

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section C: Planned Approach to Project	100		
C-1	A, B, and C	<p>Describe how you will launch a network and set up operations capable of supporting its membership and meeting the requirements of the RFP by January 1, 2012 for GSA "A", March 1 of 2012 for GSA "B", and May 1 of 2012 for GSA "C".</p> <p>C.1 Discuss your approach for meeting the implementation requirements and include:</p> <ul style="list-style-type: none"> • A detailed description of your project management methodology. The methodology should address, at a minimum, the following: <ul style="list-style-type: none"> ○ Issue identification, assessment, alternatives analysis and resolution; ○ Resource allocation and deployment; ○ Reporting of status and other regular communications with DHH, including a description of your proposed method for ensuring adequate and timely reporting of information to DHH project personnel and executive management; and ○ Automated tools, including use of specific software applications. 	20		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
C-18	A, B, and C	<p>C.2 Provide a work plan for the implementation of the Louisiana Medicaid CCN Program. At a minimum the work plan should include the following:</p> <ul style="list-style-type: none"> • Tasks associated with your establishment of a “project office” or similar organization by which you will manage the implementation of the CCN Program; • An itemization of activities that you will undertake during the period between the awarding of this procurement and the start date of the CCN Program. These activities shall have established deadlines and timeframes and as needed conform to the timelines established under this RFP for deliverables. <ul style="list-style-type: none"> ○ All activities to prepare for and participate in the Readiness Review Process; and ○ All activities necessary to obtain required contracts for mandatory health care providers as specified in this RFP. • An estimate of person-hours associated with each activity in the Work Plan; • Identification of interdependencies between activities in the Work Plan; and • Identification of your expectations regarding participation by DHH and/or its agents in the activities in the Work Plan and dependencies between these activities and implementation activities for which DHH will be responsible. (In responding the CCN shall understand DHH shall not be obligated to meet the CCN's expectation.) 	25		

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C-27	A, B, and C	<p>C.3 Describe your Risk Management Plan.</p> <ul style="list-style-type: none"> • At a minimum address the following contingency scenarios that could be encountered during implementation of the program: <ul style="list-style-type: none"> o Delays in building the appropriate Provider Network as stipulated in this RFP; o Delays in building and/or configuring and testing the information systems within your organization's Span of Control required to implement the CCN program; o Delays in hiring and training of the staff required to operate program functions; o Delays in the construction and/or acquisition of office space and the delivery of office equipment for staff required to operate program functions; o Delays in enrollment processing during the implementation of CCN; and o Delays in the publication of marketing and related materials and/or the delivery of these materials to DHH and/or its agents. • For each contingency scenario identified in the Proposal, at a minimum the Risk Management Plan must include the following: <ul style="list-style-type: none"> o Risk identification and mitigation strategies; o Risk management implementation plans; and o Proposed or recommended monitoring and tracking tools. 	25		

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C-38	A, B, and C	C.4 Provide a copy of the Work Plan, generated in Microsoft Project or similar software product that includes the aforementioned implementation activities along with the timeframes, person-hours, and dependencies associated with these activities.	20	
C-39	A, B, and C	C.5 Provide a roster of the members of the proposed implementation team including the group that will be responsible for finalizing the Provider network.	5	
C-42	A, B, and C	C.6 Provide the resume of the Implementation Manager (the primary person responsible for coordinating implementation activities and for allocating implementation team resources).	5	

Question C.1

Approach for Meeting Implementation Requirements

Section C. Planned Approach to Project

Describe how you will launch a network and set up operations capable of supporting its membership and meeting the requirements of the RFP by January 1, 2012 for GSA “A”, March 1 of 2012 for GSA “B”, and May 1 of 2012 for GSA “C”.

C.1 Discuss your approach for meeting the implementation requirements and include:

- A detailed description of your project management methodology. The methodology should address, at a minimum, the following:
 - Issue identification, assessment, alternatives analysis and resolution;
 - Resource allocation and deployment;
 - Reporting of status and other regular communications with DHH, including a description of your proposed method for ensuring adequate and timely reporting of information to DHH project personnel and executive management; and
 - Automated tools, including use of specific software applications.

