network performance and utilization of the connections to our corporate datacenters, which inform our web capacity planning on an ongoing basis.

Service Support & Business Continuity Exercises Inform Capability/Capacity Design.

Support for Front Line Users. Yet another key "input" to our ongoing capability and capacity assessment process is our Systems Help Desk (Help Desk). Centene's technical Help Desk, located at Centene's Corporate Headquarters in St. Louis, MO, currently provides 24/7 technical support to Centene and LHCC staff. Help Desk staff are available Monday-Friday between the hours of 6:00 a.m. and 11:30 p.m. Central Standard Time, via local and toll-free telephone service, e-mail, and (internally) 5-digit extension, and on-call staff provide after-hours coverage, including weekends and holidays.

Our ServiceNow integrated helpdesk and change management tracking system affords Help Desk staff an automated means to record, track, and report on all questions and/or problems reported via the Help Desk, which often informs potential new capability needs or enhancements. We also regularly review Help Desk issues and trending user requests to identify potential MIS upgrade needs.

W.3 Describe how your organization will ensure that the availability of its systems will, at a minimum, be equal to the standards set forth in the RFP. Your description should encompass information and telecommunications systems architecture; business continuity/disaster recovery strategies; availability and/or recovery time objectives by major systems; and continuous testing of all applicable system functions.

Enterprise Systems Supporting Bayou Health with High Availability

Louisiana Healthcare Connections (LHCC) uses an integrated MIS provided by our parent company, Centene Corporation (Centene). Centene engineers the hardware, software, communications, and processes in our MIS to ensure that our applications are available for our internal staff, providers, members, and state partners, such as DHH, with the least possible disruption. We maintain and continually enhance the availability of our MIS related capabilities through the design of the hardware, software, and networking components of our MIS architecture.

We have reviewed all availability requirements in Section 16 of the RFP, and in particular Sections 16.10, 16.11, and 16.12, and continue to have the capacity and capability to ensure we are meeting the defined needs of DHH. This includes guaranteed uptime for critical systems, strategically planned downtime, fail-safe backup disaster recovery and business continuity procedures, ongoing comprehensive system testing, and notifying DHH of unscheduled outages.

Ensuring Availability with Technology, Processes, and Organization. We deliver highly available, continuous service through a coordinated blend of:

- **Information and Telecommunications Architecture** designed from the ground up with redundant hardware, software, and network components, which enables our systems to continue operating in the face of any number of individual component disruptions or workload surges.
- **Best Practices Approach to Service Desk, Change Management, and Automated Systems Monitoring,** which allows us to quickly become aware of—and address—any disruptions or emerging operational issues while introducing new functions and capacity in a carefully controlled, consistent, and auditable manner.
- **Planning and Regular Testing for Business Continuity/Disaster Recovery,** along with a strong local operating presence in Louisiana, enables us to continually assess our readiness to handle any reasonably anticipated disruptive events, from hardware failures to hurricanes, and ensure through testing that we can continue operations and recover systems well within DHH requirements. We have had no major outages in our operating history in Louisiana.

Information and Telecommunications Architecture

Service Oriented Architecture Supported by State-of-the-Art Datacenters. Our highly available Service Oriented Architecture (SOA) design is supported by our two enterprise datacenters that securely house all of LHCC's core applications and data. Our newest datacenter, located in O'Fallon, MO, went live in January 2012 and is a testament to our investment in IT capacity and security. Both of our facilities employ redundant environmental, power, and networking systems, and "hot site" backup capability. Both datacenters are highly scalable, and can easily accommodate the workload of the other. For example, our newest datacenter has capacity for over 167 IT racks, and 6,000 square feet of datacenter floor.

A Reliable Infrastructure. Today, our two enterprise datacenters serve as mutual backups in the event of a large-scale disaster. Each datacenter has the capacity to assume operation of business-critical production systems in the event the other is rendered inoperable. If a site-disabling event occurs at either facility, the alternate datacenter can *instantly* assume critical voice network operations, and resume critical business systems (e.g., enrollment, eligibility, care management, claims, websites) within 36 hours, well within DHH's requirement of 72 hours. Both facilities are hardened to withstand natural disasters, for example,

our new datacenter has a seismic importance factor of 1.5 (fully operational following an earthquake), and is rated to withstand winds up to 165 MPH. Further, our telecommunications architecture is engineered so that mission-critical phone communications remain available at all local sites.

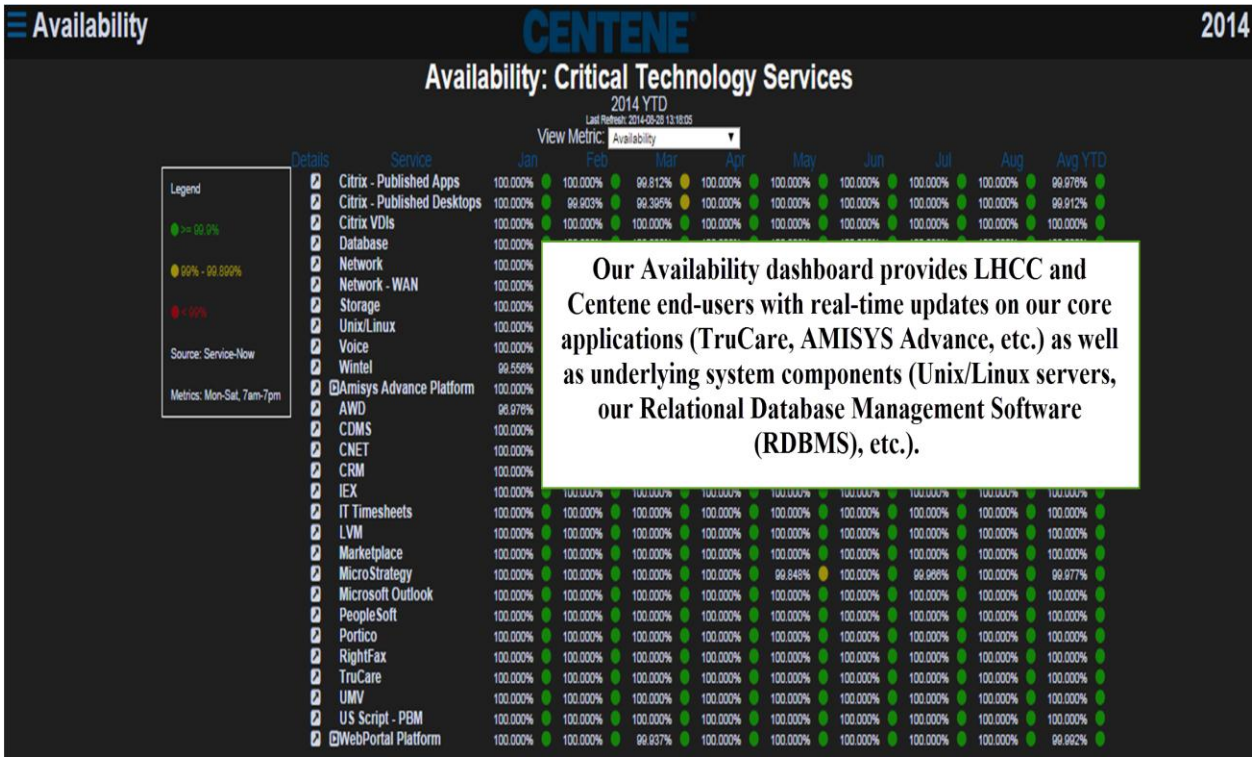
Although we've never had to invoke such measures in our time serving Louisiana, in the event of an emergency localized at the LHCC office, Centene datacenters, or Centene offices, we have tested protocols in place to manage these events. LHCC management is responsible for notifying DHH of any event that affects our ability to serve our members, providers, and the state and, should the occasion arise, notify within the timeframes required by DHH. Thanks to the automated system monitoring controls we have in place, we are able to notify DHH via phone, fax, or email well within 60 minutes of any issue inside or outside of our control that affects the availability of an application or system with a detailed explanation of the impact on critical processes. Should an issue occur during business hours that affects online access to critical systems or report distribution, LHCC will notify DHH within 15 minutes with a detailed plan to continue operations. We also provide DHH with contact information for all of our key personnel, both at LHCC local offices and Centene Corporate, so that DHH is able to reach out to LHCC in the event of a large-scale emergency.

Hardware Architecture Engineered for Availability. Our MIS architecture is based on these principle design points:

- ***High Availability*** is achieved through effective risk mitigation strategies, and by maintaining extensive redundancy in our entire computing infrastructure and network features. For example, our use of virtualization provides an optimal solution to deploy and manage applications in a highly available manner, while also maximizing application availability and integrity.
- ***Industry Standard & Best In Class Solutions,*** including widely supported and open *Operating Systems (*e.g., Windows, Linux, HP-UX)*; Virtualization Platforms* (VMWare VSphere, Citrix XenServer and XenApp); *Application Software* (e.g. AMISYS Advance [claims processing], Member Relationship Management [MRM] and Provider Relationship Management [PRM] member and provider service and data management systems, and TruCare [care and utilization management], etc.); and *Hardware Components* from established suppliers such as Cisco, Hewlett-Packard, and Avaya. Our use of blade servers, virtualization, clustering, Storage Area Network (SAN) technology, and hardware redundancy affords us the availability and performance to power the three broad tiers of our systems architecture: presentation, application, and data storage.
- ***Scalability & Flexibility*** is achieved as we maintain agility in our MIS, allowing for quick changes based on business imperatives. From a hardware perspective, we realize these principles through a virtualized "computing utility" approach; the ability to expand the capacity of our operations without affecting the availability of current business operations, and deliver computing power and reliable data storage any time, to any application.
- ***Monitoring & Service*** that allows us to maintain high availability by systematically and continuously monitoring our environment to anticipate problems and address situations before there are issues.

Our adherence to the above principles continues to lead to solid performance results. The screenshot below, ***Figure W.3-A System Availability Report***, is a look into our new Availability Dashboard that is accessible to LHCC and Centene employees. The Dashboard displays overall application and system availability, and average response times in real time.

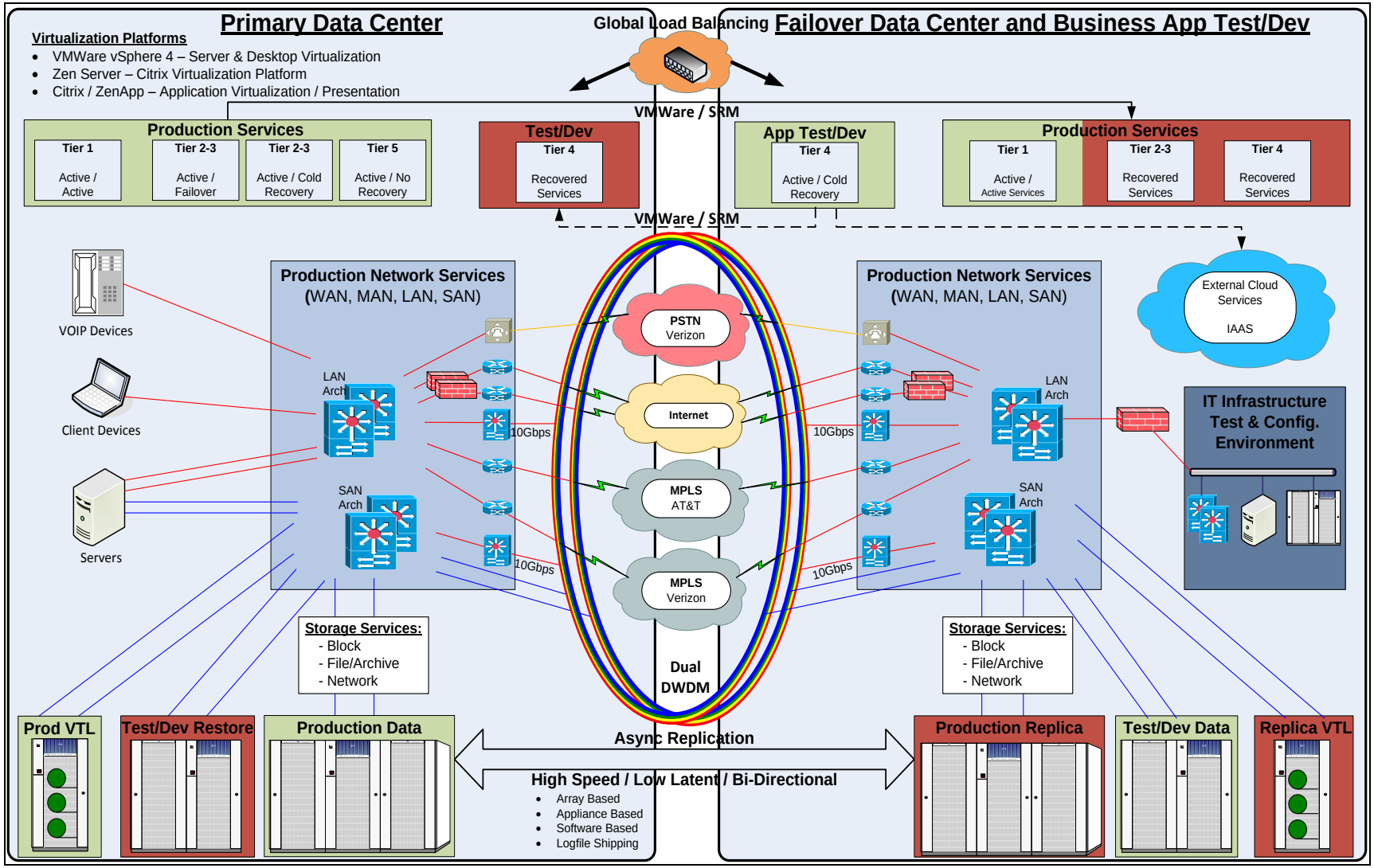
Figure W.3-A System Availability Report



Server Architecture—Delivering the Right Processing Power. We use proven industry standard hardware components for our core processing systems, and to deliver the necessary computing power to all LHCC locations and applications. These components are used in each layer of our architecture, described below, in the following categories; ***Database Layer, Business System Layer, Presentation Layer, Network Layer, and Telecommunications Layer*.**