Successful Experience with Implementations

Louisiana Healthcare Connections’ (LHC) parent company, Centene Corporation (Centene) has a deep and diverse background of experience implementing managed Medicaid business. Our demonstrated successes in working with States to deliver managed Medicaid programs spans a broad variety of implementations, including implementing new business opportunities that are a result of growth in new markets (including implementation in multiple markets), as well as growth in Centene’s existing markets through added product implementations and procurement efforts. From focused deployments of distinct populations or limited geographies, to comprehensive state-wide deployments among multiple populations, to phased or staggered deployments over time, our process allows the flexibility to deploy managed Medicaid programs successfully. Our extensive experience with new business opportunities will be leveraged to effectively and efficiently build and manage Louisiana Healthcare Connections (LHC).

Today Centene affiliate health plans are located in twelve states. We have successfully launched health plans in new markets and additional lines of business in 8 of our existing markets. In 2011 alone, we have implemented Medicaid managed care statewide in Mississippi, including the rural Mississippi Delta and also in Illinois, in six suburban Chicago counties. Whether it is rural or urban, Centene is able to adapt and implement programs quickly and effectively. Below is a list of the major growth initiatives completed by Centene and our health plans since 2006.

New business implementations include:

- **Illinois Integrated Care Program.** IlliniCare Health Plan, effective May 1, 2011, began serving seniors and persons with disabilities in the Medicaid program. The system links primary, specialty and institutional services and will improve care for Illinois’ most vulnerable residents while saving significant taxpayer dollars.
- **Mississippi Medicaid.** On January 1, 2011 Magnolia Health Plan began serving approximately 33,000 members as one of two health plans selected to administer the MississippiCAN program providing services to SSI/ABD, and Foster Care children, among other Medicaid categories.
- **CeltiCare Health Plan.** Centene, through its subsidiary, Celtic Group, Inc, implemented CeltiCare Health Plan of Massachusetts in July 2009 to provide high-quality, cost- effective health insurance to the Massachusetts residents enrolled in the Commonwealth Care program. The program was expanded in November 2009 under the Commonwealth Care Bridge Program, and again in April 2010, under the Commonwealth Choice program.

- **Florida Medicaid Expansion.** Centene partnered with Access Health Solutions (Access) to implement a full-risk Medicaid managed care program and started accepting new members in January 2009.
- **Texas Foster Care.** Superior HealthPlan Network implemented STAR Health, a statewide Medicaid program for children in foster care, in April 2008.
- **South Carolina Medicaid.** In 2007, when the state decided to transition their Medicaid program to managed care, Centene was there to partner with them, creating Absolute Total Care (ATC) as a statewide managed care organization.
- **Arizona Long Term Care.** Centene built Bridgeway Health Solutions from the ground up in October of 2006 to manage Medicaid recipients who need assistance with long term care services in Arizona.
- **Georgia Medicaid.** In 2006 Centene built the Peach State Health Plan (Peach State) as a new health plan by working closely with the Georgia Department of Community Health (DCH) as they transitioned their Medicaid program from fee-for-service to managed care.

Internal growth expansions include:

- **Texas Dallas STAR+Plus Expansion.** In February 2011, Superior HealthPlan expanded their SSI operations to the Dallas market.
- **Indiana Healthy Indiana Plan (HIP) and Reprocurement.** In January 2011, Managed Health Services began serving uninsured adults through the State's HIP Program.
- **South Carolina Expansion and SCHIP.** Absolute Total Care acquired an additional 12,000 Medicaid members and 1,600 SCHIP members from AmeriGroup in March 2009 and implemented SCHIP as a new line of business.
- **Arizona Acute Care.** Bridgeway Health Solutions expanded in October 2008 with the implementation of the Acute Care Services contract in Yavapai County. This expansion of services covered the TANF and SSI/ABD populations.
- **Ohio ABD Program.** Buckeye Community Health Plan implemented managed care for the ABD population, serving approximately 20,000 members in four regions throughout the state, between January and December of 2007.
- **Ohio Medicaid Expansion.** Buckeye Community Health Plan was awarded additional regions throughout the state for their Medicaid business. The two new regions were added in July 2006 and October 2006.
- **Texas Medicaid and CHIP Expansion.** In October 2006, Superior HealthPlan was awarded additional service areas for their Medicaid (TANF, SSI and Long Term Care) and Children's Health Insurance Program (CHIP) business.

Overview of Project Methodology

Through our experience with multiple successful implementations, Centene has acquired extensive expertise regarding what is required to implement Medicaid managed care programs. After each implementation, we review the outcome of the implementation with participants to identify areas of best practice and improvement. We utilize this information and apply those learnings to new implementations. To create a customized approach for implementing LHC, Centene will integrate what has worked well for past health plan implementations with our understanding of what is required by the DHH to establish a health plan in Louisiana.

All new business implementation activities are managed by Centene's Corporate **Business Implementation and Integration Team**. This team is comprised of professional project management and healthcare professionals whose collective experience provides a breadth and depth of knowledge regarding planning and execution of complex health care business initiatives. The Business Implementation and Integration Team is empowered to collaborate with Centene corporate, local plan, external vendor and state resources to launch a health plan from initiation, through deployment, to full

health plan operations. Additionally, this team is responsible for the development of the tools and protocols used to support the implementation process and the continuous improvement of the process.

To ensure we effectively launch new health plans and successfully transition each new entity to full operational status as required, the Business Implementation and Integration Team follows a project management approach that is highlighted by:

1. A project lifecycle methodology with defined stages and activities to ensure progress to implement the health plan;
2. Proactive review of implementation progress, issue identification/assessment, alternatives analysis and resolution;
3. Deployment of a dedicated, highly specialized team of professionals with defined levels of authority to implement the health plan;
4. Consistent communication between implementation participants.
5. A set of industry standard and proprietary tools to define accountability, track progress and identify and mitigate risks to implementing the health plan;

The following sections provide insight into each of these key implementation tenets.

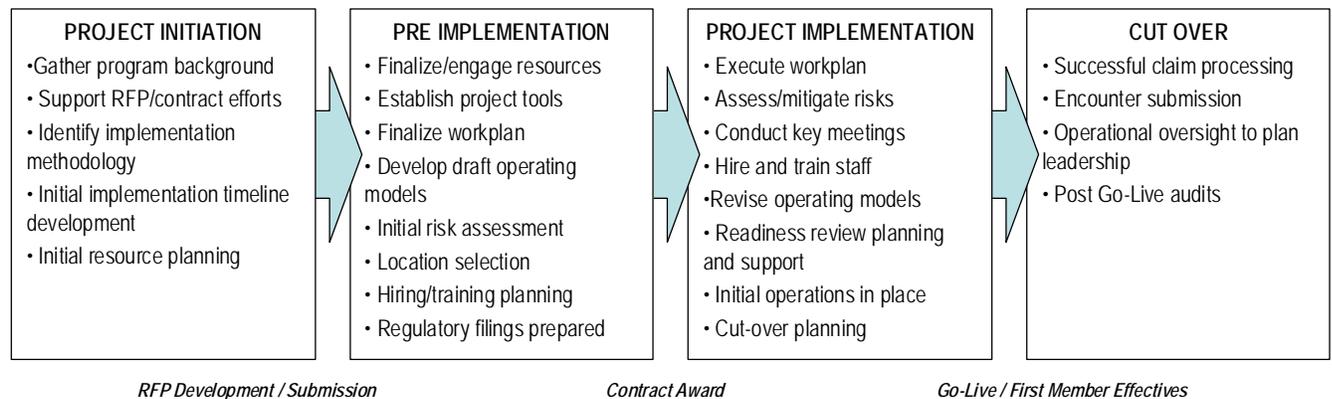
A project lifecycle methodology with defined stages and activities to ensure progress to implement the health plan

Centene’s project lifecycle methodology provides a solid framework for managing new business and key project implementation activities according to a defined set of standards. This methodology provides the same framework as a typical “Project Office” in which resources and tools are deployed in a standard manner. However, we feel that this approach enables us to more effectively meet tight time frames, manage cross-functional activities, and establish clear expectations with all stakeholders and project participants of the activities needed to ensure a successful business implementation.

In this manner, projects are managed consistently by:

- Assigning key milestones and deliverables to each phase with specific ownership;
- Reporting weekly status to key stakeholders;
- Continuous assessment for risk and development of risk mitigation strategies to ensure resolution;
- Clarifying escalation paths at the beginning of each project to facilitate timely response and priority.