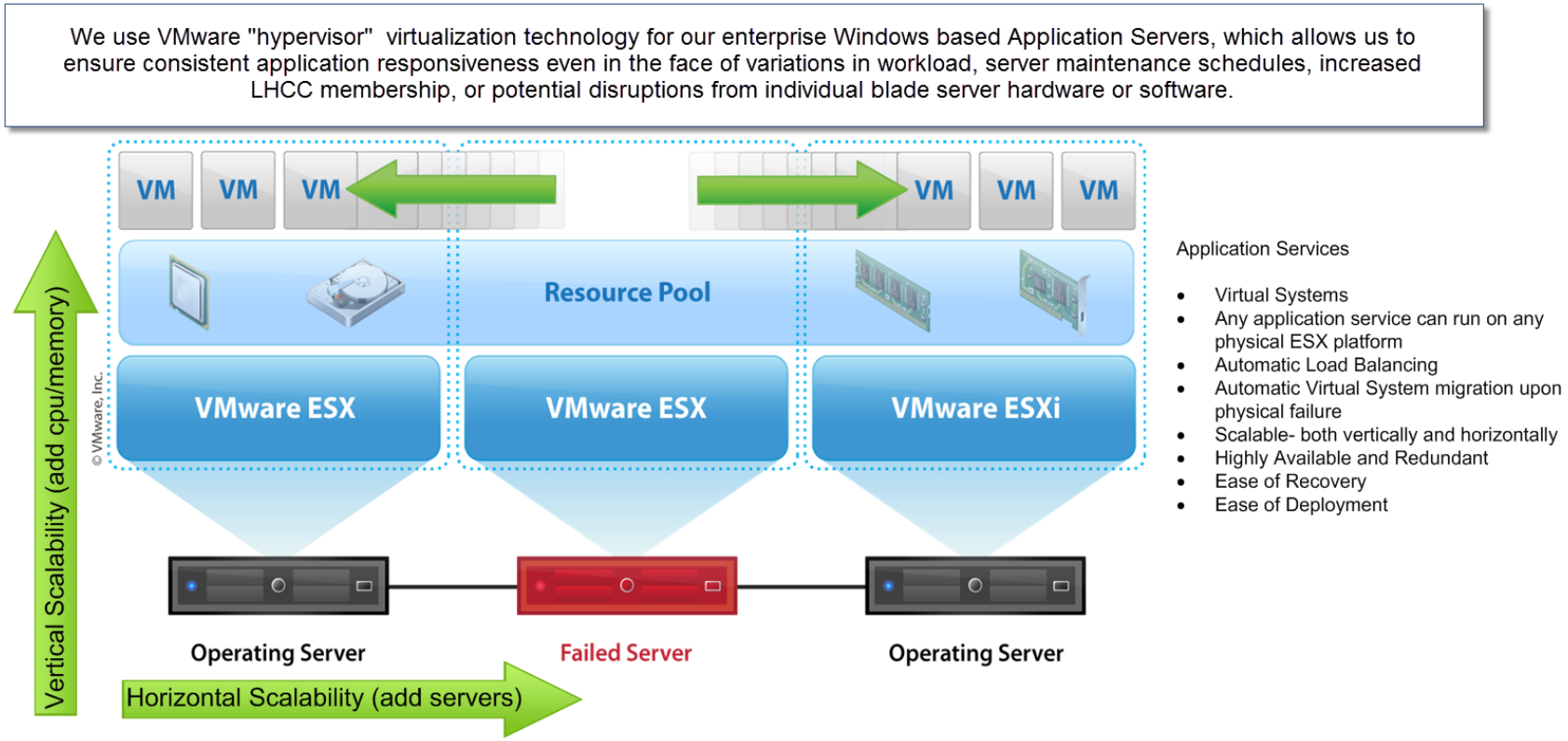
Database Layer*.** We house LHCC Health demographic, clinical, and administrative data on a high performance Storage Area Network (SAN), which is supported by multiple RAID 6 configured NetApp Storage Arrays for rapid data access by Centelligence™ via our SOA. Centelligence™ is our award winning data warehousing and analytics platform that integrates operational and clinical data in our Enterprise Data Warehouse (EDW), housed on a Teradata® Extreme Data Appliance. ***Figure W.3-B Data Storage Architecture depicts the redundancy in hardware, software, communications, and datacenters, enabling the highest degree of availability for LHCC and its users.

Figure W.3-B Data Storage Architecture



Business System Layer—Engineering Performance and Availability in Servers and Storage*.** Our UNIX applications run on clustered servers, each with 16 CPUs and 128 GB of memory. Application servers operate as a cluster using Veritas technology, and are configured to provide a scalable, redundant computing array for our claims platform. Database servers use Oracle 11g Real Application Clustering on blade servers. Windows applications run on blade servers operating in VMware virtualized environments to support our claims and clinical systems. Each of these clustered solutions is designed to grow in capacity either vertically (adding more CPUs and Memory) or horizontally (adding additional server nodes) to meet our processing needs. Clustering technologies allow us to deliver presentation, application, database, and networking services across a group of server nodes that are configured so that any one of the nodes can provide appropriate end-user access. In the event that one of the nodes is lost, the surviving nodes pick up the workload and avert a prolonged outage. With the use of VMware's Server Virtualization Infrastructure and High Availability Services, we deliver a fully redundant server farm capable of running a number of different application services. See ***Figure W.3-C Server Virtualization.

Figure W.3-C Server Virtualization



Presentation Layer (User Desktop). Citrix technology provides virtual desktop and remote access. All LHCC applications are run centrally at our two datacenters, and our virtual standardized desktops connect to centralized data via a Wide Area Network (WAN). Virtual desktops run Windows 7 with Citrix XenApp 6.5 for thin clients. For our secure, web-based Member and Provider Portals, we use JBOSS portal platforms operating on Red Hat Enterprise Linux for maximum interoperability. Centene has been formally acknowledged by Citrix as an innovative leader for our rapid deployment of virtual desktops.

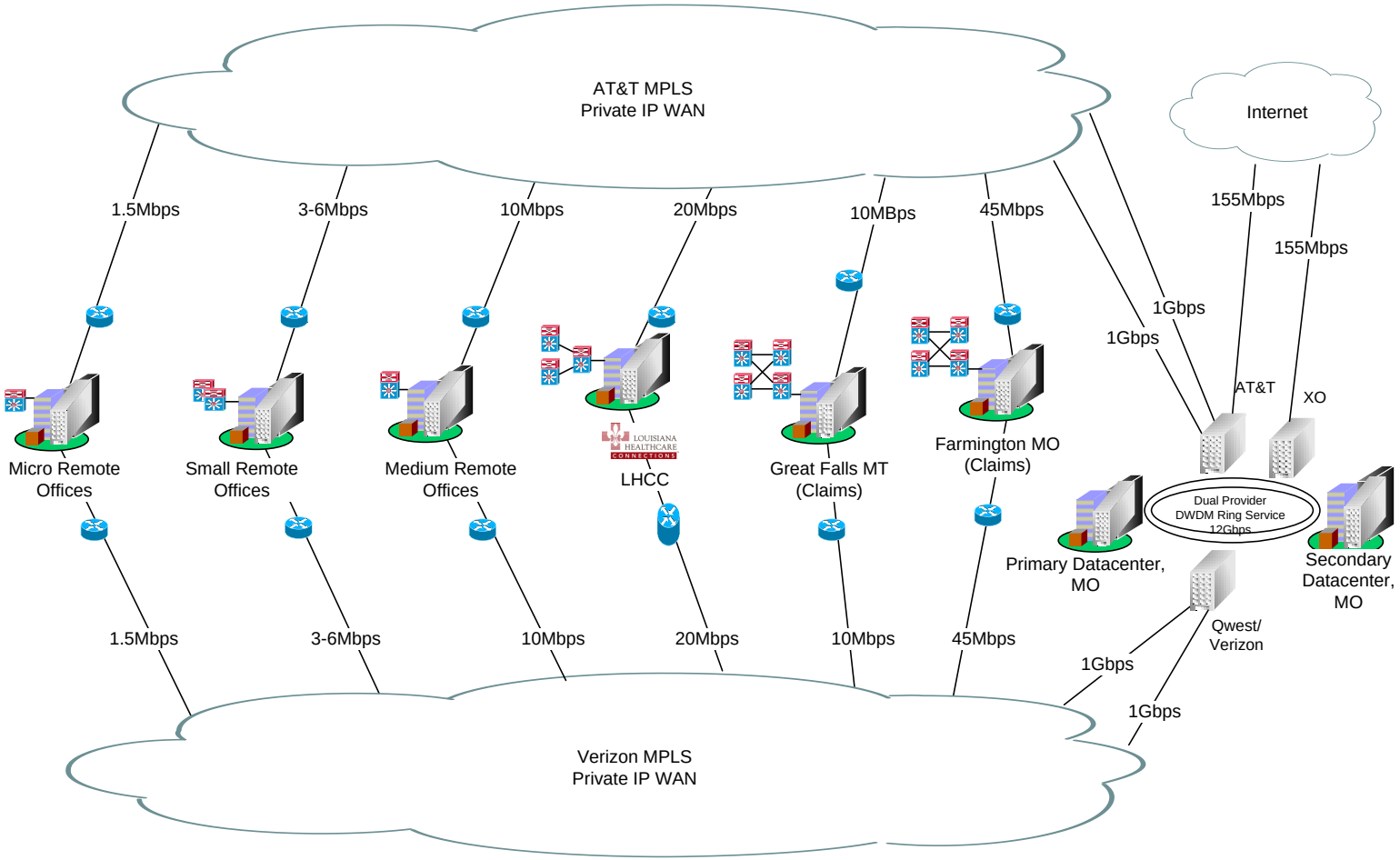
Our virtual desktop approach, also known as a "thin client," allows our standardized PCs to do what they do best; present an engaging, intuitive, and responsive interface to the user, and enterprise servers to do what *they* do best; house our high transaction, critical business applications and data in a safe and reliable computing environment. Listed below are the main reasons we have deployed our thin client approach:

- ***Data Integrity*—**Because LHCC's core applications and operational data (including our members' Protected Health Information [PHI]) is housed in our central datacenter, LHCC benefits from optimal availability due to our data integrity controls, back-up capabilities, audit trails, and help desk support.
- ***Business Continuity***—Since the data is centralized, LHCC's data is safe in the event of any local site-disabling events in Louisiana, and LHCC operations can continue from any other location throughout our enterprise.
- ***Confidentiality***—Thin clients support more secure operations because our security controls can be managed and monitored uniformly and from a central location.
- ***Centralized application control***—It is much easier, quicker, and less complex (and therefore much less risky) for our Information Technology staff to make any required changes and upgrades to our applications (including capacity upgrades). We can respond quickly, and in an operationally non-disruptive manner to meet DHH business requirements while maintaining availability.
- ***Protection from viruses***—We eliminate the exposure to any Windows virus or malware impacting operational data, such as member, provider, claims, Case Management, and other business-critical information.
- ***Efficient workstations***—LHCC employees are able to access their virtual desktop (including any applications they are authorized to access) on any secured capable device, such as a traditional personal computer, thin client hardware, or LHCC issued mobile device.

Network Layer—An Open Standards, Secure, and Highly Available Network Infrastructure. All LHCC staff connect to our applications via our WAN; a secured, private Multiprotocol Layer Switching (MPLS) network, which uses multiple vendor suppliers to ensure continuous network availability. Internet access is provided through two 200 Mbps circuits with redundant firewalls. Intrusion Detection Systems (IDS) are located throughout our network, and prevent inappropriate access or exploit by known exposures, such as the HeartBleed vulnerability widely reported in the media earlier this year (2014).

Remote access to our internal network is via a Virtual Private Network (VPN) that uses Cisco's VPN 3000 Concentrator, and through encrypted sessions that use Citrix NetScaler Access Delivery Controllers. ***See Figure 3.4- Centene WAN for a diagram***. We have a redundant primary and secondary WAN infrastructure in place to compensate for fluctuations in network capacity and/or stability. All office locations are networked independently so that high-utilization in one location will not impact system performance in another. In the event that an office loses its primary connection with our datacenters, alternate route paths are available for redirecting traffic on the secondary network. In addition, all network equipment used for primary and secondary service delivery is designed for high-availability using redundant component configurations.

Figure W.3-D Centene Wide Area Network



Local Area Network. We use standard Local Area Network (LAN) configurations with 100 Mbps T100 Network Interface Cards and Cat5 dual port wiring to each work area throughout our offices.