This project life cycle is categorized by four distinct phases which encompass multiple activities to ensure consistent and appropriate resource support from launch to full business operations. The following diagram illustrates these phases and highlights some of the key activities of each phase, followed by a brief description of these phases:



Our project management lifecycle begins with the **Program Initiation Phase**. During this phase of the project the initial development and understanding for the project are developed. Key activities include but are not limited to:

1. Gathering program background – includes the research conducted by the Business Implementation and Integration team to develop essential information such as key stakeholders/agencies overseeing program elements, current market trends and key online reference manuals/policies/standards for the state programs. That information is then compiled into a “Kick-Off” presentation to ensure all project resources share a similar understanding of the project to be executed.
2. Support for RFP /contract efforts – includes assistance in preparing materials for RFP and/or contract submission. This provides the Business Integration and Implementation Team the early opportunity to understand key program elements and essential initiatives to be addressed in the implementation process.
3. Identify implementation methodology – includes the identification and approval of the specific model used for implementation management.
4. Initial implementation timeline development – includes the first draft of a high level implementation schedule to identify timing of key project deliverables. The Business Integration and Implementation Team will review this timeline with each integrated lead to ensure alignment of workplan activities and identification of additional resource needs.
5. Initial resource planning – includes the early identification of additional resources needed to support the implementation timeline and methodology and the initial approval of senior leadership for the engagement of these resources.

After the Project Initiation Phase, the **Pre-Implementation Phase** establishes the final preparation prior to the implementation (or execution) of the project plan. During this phase key activities include, but are not limited to:

1. Finalize/engage resources – allows for the integration of project resources proposed in the Project Initiation Phase. This activity culminates in a series of Implementation “Kick-Off” meetings with internal and external resources to ensure consistent understanding of the implementation plan.
2. Establish project tools – the Business Implementation and Integration Team will begin the process of gathering and labeling and, where appropriate, pre-filling key project tools to be utilized by implementation team members.
3. Finalize workplan – all key implementation milestones, supporting activities, delivery dates and accountabilities are confirmed with each implementation team member to ensure appropriate support,
4. Develop draft operating models – the Business Implementation and Integration Team works with each of the integrated team members to complete initial drafts of their functional operating models (tools which detail each of the functional areas support of the health plan implementation).
5. Initial risk assessment – during this meeting of the integrated lead team, documentation such as the draft operating models, integrated IT testing schedule and program draft contract are reviewed for identification of immediate program risks.
6. Other key activities that may be initiated prior to the Implementation Phase may include: facility location, hiring/training planning and regulatory filings prepared.

It should be noted for reference that there are times that as a result of the speed at which some implementations must progress, the Project Initiation and Pre Implementation phases may occur within a short time span of each other. As such, the delineation between activities and/or these phases can run

together. During those times, the Business Implementation and Integration Team works closely to ensure that essential activities or deliverables for these phases are not lost.

Typically, the notification of contract award initiates the activities associated with the **Project Implementation Phase**; however, in some cases, due to the need to support aggressive implementation timelines, these activities may begin prior to contract award or finalization. In general, this period is highlighted by the execution of all activities needed to ensure an effective implementation of a health plan, as will be the case with LHC, in alignment with the timing for the enrollment of plan members.

Specifically, key implementation activities during this period include:

1. Execute workplan – is highlighted by the work done by the integrated leads and includes activities such as, but not limited to, the development of all policies and procedures unique to the support of LHC operations; development of all member and provider materials; continued development of provider networks; preparation to implement clinical protocols and transition strategies.
2. Assess/mitigate risks - continuous identification, documentation, and assignment of risks for resolution and mitigation planning; tracking of key decisions on program models
3. Conduct key meetings – throughout this phase, we will conduct weekly integrated lead meetings to monitor project scope, schedule, and key deliverables while continuously resolving issues and mitigating risks. With approval from DHH, we will establish a regular occurring meeting between key LHC implementation resources and DHH project leadership to review implementation progress and discuss any areas of operational clarification for both LHC and DHH. In addition to regularly occurring meetings, we also prepare for our go-live period through a series of internal operational readiness reviews (held 60 and 30 days prior to the go-live period). These reviews are managed by the implementation team for the Centene Enterprise Implementation Steering Committee to ensure all key activities and deliverables are moving toward completion prior to go-live. This ensures that Centene and LHC will be fully prepared for cutover to the health plan
4. Hire and train staff - recruitment and hiring of the key executives and the staff needed ensure support for LHC operations development; execution of all staff training materials and curricula.
5. Revise operating models – the functional operating models developed in the Pre-Implementation Phase are further validated and refined based on additional information gathered through activities of the Pre Implementation and Project Implementation phases.
6. Development of key reports – working with DHH we will develop draft copies of reports required that will be used monitor LHC performance after program implementation.
7. Readiness review planning and support – in conjunction with Compliance Integrated lead, support delivery of any materials and/or facilitate meetings to ensure successful review of plan operations by DHH EQRO.
8. Initial operations in place – establish operations needed to provide support to deployment schedule (i.e. member services, web services, development and execution of marketing strategies as permitted by DHH policy
9. Cut-over planning – development of activities to establish clear expectations around what needs to occur throughout the weeks leading up to and immediately after the health plan go-live.

During this period, our IT integrated leads and Subject Matter Experts (SMEs) work with our functional leads to gather technical and business requirements and prepare key systems for plan implementation. The IT systems process concludes with end-to-end testing activities which follows test data through the process. System development and documentation is managed through an Agile process. This information is further described in Section R of this RFP.

The **Cutover / Plan Operations Period** marks the formal transition of the health plan to full operational management by the local plan leadership and staff. Some key events and activities conducted during this phase include:

1. Successful claim processing – shortly following the initial enrollment of members, all claim adjudication is reviewed for accuracy and alignment with proposed billing principles. Upon the successful completion of this process over a period of time, established during the cutover planning activities, the claims functionality will be monitored via local plan leadership.
2. Encounter submission – typically conducted several weeks after initial claim submission and thus becomes an integral transition benchmark
3. Operational oversight to plan leadership – project team members work directly with health plan leadership to ensure transfer of knowledge, understanding of operational set up. In addition, team members may also establish ongoing meetings to support health plan leadership.
4. Post Go-Live audits - in support of our effort for continuous improvement, we conduct post go-live reviews at intervals of 30, 90 and 180 days from the first day of member enrollment.

The project exit process includes validating business process metrics have met targeted thresholds; identifying and documenting lessons learned; communicating the results to the project team; and archiving all project artifacts.

Proactive review of implementation progress, issue identification/assessment, alternatives analysis and resolution

Centene's implementation approach ensures a clear understanding of project scope; effective communication with all project stakeholders; assignment of ownership of deliverables; appropriate scheduling of work; identification of potential risks; and evaluation of the quality of the work, while using fiscal discipline throughout the course of the project. The narrative below provides additional detail about how we ensure the timely completion of all required deliverables and manage performance standards and identify and manage issues and risks.

Implementation Monitoring Process. Monitoring and controlling activities vary for different types of projects, in the same way that planning the project varies by type of project. Monitoring key performance indicators delivers regular assessments of the overall health of the project portfolio. The purpose of this process is to monitor the performance of the new plan implementation and provide assurances to senior management that project objectives are being achieved. By closely monitoring the overall progress of an implementation, appropriate corrective actions can be taken and consistent, "total project" auditing can be developed when the performance deviates significantly from the plan. The overall objectives of the monitoring process are to:

- Monitor actual project accomplishments against expected results
- Provide global visibility into progress as the project proceeds, so that the team and management can take corrective action early when project performance varies from original plans
- Facilitate consistency between implementations so the implementation process is scalable and repeatable
- Ensure coordination among the implementation stakeholders to achieve overall project results

Throughout the implementation we conduct **Integrated Lead Meetings** - regularly held check-in meetings with implementation team members and key SMEs. These meetings are held to confirm progress on deliverables and identify and address any issues impacting implementation timeliness. Standing agenda items at these meetings include the identification of new issues and comprehensive discussions on the progress made on resolving existing issues. Initially, meetings are held weekly and as activities progress closer to Go-Live, meeting frequency will be increased leading up to daily check-ins during the first weeks of full plan operations.