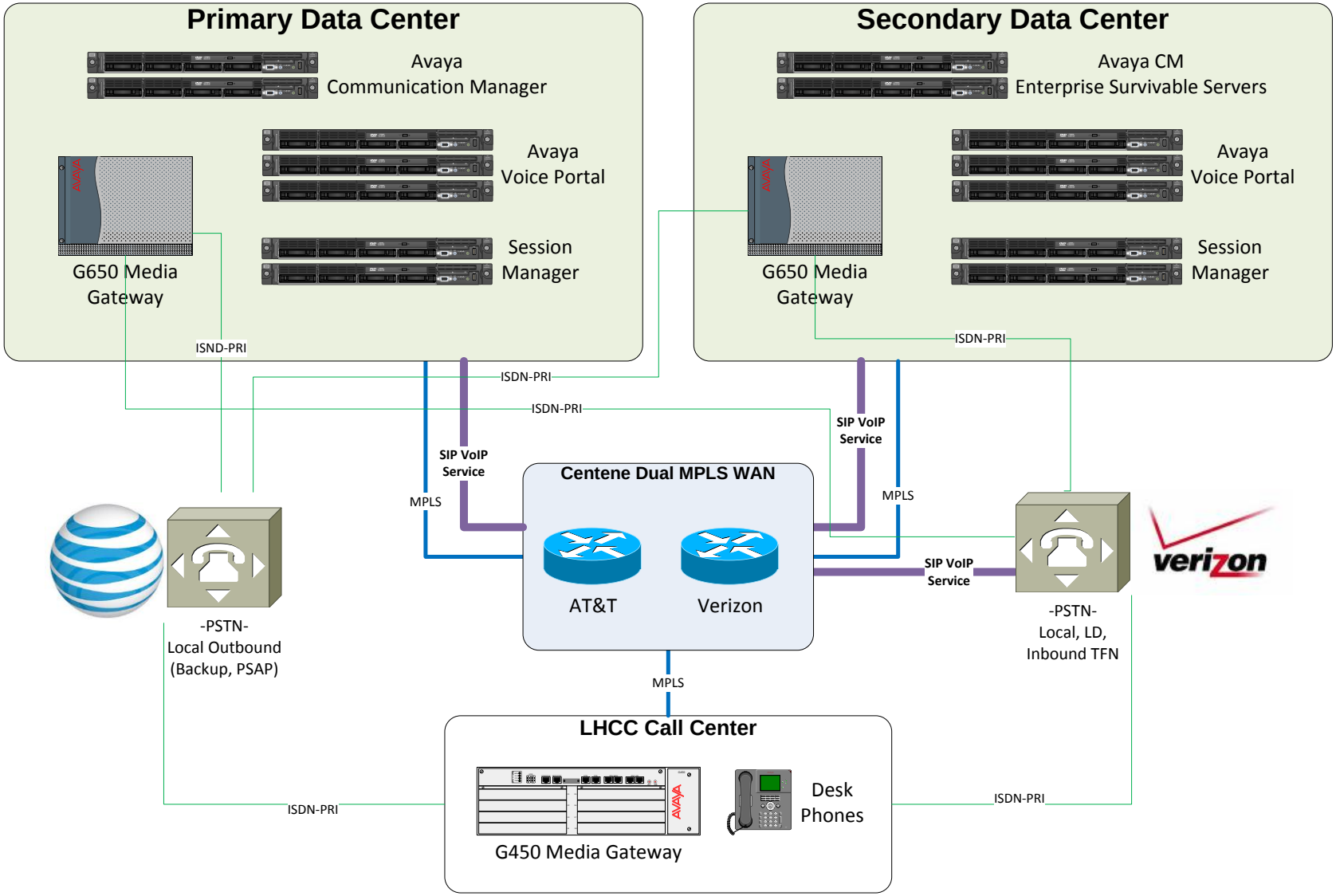
Secure, High Capacity Internet Connectivity. Today, Centene provides all LHCC locations with Internet access through Centene's OC-3 circuit. The 155Mbps Internet service is transported and terminated on a Cisco access router. The access router is connected to redundant corporate firewalls (Cisco 6500s with Firewall Switch Modules). The Cisco 6500 Internet Access switches are connected to the internal network using Gigabit Ethernet over fiber. Intrusion Detection Systems (IDS) are located in strategic locations throughout our network to assist in the detection of security violation attempts, including unauthorized access attempts, denial-of-service attacks, or other malicious attempts to disrupt normal business activities. In addition, we have established De-Militarized Zones (DMZs) to provide network segments for Web Servers, Domain Name System (DNS) Servers, and Secure Access Gateways, allowing us to provide for specialized security controls for these particular servers. We provide remote access to Centene Corporation's network through a Virtual Private Network (VPN) using Cisco's VPN 3000 Concentrator, and also through encrypted web access sessions using Citrix Secure Gateways.

Telecommunications Layer—Architecture Designed for 24/7/365 Operation. We use Avaya's Voice Over IP (VOIP) Telephony platform with Dual Media Servers in our datacenters, capable of failing over to two Enterprise Survivable Servers for business continuity. Avaya Media Gateways provide local connectivity at LHCC offices for all calls. Avaya Communication Manager delivers call routing and supports remote call agents (e.g., for instances where our Customer Service Representatives need to work from alternate field locations, such as in the event of a local site disabling event or emergency).

Our MPLS data network connects our offices and affiliated contractor (such as US Script, our Pharmacy Benefits Manager) telephone systems through VOIP, with multiple routing paths for high volume conditions and instant call routing, should a call center become disabled. Call prompts on LHCC's toll-free numbers are designed using Avaya Voice Portal Interactive Voice Response (IVR) software. See ***Figure W.3-E Telecommunications Network***.

Continuity of Call Center Services to Providers, Members, and DHH. In the event of a natural disaster or pandemic, all business functions that rely on our telecommunications system have *top priority*, specifically our Customer Service call center. We have engineered several levels of *redundancy* in our phone system hardware, software, and networking, with automated rerouting of inbound calls to other Centene Call Center if any one of our Call Center (such as LHCC) experiences a communications failure. Depending on the nature of the emergency, our network allows continuation of LHCC call center operations by automatically re-routing inbound telephone calls to our Regional Service Center (RSC) in Atlanta, GA. LHCC's key employee functions, including all call center operations, are backed up by staff trained to take on DHH responsibilities instantly through the RSC. Depending on the affected location and magnitude/severity of the emergency, we can also relocate operations to other LHCC affiliates as the situation dictates.

Figure W.3-E Telecommunications Network



Using Service Support, Best Practices Change Management, and Automation to Deliver Business Continuity

Service Desk Support for Users 24/7/365. We continuously monitor the availability and responsiveness of our MIS and networks through our Service Desk. Centene supports LHCC staff in Louisiana and authorized users of LHCC systems, including DHH's Fiscal Intermediary with a fully staffed technical Service Desk located at Centene headquarters in St. Louis, MO. The Service Desk is available to LHCC front line users 24/7 through a dedicated toll-free number, or internally through a five-digit extension. The Service Desk is staffed by a minimum of two agents Monday-Friday from 6:00 a.m. to 7:00 p.m., Central Standard Time, with on-call staff available after hours and on weekends.

Comprehensive, Cohesive Emergency Management. As front line support, the Service Desk is also at the center of emergency management, and coordinates with our Information Technology Operations Center (ITOC) and key emergency management staff whenever there are issues affecting business operations. A core team of systems support analysts, engineers, and management are on stand-by 24/7 to respond to any emergency call initiated by the Service Desk. If necessary, the Service Desk will provide information on system unavailability events, as well as status updates on problem resolution, to appropriate DHH staff on an hourly basis via phone and/or email.

A Standard Methodology for Service and Change Management. We further assure system stability and availability through an Agile approach to our Software Development Life Cycle (SDLC) methodology for all MIS changes. We use ServiceNow, which is an Information Technology Infrastructure Library (ITIL) standard collaborative workflow system for coordinating all aspects of MIS change management. ITIL is a process-based, best practice framework for delivering and managing day-to-day IT services. Centene requires MIS management to obtain certification in ITIL and incorporate these practices into their service areas. ServiceNow ensures that IT software modification processes are effectively managed with smooth change initiation results in an auditable fashion. We never introduce MIS changes into production without functional and regression testing, and changes are put into production with rollback plans to mitigate for any implementation risks.

Systems Quality Assurance Plan. An important component of our Change Management process is the management of Systems Process and Procedures Manuals revisions and distribution. Using a best practices strategy informed by the Information Technology Infrastructure Library (ITIL) approach to IT service management, Centene maintains technical documentation for not only our purchased and custom software applications, but also the manual and automated operations they support.

For key Policies and Procedures, we manage documentation changes through our Compliance 360 governance, risk management, and compliance software. Compliance 360 workflow enables Policy and Procedure formulation and revisions (with documentation history and sign-offs). We distribute all documentation to appropriate internal departments and subcontractors via our secure, SharePoint-based intranet, and capitalize on SharePoint's version control and document access features. We will provide DHH with documentation describing our Systems Quality Assurance Plan, and we can and will comply with all requirements in Section 16.4.3.

Automated Systems Monitoring Assures End-to-End Availability. All production systems and applications are systematically monitored 24/7/365 for service availability, system performance, and capacity utilization from our Information Technology Operations Center (ITOC) located in our Enterprise Datacenters. Centene's ITOC staff are dedicated to monitoring business critical applications, employing an ITIL based Incident Management Process enabled by industry-leading incident management and system monitoring tools, such as Hewlett-Packard's OpenView Operations®.

Applications and service level monitoring is provided by the HP Business Availability Center (BAC) and CA Wily's Introscope product. HP BAC software probes are strategically placed throughout our network, and emulate client access to business-critical applications. These probes provide metrics that assist in the

prediction, isolation, and diagnosis of application events. In addition, the probes provide data that aid in capacity planning (for more information see Section W.2), performance measurement, and service level reporting activities. Introscope runs on our web application servers and enables visibility into complex transactions for our end-to-end application performance monitoring. For example, we use it today to monitor adherence to Centene's performance service level agreements (SLA) with LHCC.

We also use Fluke Visual Probes, which are located at each LHCC and LHCC affiliate office to monitor network performance and utilization of the connections to our two enterprise datacenters. If we experience a system or network service interruption, a notice is automatically sent to our central monitoring station and is reviewed by ITOC, who then takes appropriate action.

A Detailed Incident Management Process. Our Service Desk uses ServiceNow as an integrated incident support management solution to submit, monitor, manage calls, and change requests from LHCC's front line users and management, through request to change completion. Service Desk staff document all calls and electronic change requests into ServiceNow, where a unique ticket number is assigned. ServiceNow then issues a notification email to the Centene or LHCC user who contacted the Service Desk. This email contains the ticket number and a summary of the user's issue or request. Once the user receives an email with a ServiceNow ticket number, they can log into ServiceNow through our intranet to view their ServiceNow tickets and the status of each ticket.

ServiceNow is also used by ITOC for monitoring and mitigation of any system related issues. LHCC's IT Liaison can enter and view any ticket that pertains to them online via ServiceNow to track status and ensure successful resolution.

Service Desk Response Standards. Our Service Desk staff classify incidents by severity (SEV) level. If an incident is extremely serious, such as a significant network problem or a loss of service for one of our production applications, we consider this a SEV 1 incident, and the Service Desk responds immediately. If the incident involves a loss of service for portions of an application, or a specific group of users is impacted, we categorize this as a SEV 2 incident, but our Service Desk still responds *immediately*.

When a SEV 1/SEV 2 incident occurs, our On Call Support Resources convene to begin troubleshooting the issue until it is resolved, and system vendors are called in to assist when necessary. Once we resolve the SEV 1/SEV 2 incident, we document the root cause and solution into the ServiceNow system so that we can develop an action plan to eliminate such issues in the future, and/or use as a reference in future incident troubleshooting and analysis. While our Service Desk responds immediately to SEV 1 and 2 incidents, SEV 3 and 4 incidents are addressed as quickly and efficiently as possible, with SEV 3 incidents responded to in no less than two business days, and SEV 4 incidents responded to in no less than seven business days, after the issue is logged into ServiceNow.