To ensure appropriate visibility and support, *Enterprise Implementation Steering Committee* meetings are held on a weekly basis to inform senior leadership of issues potentially impacting implementation progress and that may require escalation for final resolution. These meetings are also used to ensure appropriate resource allocation; review and take action on key decisions to be determined; balance corporate and health plan priorities; and realign as necessary and approve project resource / budget changes.

Centene has also learned that to consistently achieve implementation objectives, we must engage in regular communications with state agency partners. With DHH approval, LHC will expand its communications externally and facilitate a standing meeting with DHH stakeholders and SMEs to provide DHH updates on implementation progress and allow the LHC implementation team to discuss open items and/or points of operational clarification. The frequency of these meetings will be determined at the beginning of the implementation and will be evaluated on a regular basis to ensure they meet the needs of the project and DHH. Prior to the meeting, LHC will coordinate and provide an agenda of discussion topics and a log tracking questions and responses from these meetings. Additionally, LHC will ensure plan resources are available for any focused discussions requested by DHH.

Executive Operational Readiness Reviews. At key points leading to the go-live date, an executive leadership team from Centene will visit LHC and conduct an internal operational review. During these reviews, the key leadership for each of the business functional areas is required to illustrate to the management team the current state of their team to support the health plan, the level of readiness of that team, and any plans to address open activities associated with operational readiness. Typically, these occur at points 60 and 30 days prior to the prospective go-live date. However, the number and frequency of these reviews can vary depending on the type of enrollment (single point vs. staged) and the level of readiness demonstrated during the review. The expectation is that at each following visit there will be an increase in the readiness team training and preparedness.

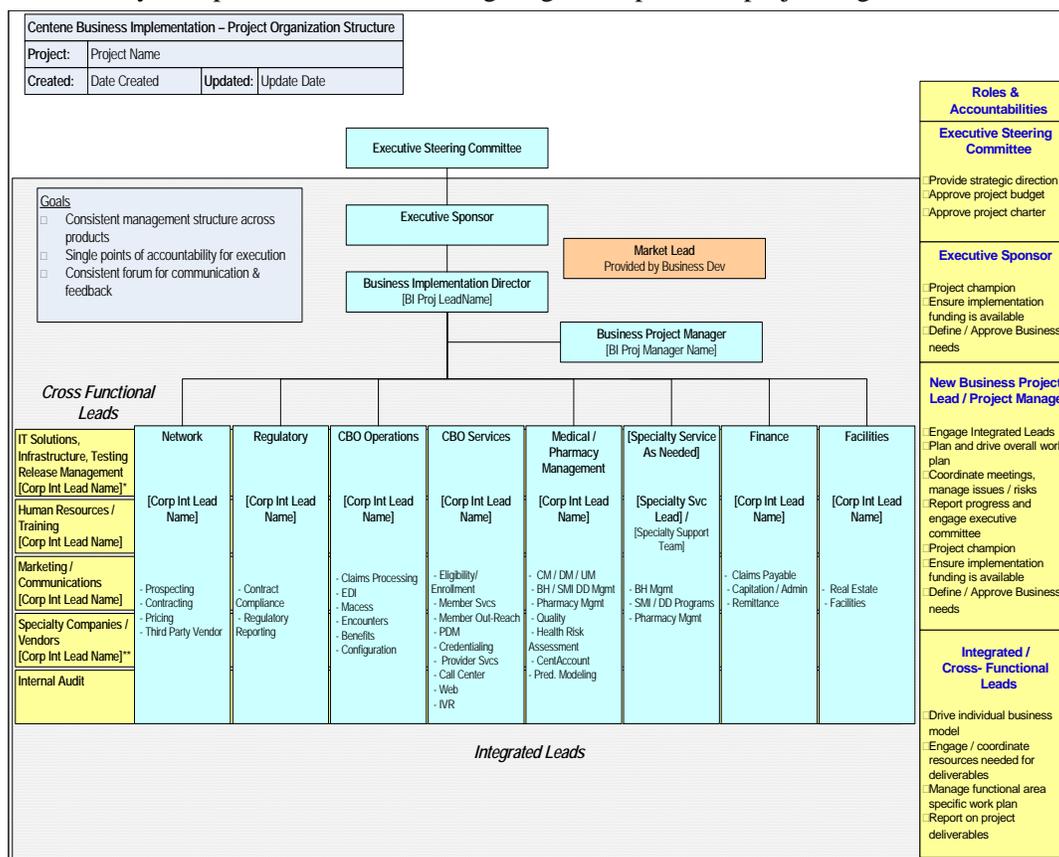
Lessons Learned. Lessons Learned Meetings are a set of meetings used to collect knowledge and experience, both positive and negative, derived from the implementation and evaluation of a project. Lessons Learned Meetings are held at distinct intervals after the go-live date (typically 30, 90 and 180 days after go-live). Participants in the Lessons Learned meetings will vary depending on their involvement in the project at that particular phase of the implementation. During these meetings Integrated Leads provide feedback related implementation effectiveness including areas of success and areas for improvement. These recommendations are gathered, categorized by topic and then reviewed by the functional leads as level of impact on the implementation. The Business Implementation team then utilizes this information in establishing process improvement efforts as well as in planning future implementations.