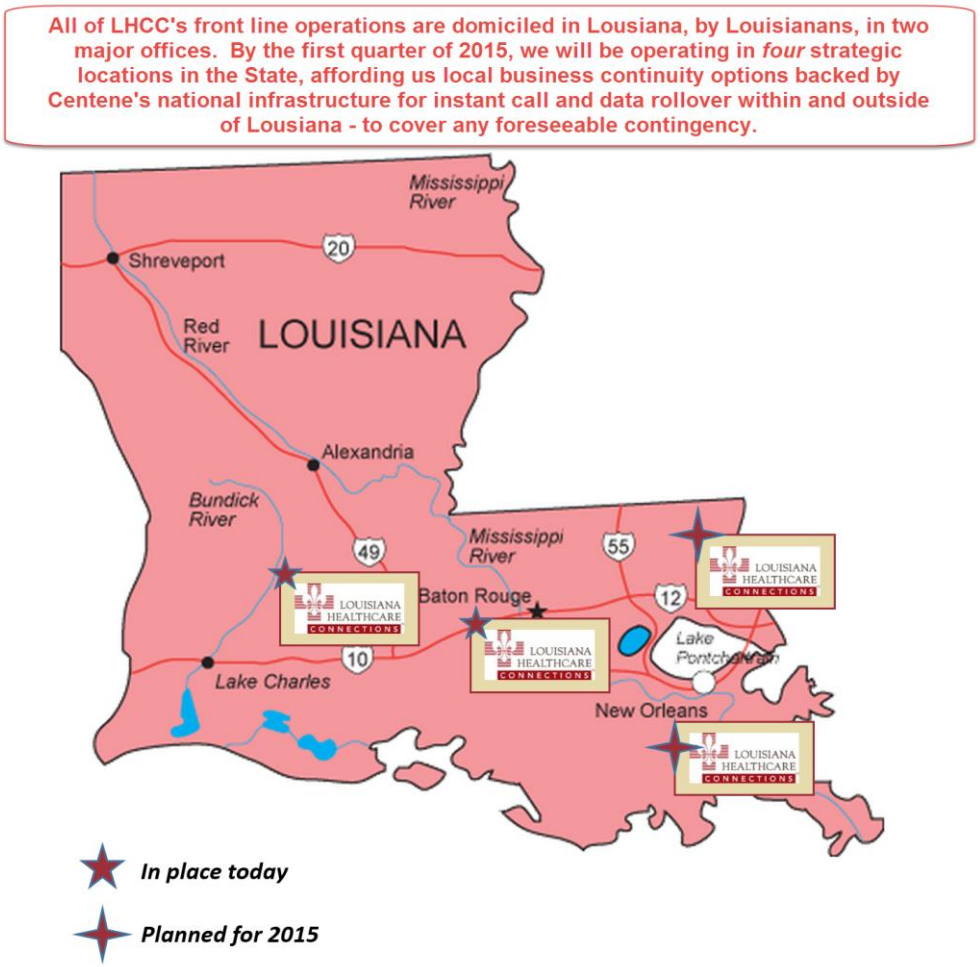
Planning and Regularly Testing for Business Continuity/Disaster Recovery

LHCC, along with our parent company, Centene, view Business Continuity Planning and Disaster Recovery (BCP/DR) as more than a prudent business practice; it is an integral component of being a service-oriented organization. By ensuring that our LHCC BCP/DR plans are created, maintained, and regularly tested, and by exercising our plans with our employees and business partners on a routine basis, we assure our ability to better withstand potentially disruptive events, and even reduce potential negative impacts associated with those events.

Multiple Operating Locations in Louisiana. A unique advantage of LHCC's operations is the fact that we currently operate in two Louisiana offices today (Baton Rouge and Lafayette), and have plans underway to open offices in New Orleans and the Northshore area in early 2015. If we experience a local disruptive event (e.g., weather), we have the capacity to relocate our staff temporarily to one of our two existing offices. In particular, our Lafayette office is readily accessible to our employees, given

Lafayette's geographically strategic location to major highways. Please see ***Figure W.3-F: LHCC Offices***. Our operating presence in Louisiana gives us the flexibility to react to local events, as one tier in a multi-tiered approach to business continuity and smooth and consistent service.

Figure W.3-F: LHCC Offices.



Comprehensive Approach to Business Continuity. Centene has a dedicated Business Continuity Department (BCD) within our Information Security Division that complements and supports our local offices. Business Continuity Plans covering Emergency (Crisis) Management, Business Continuity, and Disaster Recovery exist for LHCC, as well as all our affiliated Centene health plans and subsidiary companies. These plans are created and maintained by the business leaders themselves under the guidance of our experienced Business Continuity Planning (BCP) team. LHCC's Business Continuity Planning and Emergency Coordinator manages and oversees our BCP/DR maintenance and implementation, should an emergency arise necessitating the invocation of the BCP/DR.

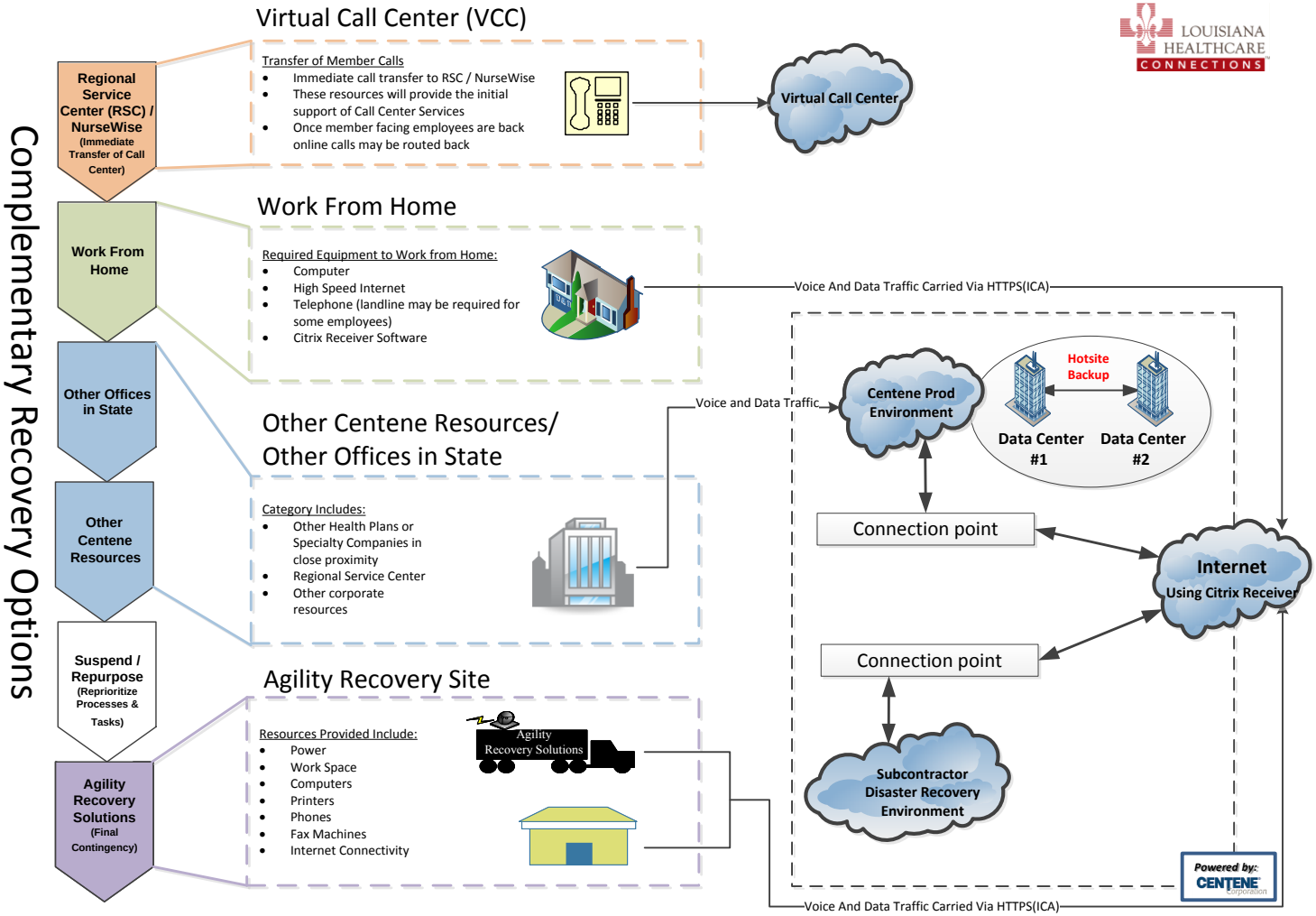
LHCC and Centene are responsible for the LHCC emergency response continuity of operations and disaster recovery plans, which we collectively refer to as our Business Continuity Plan (BCP—we integrate our BCP and DR plans as a best practice). We tailor our BCP for the specific requirements of LHCC, DHH, and Louisiana to specify the actions LHCC and Centene will take to ensure the ongoing provision of health services to our Bayou Health members, ongoing coordination of service with our providers, and continuing responsibility to DHH in the event of an epidemic (pandemic), disaster, or manmade emergency, including, but not limited to localized acts of nature (hurricane, flood, etc.), accidents, and technological and/or attack-related emergencies. Please see ***Figure W.3-G BCP*** for a graphical depiction of our multi-tiered approach to BCP, which prepares us for any foreseeable contingency. We test our BCP/DR plan annually, and results are communicated directly to the LHCC compliance officer and DHH.

Our BCP/DR processes are designed to handle a worst-case disaster, such as work site destruction, or loss of access to offices requiring recovery at alternate locations. In such situations, the Corporate Emergency Management Team, in coordination with the LHCC Local Response Team, acts as a centralized command team to:

- Coordinate and allocate available resources
- Resolve any resource allocation conflicts threatening the recovery team
- Coordinate the recovery of all essential operations, providing direction and guidance where required.

Figure W.3-6 BCP

Our Business Continuity Plan allows for any realistically anticipated disruption in service, through capabilities such as instantaneous call and data routing; redundant hardware, software, networks and facilities; and a proven partner (Agility Recovery) for logistical support and recovery site mobilization should events merit.



BCP Documentation. We maintain clear, well organized, and updated documentation of our BCP to ensure sufficient detail relative to the business area recovery and overall coordination of recovery efforts. The table below shows the categories of our BCP documents with a brief description of each:

Centene & LHCC Business Continuity and Disaster Recovery Plan	
BCP Documentation Categories	**Description**
Centene Corporate Crisis Management Plan/ Emergency Response Procedures	Covers *who*, *what*, *when*, *where*, and *how* with respect to an organized and consolidated approach for response and recovery activities at our corporate location following an unplanned incident or systems interruption to data or telecommunications.
LHCC Business Continuity Plan	**Management Team/Emergency Response Procedures:** Details on considerations, assignments, and tasks necessary for the LHCC Management Team to declare, respond, manage, and recover from an incident following any unplanned disruption or systems interruption at an MHS location. The plan details the relationship, roles, and responsibilities for LHCC working with Centene's Crisis Management Team (CMT). **Business Unit Continuity Plans:** Specific steps to be taken by each LHCC Department after an incident has been declared. Plans detail the processes, tasks, contacts, vital records, workspace requirements, and alternate work locations needed.
Disaster/System Recovery Plan	Here, we detail proactive mitigation through a highly available architecture, procedures (outline of detailed steps), and prioritization to recover Information Technology infrastructure, data, systems, services, and tools needed by LHCC and its members and providers in the event of an incident impacting Information Technology resources, including relocation or repair of physical site and equipment to our secondary datacenter, and an annual DR-Test and Evaluation.
Pandemic Operations Plan (POP)	Procedures to recover the business following a disruption due to an epidemic or pandemic affecting LHCC and/or Centene, or one or more of our affiliate operations.
Employee Awareness & Training	Presentation to new hires available to all employees on the Intranet (via Cornerstone Learning) to educate employees about BCP at Centene Corporation, LHCC, and LHCC's affiliates.

Actionable and Accessible Documentation. Our documentation provides extensive and detailed information on the specific activities to undertake in order to restore business operations in a safe, quick, and effective manner. For example, the LHCC BCP includes call lists, alternate location instructions, key vendor listings, and necessary special supplies to provide local resources with all relevant information they need in an emergency. In addition, the BCP identifies the processes and tasks to be performed in a prioritized manner to ensure those services that most directly impact members are restored first. The prioritized restoration of services allows LHCC to not only continue meeting member needs throughout an emergency, but also provides the necessary structure to restore business processes in the most feasible, reliable, and consistent manner.

Each LHCC department also has a detailed plan specifically for their team, which outlines the recovery steps for their specific business processes. Our BCP software, the Living Disaster Recovery Planning System (LDRPS), allows our teams to attach specific documentation, policies and procedures, contact

information, etc., and is available through a secured website so that this documentation is always available to LHCC and Centene if LHCC experiences a business-disrupting event.

In the event of an emergency, all impacted team members are notified immediately using SunGard, Inc.'s Emergency Notification Service, NotiFind™. NotiFind is an externally hosted program that can be used to contact employees by phone and email during emergency and non-emergency events. Within NotiFind, we have pre-established call groups identified for quick and easy notification. NotiFind is similar to the notification systems used by public schools and colleges to inform students and parents of an emergency event, such as approaching severe weather conditions. This software is utilized by LHCC, Centene's Service Desk, the ITOC, the Business Continuity team, Corporate Communications, and other selected health plans/specialty companies when important, time sensitive information needs to be communicated to employees. We use NotiFind throughout any event management activity, including our BCP/DR exercises, to communicate instructions to employees. SunGard is a longstanding, leading supplier of availability services to companies nationwide across all industry sectors, including healthcare.

We regularly update all components of our BCP to reflect the most current operational status, and we publish our BCP via multiple methods to ensure availability at the time of plan activation.

Information Systems Disaster Recovery. If an emergency event were to disable our central data center for any reason, we would invoke pre-established recovery procedures per BCP. As mentioned above, both of our datacenter facilities employ redundant environmental, power, and networking systems, and "hot site" backup capability. A temporary Command Center would immediately be established, and the Crisis Manager would utilize the published 800 disaster hotline. In this situation, LHCC offices would be notified immediately of the situation via NotiFind.

Service Level Standards Recovery Time Objectives (RTO). The redundant hardware, software, and telecommunications components that comprise our information technology architecture, in conjunction with automated system monitoring controls (see discussion above), powers our ability to offer resilient, consistent, critical data and voice communications service.

In addition, in the event of a declared major failure or disaster, this same architecture and our combined BCP and Disaster Recovery plan and safeguards allow us to maintain a Response Time Objective (RTO) of 36 hours (exceeding the RFP requirement) for re-establishing the operation of our core eligibility/enrollment and claims processing system after the failure or disaster's occurrence.

Rapid Recovery from Local Disruptions. If the disaster is limited to one of LHCC's offices, our Local Response Team will work with the Corporate Crisis Management Team to execute the recovery plan. In the event the local office is inaccessible or destroyed, our affected staff will be relocated to an alternate LHCC office (see discussion above), and/or we can mobilize temporary work areas through Agility Recovery (Agility). In March 2012, Agility earned the exclusive endorsement of the American Hospital Association (AHA) for its disaster recovery solutions.

Agility provides both mobile trailer and brick-and-mortar work area recovery capabilities, including pre-configured computer workstations and telephones so our staff can resume activities quickly. In the event an LHCC office is inaccessible or destroyed, we will place Agility on alert to provide a recovery facility (in the meantime, of course, calls would be handled by the RSC, and/or NurseWise, our 24/7 nurse advice line). LHCC would continue to operate out of Agility-supplied temporary offices until permanent facilities are re-established. When the event is over, our employees, and voice and data traffic, will be rerouted back to their LHCC office by Centene for normal operation.

***Claims Processing Center Outage*.** Centene supports LHCC's medical and behavioral health claims operations from three geographically dispersed Centene-owned processing centers in Missouri, Montana, and Texas. The three centers are securely networked for voice and data connectivity with both datacenters (described above), as well as LHCC offices. Our automated claims workflow system can instantly route LHCC claims workload amongst these three centers, with staff at each to handle LHCC claims, if needed. In addition, LHCC's pharmacy claims are processed by US Script, Inc.,® LHCC's affiliate and

Prescription Benefit Manager (PBM). US Script, Inc.'s® claims system is housed in the same two datacenters as LHCC's systems, and capitalizes on the same contingency planning infrastructure.

***BCP Mobilization to Execute Contingency Plans*.** Our integrated Information Technology Operations Center (ITOC) and Service Desk provide a central point of command for daily operations, as well as in the event of a declared emergency. The ITOC and Service Desk monitor equipment and telephone lines, respectively, and act as the communications hub (via an internally published 800 number) to escalate and manage BCP-related issues and/or recovery processes. If an emergency event disables our operations, ITOC immediately invokes recovery procedures and sets up a temporary virtual Command Center with a pre-designated Crisis Management Team (CMT) Emergency Manager. The CMT is a multi-disciplinary blend of staff from our Business Continuity Department (BCD), appropriate/pre-identified Corporate and IT Support Teams, and LHCC staff, and is responsible for ensuring that critical LHCC business functions (including call center functions) are operational under emergency and post-emergency conditions. In an emergency, LHCC offices will be notified immediately of the situation via our emergency notification system. If the disaster is limited to a local office, the LHCC Local Response Team will work with LHCC's Business Continuity Planning and Emergency Coordinator to implement the recovery plan.

Proactively Organizing To Respond. When any Centene region or business is affected by a crisis, including LHCC, the entire Centene enterprise is considered on alert, and pre-identified teams respond according to the BCP, including LHCC's Business Continuity Planning; Emergency Coordinator and LHCC Local Response Team; Centene executive management, the BCD, CMT; and all other business units supporting LHCC, including our Centene Operations and Specialty Companies.

Communication with Staff and Suppliers. The CMT meets via secure teleconference with LHCC's Business Continuity Planning and Emergency Coordinator and LHCC's Local Response Team upon notification of a regional or localized service disruption (or disruption threat, such as a severe weather forecast) to determine if a disaster declaration should be made and when. If a building is not accessible**,** the LHCC Local Response Team will direct all LHCC departments to activate their portion of the BCP while keeping the CMT (including all Corporate Support Teams) apprised of the situation.

The CMT provides support to the Local Response Team and LHCC departments as needed. During the emergency, CMT remains in close contact with the BCD and Centene executive management, as well as with LHCC's subcontractors. All impacted LHCC and Centene staff are notified immediately using NotiFind™ upon declaration of a disaster/crisis. Depending on the emergency, we customize the auto-attendant voice scripts in our Member and Provider Service Lines to make the caller aware of the situation, and to route their calls accordingly. We also have the capability of posting prominent bulletins and updates on LHCC's public website. In an emergency, our top priority is to preserve the health and safety of our staff, and care for our members before proceeding to the Notification and Activation procedures.

LHCC and Centene test our BCP annually, and whenever there have been substantial changes to the BCP. Annual tests of our data recovery capabilities simulate the complete disabling of Centene's primary data center. As part of this exercise, we perform a "hot-site" information technology test, also known as a disaster recovery (DR) Exercise. The last annual Information Technology Disaster Recovery test was conducted successfully in November 2013.

In addition to a full annual test, we perform multiple "scenario specific" tests during the year, including testing the actual restoration of our IT operations and data recovery, as well as our ability to restore local operations.

W.4 Provide a flow-chart (marked as Chart E) detailing your process for identifying, testing and implementing system changes, to include time frames associated with each step.

Managing Information System Changes through Disciplined Processes

LHCC has reviewed and will comply with RFP Sections 16.4.3.1.3, 16.4.3.1.5, and 16.4.4, which directly impact system and system documentation changes, and all other relevant contract, State, and regulatory requirements.

Louisiana Healthcare Connections (LHCC) will continue to use a Management Information System (MIS) provided to us by our parent company, Centene Corporation (Centene),that is designed to deliver a comprehensive breadth of application functionality. We maintain a team comprised of key business and IT stakeholders in Louisiana (including our Contract Compliance Coordinator) and at Centene to identify and specify any needed changes for every major software component of our enterprise MIS that we support at LHCC, including claims, enrollment and eligibility processing, member and provider service, Care Management and service authorization, provider enrollment and data management, reporting and analytics, and web and mobile applications.

We achieve a judicious balance of MIS change alacrity and careful change management control through:

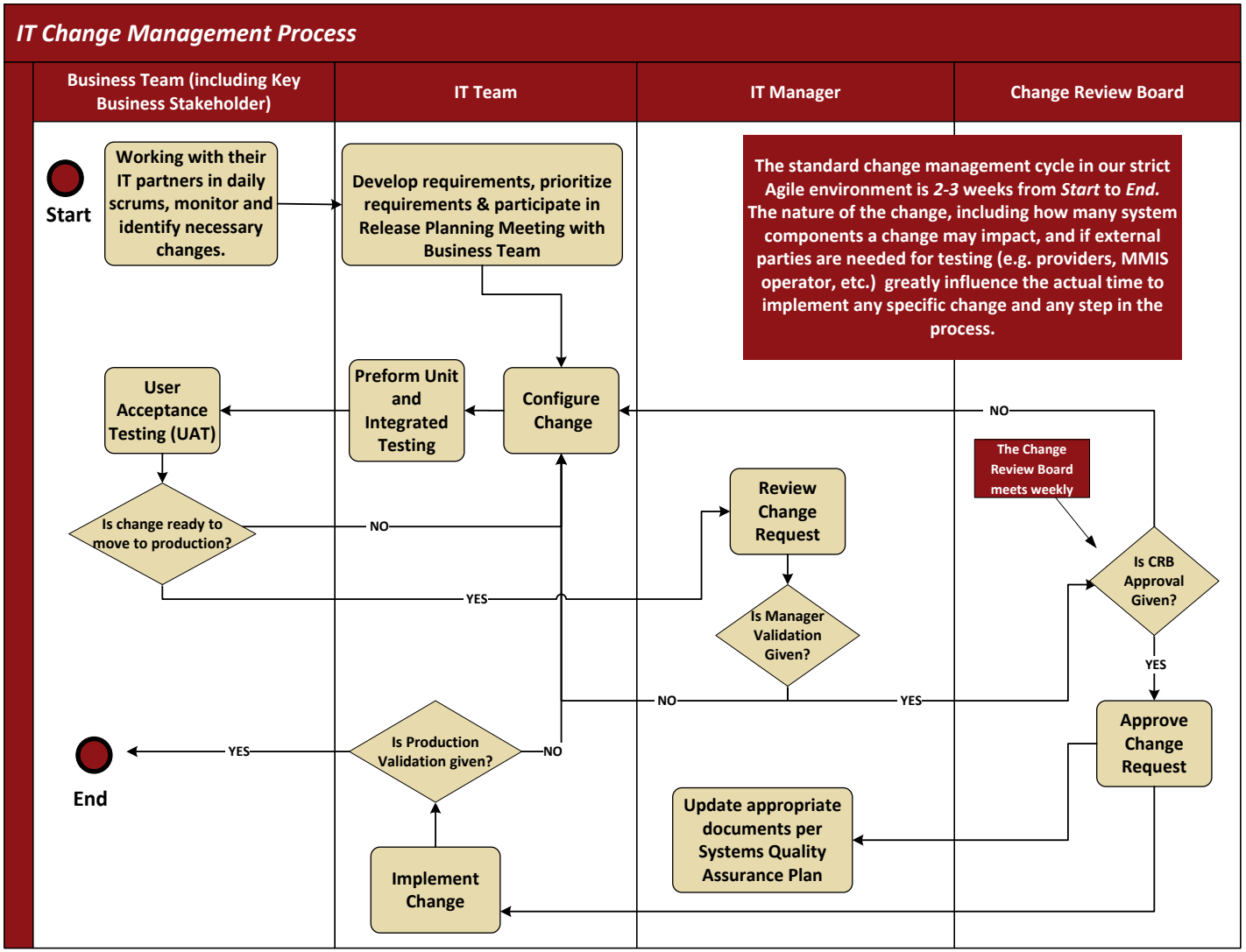
- *Disciplined* identification and validation of required changes
- Industry *best practice* standards in:
  - Six Sigma Continuous Quality Improvement (CQI)
  - Software Development Life Cycle (SDLC) approach and controls
  - Agile rapid change implementation. Agile is an industry best practice discipline that incorporates a collaborative, iterative approach for consistently successful change implementations.
  - Information Technology Infrastructure Library (ITIL) process framework. ITIL is a process-based, best practice framework for delivering and managing day-to-day IT services.
- *Standardized* ServiceNow enterprise software change and release management workflow system.

Our Agile regimen calls for daily 15 minute meetings (known as *scrums* in the Agile methodology) with stakeholders to talk through newly identified issues, as well as present progress reports on current change requests. The standard change management cycle in our strict Agile environment is 2-3 weeks from beginning to end (only closing out the process when the change has been thoroughly tested and validated in production). LHCC leadership and change management specialists work closely together to prioritize proposed changes based on criticality and business need.

For any major changes pertaining to claims, eligibility and enrollment processing, service authorization management, provider data management, or conversion of core transaction management, LHCC will notify DHH at least within the 90-day period. Our Change Review Board (CRB) meets weekly, and approved changes move into production so as not to disrupt normal business operations. Our IT Change Management Team, reporting to our CIO, strictly monitor all change management activities.

Please see ***Chart E for a flow chart*** detailing our process for identifying, testing, and implementing system changes.

Chart E


IT Change Management Process
Business Team (including Key Business Stakeholder)
IT Team
IT Manager
Change Review Board
Start
Working with their IT partners in daily scrums, monitor and identify necessary changes.
Develop requirements, prioritize requirements & participate in Release Planning Meeting with Business Team
The standard change management cycle in our strict Agile environment is 2-3 weeks from Start to End. The nature of the change, including how many system components a change may impact, and if external parties are needed for testing (e.g. providers, MMIS operator, etc.) greatly influence the actual time to implement any specific change and any step in the process.
User Acceptance Testing (UAT)
Preform Unit and Integrated Testing
Configure Change
NO
The Change Review Board meets weekly
Is change ready to move to production?
NO
Review Change Request
Is CRB Approval Given?
YES
YES
Is Manager Validation Given?
NO
YES
YES
Approve Change Request
End
YES
Is Production Validation given?
NO
Update appropriate documents per Systems Quality Assurance Plan
Implement Change

W.5 Provide a flow-chart (marked as Chart F) detailing your process for receiving, processing and updating member enrollment, to include time frames associated with each step.

Ready for Full Enrollment Processing Compliance

We have reviewed and will comply with RFP Sections 16.3.3, 16.8 the BAYOU HEALTH Medicaid Managed Care Organizations System Companion Guide Version 1.0, the LAMMIS Batch Pharmacy Companion Guide, and Addendum 8, as well as all other relevant contractual, State, and regulatory requirements.

Proven Experience Receiving, Processing and Updating Enrollment Data

Louisiana Healthcare Connections' (LHCC) parent company, Centene Corporation (Centene), operates LHCC's Management Information System (MIS) and enrollment data exchanges under LHCC supervision, and works closely with DHH and its Enrollment Broker (EB). We support all HIPAA-compliant standards, including the ASC X12N 834 and 820 electronic transactions, and meet or exceed all HIPAA Privacy and Security requirements. Our enrollment staff maintain policies and procedures—available to DHH at Readiness Review—governing the receipt, processing, and promulgation of 834 enrollment, re-enrollment, and disenrollment data across our MIS and those of our providers. We currently process HIPAA 834 transactions from DHH's EB on both a daily *and* a weekly basis, and process inbound files (within 24 hours of receipt) via our secure file transmission system and integrated EDIFECS middleware, which validates and maps each data item in the 834 to the membership input file format of our MIS.