Risk Identification and Management. Through the implementation monitoring process previously discussed, issues and risks that may impact the success of implementation may be identified. Centene uses a *Risk Log* to track and monitor issues until resolution is reached. All issues are assigned an owner who is responsible for ensuring the issue is addressed and resolved. Each issue is also assigned a priority level of based upon criteria related to timing and impact. Further detail about the log can be found in the tools descriptions below and in the response to question C3 – *Risk Management Plan*.

A dedicated, highly specialized team of professionals with defined levels of authority to implement the health plan

Centene's operating model revolves around a high-touch approach with our members and providers through our local health plans. Implementing a new health plan requires dedicated corporate resources to build and support the health plan as newly hired staff learn our systems and processes. We have established a corporate structure that directly aligns with our health plan implementation structure. During the launch of a new health plan, these corporate resources are responsible for administrating the functions of the new health plan, on an interim basis, and to provide support until the plan can run independently.

Recognizing the importance of best practice continuity and the efficiencies gained by leveraging experienced resources, Centene has dedicated a team of professionals to lead and manage the implementation of the Louisiana CCN program. Operational satisfaction is the goal of the team and the transition to full health plan operations will include managing defined implementation and operation metrics. To meet the objectives of the Louisiana CCN program, the team will draw upon their broad experience in the health care business, the extensive expertise across the entire Centene organization, and established industry best practices. The following diagram depicts our project organizational structure:



The **Enterprise Implementation Steering Committee** is a team of Centene senior executives which focuses on balancing project priorities among corporate initiatives, while ensuring projects stay focused on strategic objectives. The Committee meets every week, which demonstrates the level of commitment needed for successful project outcomes by ensuring appropriate resource allocation and strategic guidance. The specific accountabilities of the Enterprise Implementation Steering Committee include:

- Guide cross-project implementations from an enterprise point of view with regard to strategic direction, Contract compliance, budget and organization resources
- Balance corporate and health plan priorities
- Approve initial project budgets
- Approve Project Change Control Requests (PCRs)
- Resolve cross-project issues
- Remove cross-project barriers
- Monitor project execution via recurring governance meetings and weekly status reports
- Serve as highest escalation point for project issues and barriers

The **Project Leadership and Management Team** is the management group with overarching responsibilities for delivering the implementation within the specified timeline, budget, and defined scope

while ensuring delivery of a quality product. Issues that cannot be resolved or decisions that cannot be agreed upon at this level are escalated to the Enterprise Implementation Steering Committee. The project leadership and management team is accountable to the Enterprise Implementation Steering Committee.