Our system edits for duplicate member records, date criteria validity, field data integrity, and valid date spans, and then loads "passing" records into our master member files. Once loaded, we make member eligibility data accessible to providers online via our secure Provider Portal. We also send member eligibility data electronically to the affiliates listed in Chart F. The Member Relationship Management (MRM) component of our MIS houses our Master Member Index (a.k.a., patient), allowing us to uniquely identify any Medicaid member across multiple populations and systems within our span of control. Given a potential duplicate record, and upon confirmation of the duplicate by DHH, MRM systematically links the enrollment, service utilization, and customer interaction histories of the duplicate records. MRM also allows us to capture multiple contact data for a member without compromising the integrity of DHH's 834 process.

Enrollment staff provide written notification to the EB of any data inconsistencies identified via our weekly reconciliation process within 10 calendar days' receipt of the 834 data file. In addition, we capture and transmit any member demographic changes (e.g., address and telephone number) self-reported through our Customer Call Center or secure Member Portal to DHH via DHH-specified format and method.

Each month, Enrollment staff import and process (within 48 hours) an ASC X12N 820 file from DHH's Fiscal Intermediary (FI), reconcile the member level premium remittance detail within against LHCC's member eligibility months on record, and report any discrepancies to the FI within three months of the file date. A certification, signed by our (CEO or his authorized designate) and attesting to the accuracy, completeness, and validity of the submitted data, accompanies each file.

Effective Q1 2015, our enhanced MRM features will include integrated address standardization from SmartyStreets (a leading real time US Postal Service approved address validation service), and Identity Verification & Authentication data services from LexisNexis®, which will enhance our ability to improve the quality of member data we house and analyze.

Please see ***Chart F.1 Enrollment and Eligibility Load Process Flow*** for a depiction of how we receive, process, and update Bayou Health enrollment data. In addition, we are including other flow diagrams of other **key processes** driven by our receipt of DHH enrollment data. See ***Chart F.2 Eligibility Post Load Process Flow*** depicting our distribution of enrollment data to our subcontractors, ***Chart F.3 Welcome Packet and ID Card Process Flow***, and ***Chart F.4 PCP Auto-Assignment Flow***.

Chart F.1 Enrollment and Eligibility Load Process Flow

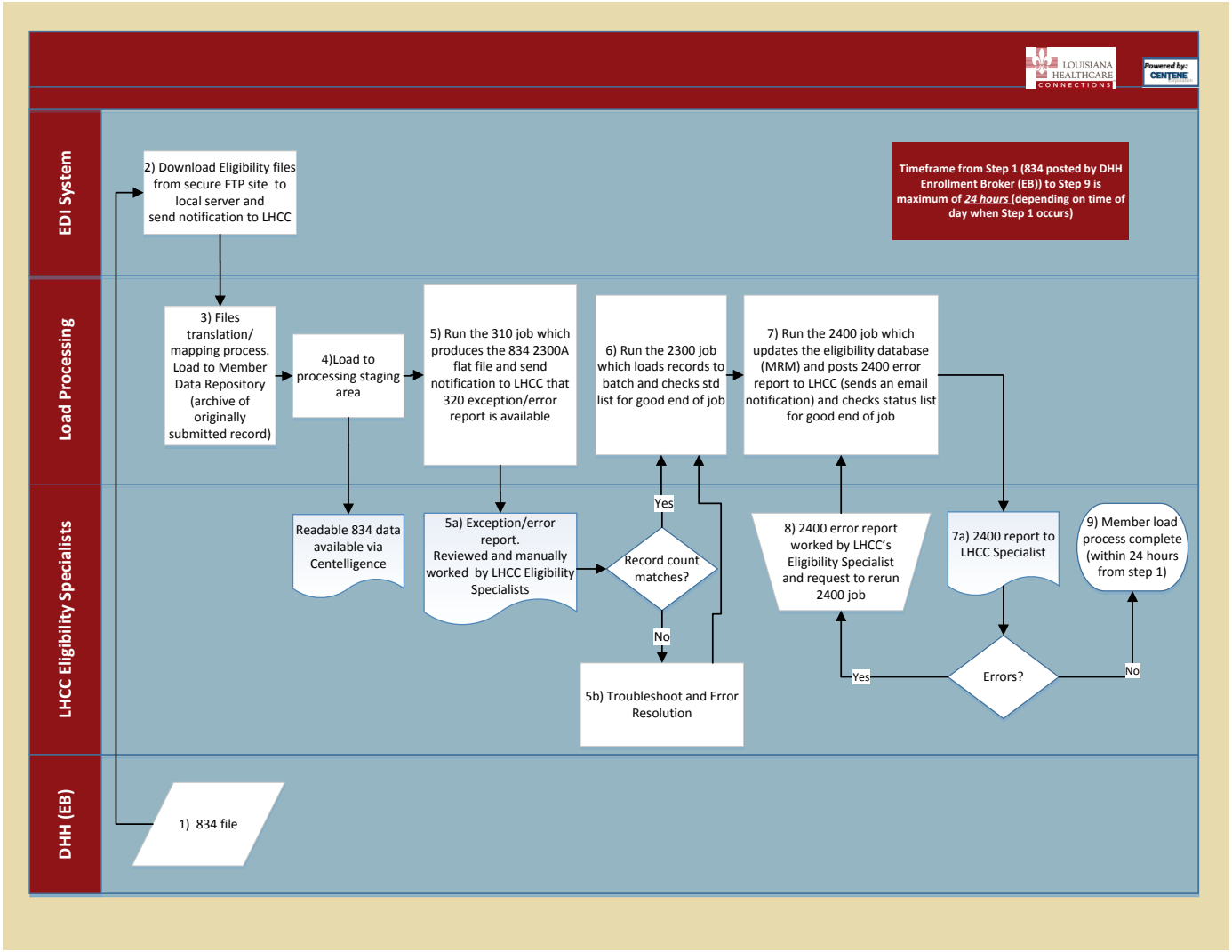


Chart F.2 Eligibility Post-Load Process Flow

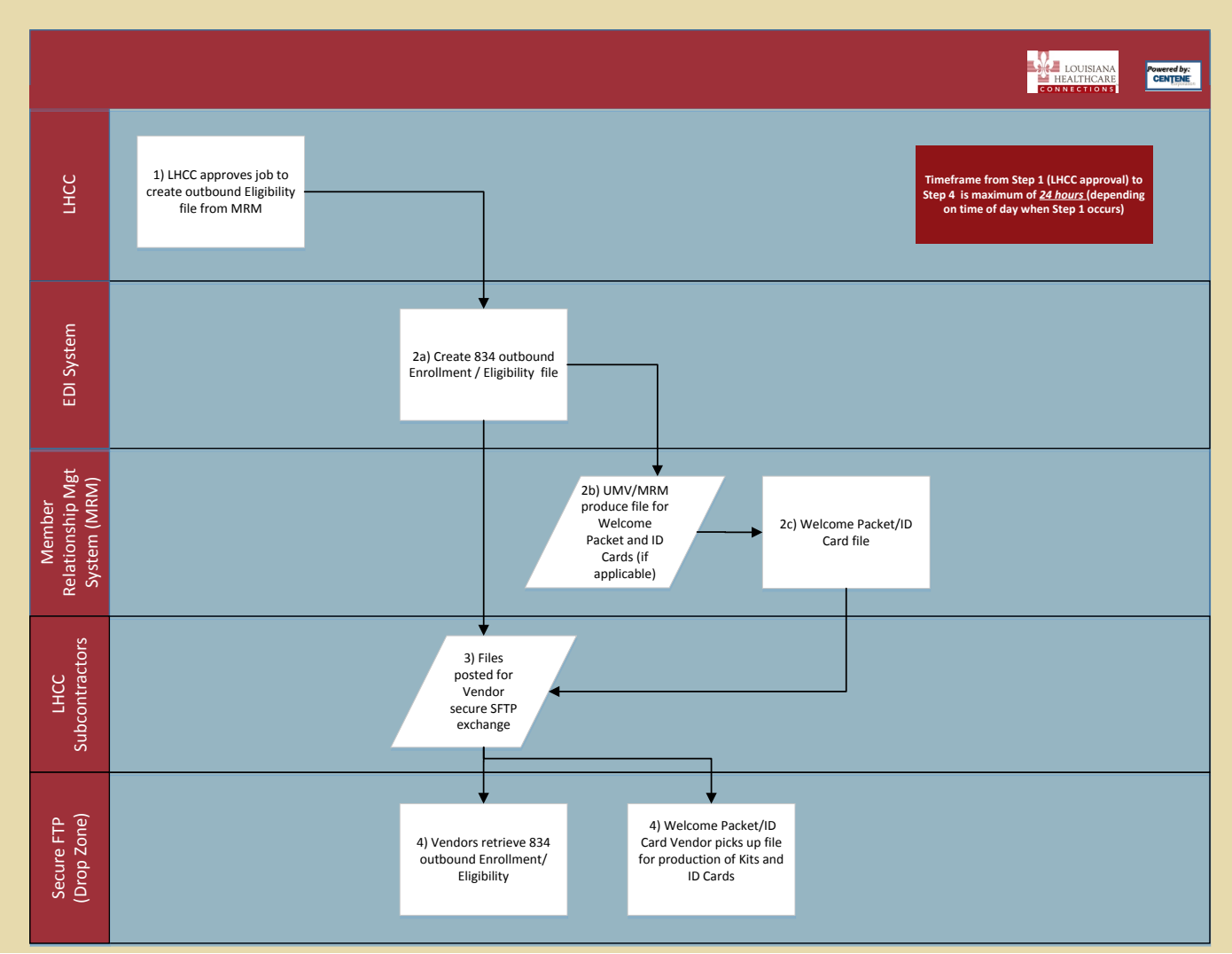


Chart F.3 Welcome Packet and ID Card Process Flow

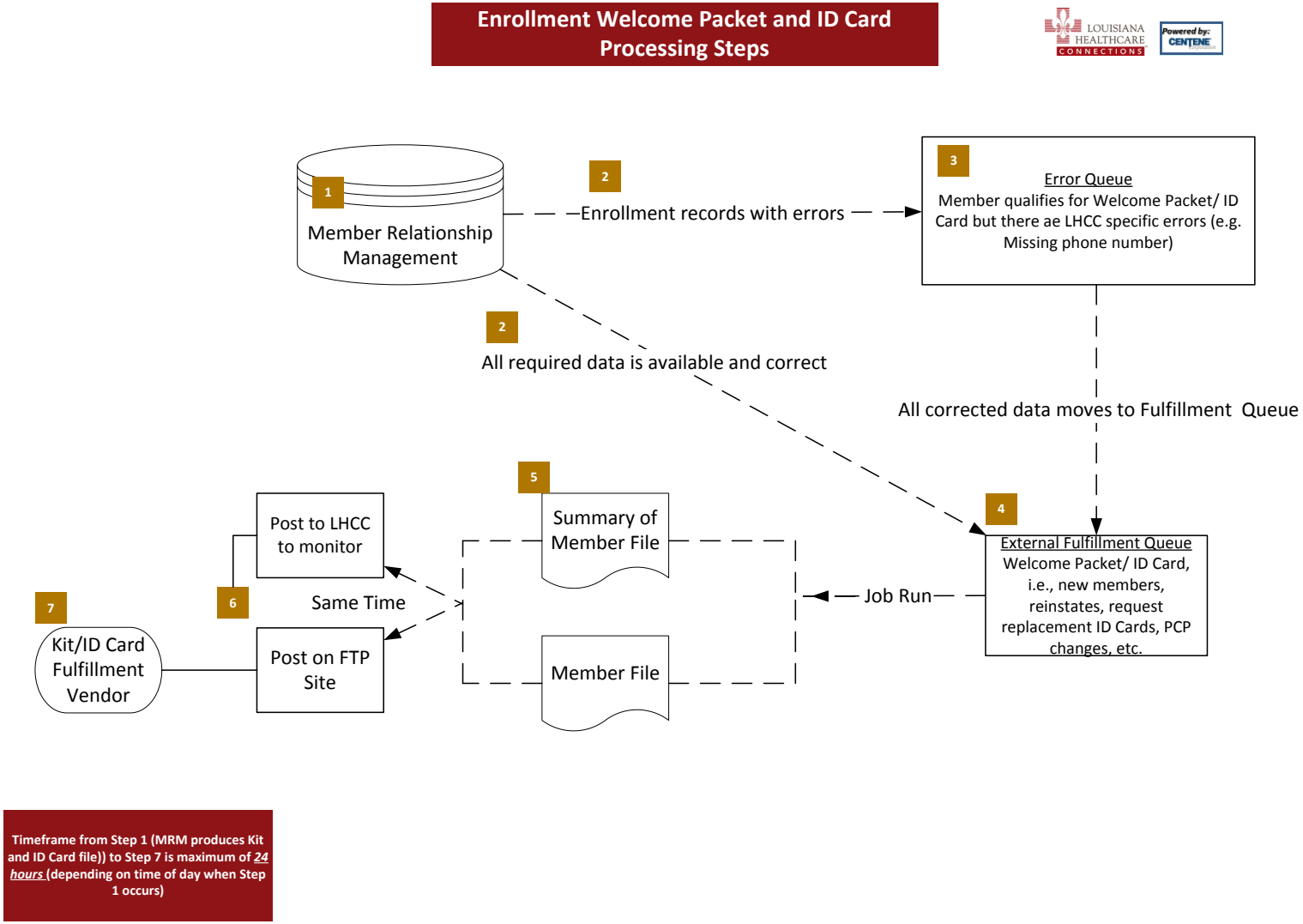
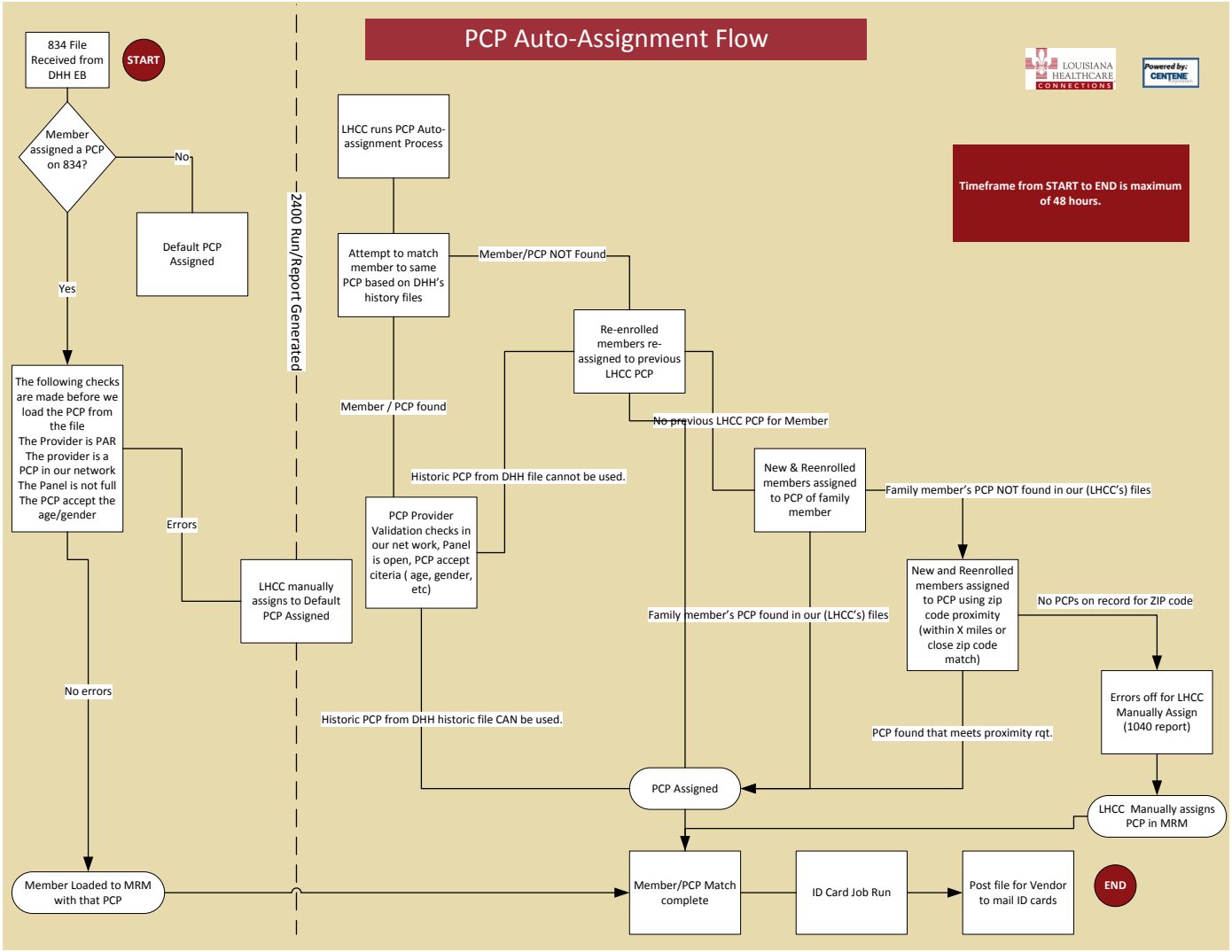


Chart F.4: PCP Auto-Assignment Flow



W.6 Describe your plans and ability to support network providers' "meaningful use" of Electronic Health Records (EHR) and current and future IT Federal mandates.

A History of Supporting Clinical Information and EHR Use by Providers

One of the critical factors in effective care coordination is the appropriate and timely sharing of relevant clinical and health records information between LHCC and our network providers. Since inception, through provider education and web and data exchange offerings, we have continuously sought new ways to facilitate the efficient, accurate, secure, and timely exchange of pertinent health information with our providers for *meaningful*, impactful purposes, such as facilitating care coordination, supplying vital information when needed by providers at the point of care, and fostering collaboration among our Case Managers, network providers, and members.

We promote the use of Electronic Health Records in our provider community not simply for the sake of administrative efficiency or the use of technology itself, rather our clinical data exchange strategy is informed by five central tenets that go beyond the expectations of our providers. We seek to foster meaningful use of EHRs and clinical information exchange to:

- Improve the quality, safety, and efficiency of care while reducing disparities
- Engage patients and families in their care
- Promote public and population health
- Improve care coordination,
- Promote the privacy and security of patient information.

We have reviewed the RFP, including all Appendices, Addenda, and Procurement Library documents, and in particular for this Section W.6, we have examined Sections 14.1.9, 16.3.4, 16.3.5, as well as Appendices H and OO, and Addenda Eight (issued 8/19/14)—questions 188, 245, 274, 277, 306, and 327—and we will comply with these requirements.

Continuing a Multi-Faceted Approach. LHCC continues to execute and refine a coordinated strategy to increase meaningful use of electronic health record (EHR) technology among our contracted providers, and promote the electronic exchange of health information by:

- Identifying providers who do not use an EHR
- Incorporating EHR support strategies as an integral part of our Patient Centered Medical Home (PCMH) Initiative
- Promoting and facilitating the use of the Louisiana Health Information Exchange (LaHIE) wherever feasible
- Offering providers and members free access to our Centelligence™ Health Information Exchange online clinical functionality and data sharing capabilities
- Adhering to a systematic approach to monitoring IT Federal mandates, as well as employing open standards and Medicaid Information Technology Architecture (MITA) principles wherever relevant in our MIS. This adherence affords us the structure to support current and future IT Federal mandates related to EHR and Health Information Exchange requirements.

Identifying Provider EHR Use

LHCC's team of Provider Relations (PR) Specialists complete a quick but thorough "Provider Visit Record" (PVR) as part of each provider site visit, regardless of the reason for the visit (recruiting,

contracting, training, routine operations, etc.). Part of our PVR captures and updates whether a provider uses a certified EHR system, and the name of the EHR vendor. This data, along with all of the data collected in the PVR, is then loaded electronically into our database for tracking and trending. This EHR tracking system allows us to identify and target communications directly to providers not using an EHR, and offer them access to our secure Provider Portal with Centelligence™ Health Information Exchange capability, which enables providers to access features such as our electronic Centelligence™ Health Record and data interface capabilities (discussed further below), and/or information about our PCMH initiative.

Leveraging PCMH Initiatives

We have aligned our EHR support strategy with the efforts of our network providers to achieve NCQA Patient Centered Medical Home Recognition or JCAHO Primary Care Medical Homes Certification (we refer to both as "PCMH Recognition" for purposes of this Section), and we promote EHR adoption through our PCMH initiatives. We believe that PCMH accreditation and EHR meaningful use are *mutually reinforcing objectives*, in that becoming a PCMH provider allows the provider to more readily find value in EHR technology.

We actively encourage our primary care providers to achieve PCMH Recognition through our tiered PCMH incentive program that rewards providers financially for obtaining PCMH Recognition levels per NCQA standards. In addition, LHCC provides a staff of six dedicated employees to support providers through their practice transformation. Two of these team members have obtained their NCQA PCMH Certified Content Expert Certification, which requires demonstrated EHR expertise.

Today, LHCC has 89 provider sites that have achieved PCMH Recognition that represent 715 individual clinical practitioners (PCPs, nurse practitioners, specialists, etc.). LHCC's PCMH staff have directly assisted 15 of these provider sites (41 practitioners) achieve PCMH Recognition. We offer providers free access to BizMed's PCMH online toolkit, which features interactive materials, documentation, and guidance on how the provider can incorporate EHR technology to support their practice. BizMed, a leading Provider Practice consulting firm, provides services and online NCQA PCMH accreditation tools to office-based medical practices as they transition to electronic medical records and strive to meet Meaningful Use requirements.

Promoting the Use of LaHIE

As an ongoing part of our Network Management program, we will continue to promote the meaningful use of EHR technology by our providers with particular focus on participation in the Louisiana Health Information Exchange (LaHIE). For example, in 2015, we will expand our online support for providers through our online *Practice Improvement Resource Center (PIRC)*, which is a well-organized, searchable compendium of best practice and vetted documentation; communication channels (secure messaging, forums, etc.); multi-media content; and interactive tools to help providers across Clinical, Operational, and Technology aspects of their practices. The PIRC includes additional information about participating in LaHIE and how to engage the Louisiana Health Information Technology Resource Center (LHIT, Louisiana's Regional Extension Center) so that providers can fully leverage LHIT resources and assistance as they increase their use of EHR and LaHIE.

Promoting ADT Data Submission for the Benefit of Members, Hospitals, DHH, and LaHIE.

We have reviewed, in detail, RFP Section 16.3.5, and Addendum 8, Questions 274, 307, 319, and 327, and we will work with all of our contracted Emergency Departments (ED) to ensure that EDs make a good faith effort to submit ADT data to LaHIE's ED Visit Registry, subject to ED capabilities and LaHIE's ability to onboard our contracted Emergency Departments.

We share DHH's interest in furthering the meaningful use of clinical data, and we agree that moving forward with DHH and LaHIE's vision of widespread health information exchange is best started with focus on an initial project, such as LaHIE's *ED Visit Registry*, that can have a powerful beneficial impact on patient care quality and overall health costs. We realize that building a "critical mass" of ADT-submitting hospitals is a logistical challenge. Thus, we propose to replicate the early and rapid success of our affiliated health plan in Florida, Sunshine Health Plan (Sunshine), who successfully implemented secure, yet quickly established direct ADT transfers from hospitals to Sunshine. Over the course of a year, Sunshine has implemented direct ADT submission capabilities with over 20 hospitals, even while future expanded HIE capabilities are built in Florida. We propose a similar approach to assist DHH and LaHIE.

We will, per Section 16.3.5, contractually obligate our hospitals and their EDs to submit ADT data to LaHIE, but we will offer these providers the option of a free, direct, and secure connection to LHCC for receipt of ADT transactions. LHCC will serve as a collection point of ADT data for LaHIE and, subject to the execution of a HIPAA Business Associate Agreement with LaHIE, we will batch and forward collected ADT data to LaHIE for populating the ED Visit Registry. In our view, it is critical that hospitals and EDs see a near term benefit of ADT transaction submissions—that is why we will *also* incent our providers to support ADT data submissions by waiving the need for inpatient admission notices to LHCC for any providers sending us ADT data, removing a significant operational burden from our participating hospitals and EDs.

Ready for Clinical Data Exchange in Louisiana. From an Information Technology (IT) perspective, our Management Information System (MIS) provided by our parent company, Centene Corporation (Centene), is ready for HIE projects. For example, in 2013, at the request of one of our state Medicaid Agency clients, Grant Thornton, LLP conducted a Health Information Exchange (HIE) Readiness Assessment on Centene's MIS, concluding that our readiness to participate in that state's standard health exchange currently meets standards and requirements for HIE participation. We attained Grant Thornton's highest scores on their assessment, which examined our HIE readiness along five dimensions:

- Enterprise Master Patient Index and Patient Matching
- Provider Directory
- Messaging and Routing
- Data Transfer and Interoperability Services
- Key Policies and Reporting
- Privacy and Security

In addition to supporting LaHIE's ED Visit Registry, we see several other near term benefits of our ADT initiative:

- Augmenting our existing ED Diversion Program with the timeliness of ADT data
- Potential for sharing ED and hospital admission data with the Louisiana Behavioral Health Plan (LBHP) Service Management Organization (SMO) for enhanced coordination; and,
- Better insight into the drivers of ED overutilization.

We look forward to working closely with DHH, LaHIE, our hospitals and EDs on this important initiative.

LHCC Technology Available for Providers

We offer several ways for providers to use and exchange EHR information with LHCC. We offer access to our own secure, web-based Centelligence™ Health Record (see discussion below); and standards-based data exchanges, through an integrated set of ever expanding clinical information delivery capabilities known as the *Centelligence™ Health Information Exchange* (CHIE).

Centelligence™ is our award winning family of enterprise data warehousing and health care analytics solutions. Centelligence™ is totally integrated with our core transactional systems (eligibility, care management, claims, web portals, customer service, etc.), as well as our external data sources (e.g., lab test results, assessments, pharmacy data). CHIE represents the *clinical* data access, presentation, and exchange components of Centelligence™, and CHIE accommodates clinical data access by providers in a manner that leverages the provider's existing technology investment.

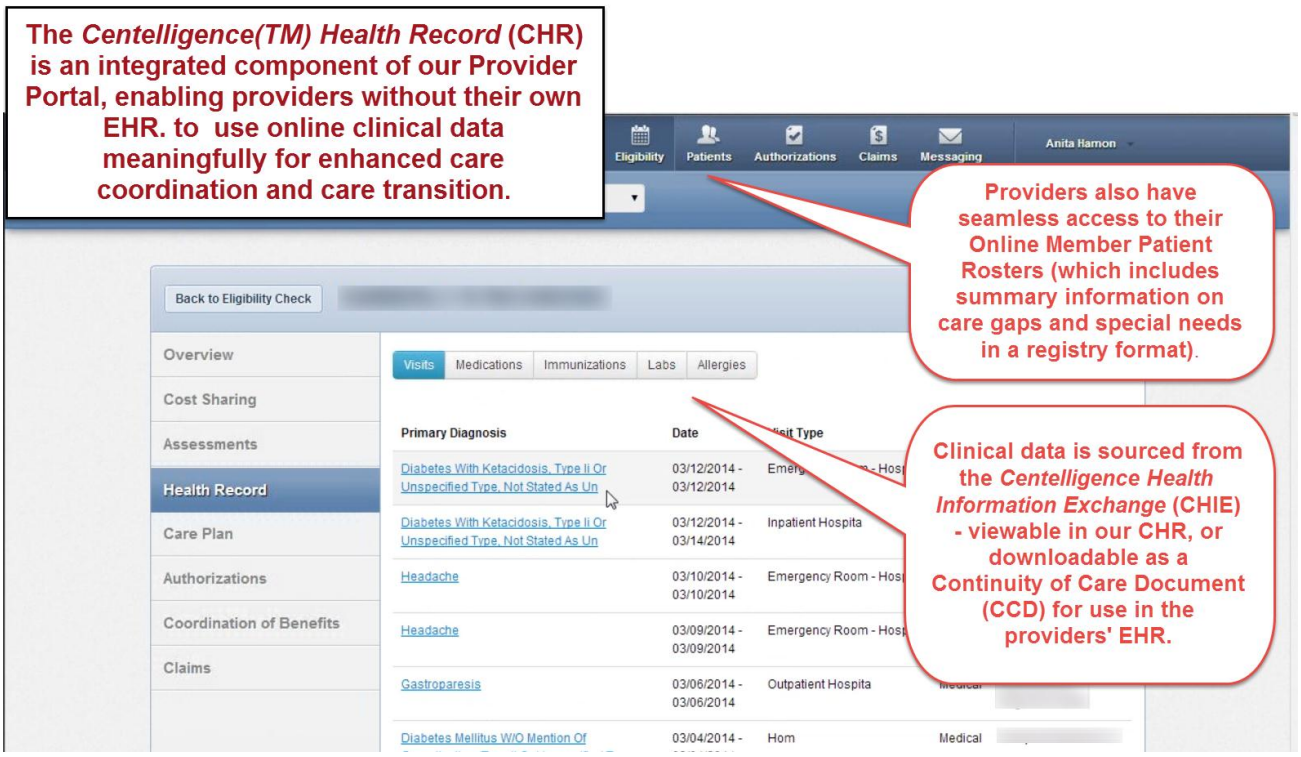
In many cases, providers may only have broadband Internet access, but CHIE allows for other types of data connectivity as the provider begins to adopt their own EHR, and/or connect to a Health Information Exchange (HIE), including the Louisiana HIE (LaHIE).

A Gateway to Meaningful Use. CHIE securely delivers expanded, member level clinical information via several complementary electronic "channels," including web-based online access, mobile platforms, and health information data exchange capabilities. These capabilities enable PCPs, hospitals, and other providers to assure the best possible outcomes, delivered efficiently and effectively through information-based coordinated care. CHIE delivers actionable information in the manner and form most convenient and meaningfully useful to any provider, member, or caregiver on the "healthcare team" by using HIPAA compliant, role-based access controls, and presented in a format attuned to each user audience (provider, member, or caregiver).

Supporting Provider Practices without EHRs. One way we promote the meaningful use of clinical information is by supplying our providers with free access to the Centelligence Health Record (CHR) hosted on our secure, web-based Provider Portal, with extensive medical, behavioral, and medication history. Please see ***Figure W.6-A: Centelligence Health Record*** below for a screen snapshot. In addition to the CHR, our Provider Portal offers access to the rest of CHIE's integrated online tools—all incorporated in our Provider Portal—including an Online Member Panel Roster with disease registry, special needs, and Emergency Room utilization indicator flags; Online Care Gap Notifications (including HEDIS care gaps and health alerts); Provider Practice and PCMH patterns of care, quality, and cost information with peer benchmarks; access to our TruCare Care Plan (member level care plans designed to address problems and achieve goals via milestones); access to online evidence-based Clinical Practice Guidelines; and, in 2015, online EPSDT member tracking.

CHIE is completely integrated with our secure Provider Portal, offering demographic and administrative self-service tools and references, including our online Provider Directory with multiple search criteria support. In addition, our Provider Portal is already engineered for "mobile friendliness," which allows CHIE information to be presented in a manner suitable for mobile phone and mobile tablet forms. Because our Provider Portal, including the CHR, are securely web based, both the Provider Portal (and our secure Member Portal, which also contains medical information about the member) are accessible from anywhere and at any time; an important consideration during times when emergency events may dislocate Louisiana evacuees (e.g., as a result of a hurricane). Today, more than 60% of our providers use our Provider Portal. Please see Section T.3 for more details on our Provider Portal features.

Figure W.6-A: Centelligence™ Health Record



Supporting Clinical Data Exchange. In addition to our Provider Portal, providers, hospitals, state agencies, and HIEs can interface with CHIE's health data exchange capabilities for HHS Office of National Coordinator (ONC) standards-based data interchanges, including HL7 lab test results, Admission/Discharge/Transfer (ADT) data, and other standardized health information transactions. CHIE's interface features (which include XML, HL7, and HIPAA standards among others) enable LHCC to support DHH's requirements for collection of eCQM data from providers participating in the Louisiana EHR Incentive Program, and supplying aggregate reports to DHH in CMS Quality Reporting Document Architecture–Category III format, at the time DHH directs. Beginning in early 2015, our Provider Portal users will also be able to securely export a member's Online Member Health Record in ONC standard Continuity of Care Document (CCD) format, which will allow providers to increase their meaningful use of their own EHR system.

Interactive Member Engagement Tools. CHIE securely offers members consumer friendly clinical information specific to a member's particular health and care situation, and we also support (at the member's option) a standardized, secure clinical data feed to the member's Microsoft HealthVault Personal Health Record (PHR) for access by whomever the member designates. We look forward to participating in the planning and implementation of a single, all-payer PHR at such time as DHH requires, and we will be happy to share our own experiences with an open, secured PHR platform (Microsoft HealthVault).

Adhering to Current and Future Federal IT Mandates

LHCC's Compliance Department and Centene's Legal and IT Security Departments work closely with each other to monitor relevant announced federal mandates at large (e.g., published in the Federal Register), IT mandates related to security, and federal mandates relevant to our contracts with DHH. We

use our Compliance 360 corporate governance, risk management, and compliance system to organize, manage (among other functions), and document our compliance with specific federal mandates. Our Security Committee, chaired by our Legal Department, and comprised of representatives from our Compliance, Internal Audit, Risk Management, Human Resources, IT Security, and Physical Security departments, meets monthly and discusses new regulations or rules as they arise. Our Director of Information Technology Security (IT Security) reports to our Chief Information Security Officer, and is a member of the Information Systems Audit and Control Association (ISACA). ISACA provides our Director, IT Security with information and notifications on changes and new regulations and rules at the federal level, and provides guidance on evidence required for demonstrating compliance with new and existing regulations or rules.

Please see Section W.7 for information on our compliance with ICD-10 mandates, and Section W.1 for information on our compliance with HIPAA Privacy and Security mandates, as well as information on our open standards, MITA-based IT architecture, which enables LHCC to efficiently implement future IT mandates. We inform our information technology policies, procedures, controls, and safeguards with Federal publications and guidance from the National Institute of Standards and Technology (NIST), including documents such as NIST 800-14 (securing external devices), 800-66 (implementing HIPAA security), 800-53A (assessing security controls), and other NIST publications.

We are also compliant with Federal regulations related to Phase I-III CAQH Committee on Operating Rules (CORE) for HIPAA transactions, and we continue to closely monitor regulations related to CORE as they evolve.

W.7 Describe your plans to utilize ICD-10.

Ready for ICD-10 Support

We have reviewed and will comply with all ICD-10 RFP requirements, including Section 17.2 (Claims Processing), Appendix H (Medical Loss Ratio Calculation), and Appendix HH (EPSDT Reporting), all ICD-10 requirements in the BAYOU HEALTH Medicaid Managed Care Organizations System Companion Guide Version 1.0, and the LAMMIS Batch Pharmacy Companion Guide, and Federal and Louisiana State (including DHH) regulations and directives related to the acceptance, use, and reporting of data and information related to ICD-10. We continue to work towards ICD-10 implementation and we will implement ICD-10 at DHH's direction and in accordance with the US Department of Health and Human Services (HHS) Final Rule, published on August 4th, 2014, stipulating the ICD-10 compliance date to be October 1st, 2015.

We use policies, safeguards, and monitoring tools to ensure adherence to ICD-10 mandates and all other HIPAA, HITECH, and subsequent rules.

Information Systems Ready to Support and Use ICD-10

LHCC and Centene Corporation (Centene), our parent company, started our ICD-10 compliance and communications program in 2010, when we instituted our inter-departmental, enterprise level ICD-10 compliance initiative led by our Chief Technology Officer (CTO), who reports to our Executive ICD-10 Steering Committee (Committee). The Committee is comprised of business leadership from all departments affected by the implementation of ICD-10 codesets in HIPAA transactions. In 2013, we upgraded our AMISYS Advance claims processing system to its ICD-10 compliant version, along with requisite upgrades to our TruCare health services management platform, Centelligence™ reporting and decision support system, and Encounter Data Management system. We also comply with the HIPAA Omnibus Final Rule and 5010 transactions standards, including CAQH CORE Phase I-III certification.

External Testing.

Testing with DHH. We have recently (9/5/2014) begun testing encounter data submissions to DHH's Fiscal Intermediary (FI) using ICD-10 codes, and our testing is proceeding according to DHH plan.

Testing with Providers. Over the course of 2013 and this year, and as part of our normal communications with our providers as well as via targeted fax notices and online surveys, we have solicited and canvassed providers on the topic of ICD-10, including topics related to their readiness, testing, and other questions they may have on ICD-10. Our website contains easily accessible informational resources and links for providers on LHCC ICD-10 testing plans and information on testing with us, including online claims submission testing for ICD-10 coding via our free EDIFECS Ramp Manager service. Ramp Manager allows providers to test electronic claims submissions to LHCC online, according to DHH and LHCC specific HIPAA implementation rules. Late in the first quarter of 2015, providers will be able to use Ramp Manager to test their *ICD-10* claim submissions to us at their own pace, with full test results and claim submission acknowledgements presented to the provider for follow/up and retesting. Providers who use Ramp Manager are free to contact us at any time for assistance. Ramp Manager will complement our end-to-end claim submission external ICD-10 testing program with providers, to test the entire cycle of ICD-10 coded claim submission through to claim payment and remittance advice. We are in the final planning stages for our end-to-end testing program, and we remain on target for end-to-end provider testing during the first half of 2015. We remain fully confident in the readiness of our providers to support the ICD-10 mandate.

Utilizing ICD-10.

We intend to fully capitalize on the additional analytic and operational support capabilities possible through use of the ICD-10 codeset. ICD-10 offers more than five times the diagnosis codes than found in ICD-9, and covers more illnesses with greater granularity. The composition and structure of the ICD-10 code set also allows for detail, such as laterality and information regarding episodes of care. The benefits are pervasive across our organization, as the adoption of the ICD-10 code set will allow for improved care management, more refined analytics, an enhanced ability to measure quality outcomes, improved risk adjustment capabilities, fewer claims processing complications due to greater coding specificity, and a potential decrease in fraud, waste, and abuse. For example, we anticipate that:

- The expanded ICD-10 codeset will provide the opportunity to refine the selectivity in our predictive modeling applications, and offer greater opportunity to identify members with specific conditions who will benefit from case management, disease management, or tailored programs, such as for diabetes, hypertension, or asthma.
- ICD-10 will allow for an improved ability to measure quality outcomes by providing additional detail, such as more information around medical complications.
- The implementation of ICD-10 and the potential advances in improving clinical documentation could decrease fraud, waste, and abuse, and allow us to capture relevant risk data. This will help to streamline claims and authorization processing, potentially reducing administrative and operational costs.

In addition, ICD-10's increased granularity will allow us to configure our claim adjudication rules with greater flexibility, allowing us to define automated adjudication rules that can allow for specific complex claim processing scenarios previously not possible; scenarios that presently have to be administered manually. ICD-10 offers us the enhanced ability to more efficiently process complex claims with full payment integrity, and with less administrative burden on our providers.