The Project Leadership and Management team consists of the following roles and responsibilities:

As the person ultimately responsible for the delivery of the implementation, the **Executive Sponsor** is the “Project Champion”. In general, the Executive Sponsor provides oversight for the project. In specific, their accountabilities include:

- Provides project business case analysis
- Ensures availability of project funding
- Ensures availability of Project Entrance criteria
- Approves the Project Charter
- Ensures strategic corporate direction is maintained across/within project
- Accountable to Enterprise Implementation Steering Committee and Project Advisory Committee
- Accountable for delivery of project
- Serves as a communications conduit between senior management and the project team
- Resolves material budget and material scope variances
- Resolves project issues
- Removes project barriers
- Monitors project execution via recurring governance meetings and weekly status reports

The **Business Implementation Director** is responsible for executing a quality project implementation according to the defined scope, schedule, and timeline. Their project accountabilities include:

- Provides execution strategy to achieve strategic business objectives
- Enforces Standard Implementation Operating Models and Templates
- Ensures project complies with corporate policies, procedures and practices
- Develops Project Charter
- Presents project updates via recurring governance meetings and weekly status reports
- Performs business and IT stakeholder outreach and engagement to ensure open communications on project integration, execution and ongoing status
- Oversees and validates project budgets, schedule and quality metrics
- Oversees control of project scope through Change Control process
- Oversees management of Work Plan and time reporting
- Manages escalation of project issues/risks to advisory and steering committees
- Oversees Project Management responsibilities

The **Business Project Manager** supports the new business implementation activities

- Manages and coordinates setup of project tools and security rights (i.e. CNET site, project folders, etc.)
- Develops key project management deliverables (i.e. contact matrix, communications plan, standard Work Plans, project team training plans, etc.)
- Conducts metric data collection
- Assists Integrated Leads and New Business Implementation Lead in identifying cross-functional dependencies
- Updates the work plan and risk log
- Tracks all decisions in the Decision Tracking Log

The **Functional Project Team** consists of the **Integrated Leads** and **Business Subject Matter Experts (SME)**. They are responsible for implementation activities needed to build the program and operational oversight for the plan. Their roles and responsibilities are listed below:

The **Integrated Leads** are accountable for complete business and IT delivery of specific business processes from project initiation to cutover. They are accountable for oversight and/or delivery of functional operations within the organization in addition to the implementation deliverables. Their responsibilities include:

- Manages the delivery of the business processes according to the project budget/costs, schedule and quality constraints
- Ensures project IT/business solutions comply with State, corporate and IT policies, procedures and practices
- Manages resource allocation
- Develops Release Management Plan
- Performs issues/risk/decisions management
- Manages cross-functional dependencies
- Monitors implementation and post-implementation dashboards

Business SMEs are subject matter experts on Centene's business operations. They provide specialized, focused support to the overall project. Their responsibilities include:

- Develops and provides direction on standard business operating models and templates
- Assists in project issue/risk resolution and decision management
- Provides functional area expertise to Integrated Leads
- Monitors implementation and post-implementation dashboards

While LHC will become a fully functioning entity with its own leadership team and dedicated program staff, our experience has shown that the health plan will also benefit from Centene's corporate resources. Once LHC moves into the operational phase, these additional resources will remain available and can even provide support onsite, as needed. This structure provides LHC with a consistent level of accountability and involvement throughout the project through cutover, to ensure a high level of operational accountability.

Consistent communication between implementation participants

Project Meetings. As discussed previously, the use of regularly occurring meetings with internal and external stakeholders provides an vital vehicle to ensuring frequent and consistent messaging.

We recognize that a successful implementation starts with a strong relationship with the State Medicaid agency. As a new managed care program is implemented, many changes are required from the State's fiscal intermediary to ensure a smooth, seamless program transition that will support the objectives of the program. Most state interactions, such as for eligibility, capitation payments, compliance and operational reporting, encounters, need to change significantly to adapt to the new managed care model. Centene's health plan implementation model considers the interactions with the State agency as critical to the successful implementation of a new Medicaid managed care program. Our broad experience working with such State fiscal intermediaries as ACS, AHM, EDS, Unisys, and D&T, enables us to work effectively with these organizations to ensure an effective transition from fee-for-service to managed care. In a number of previous implementations, we have provided proven eligibility, encounter, and reporting interface templates to states and their agents. This has minimized expensive changes for states and contractors down the road.

Centene and LHC consider the DHH staff to be an integral part of our team, and to that end, will develop a plan for interaction that ensures that DHH's input is considered in all relevant aspects of the implementation. LHC's primary goal is to serve as a responsible, transparent partner with DHH.

Therefore, during the Program Initiation and Pre Implementation Period, we will identify key personnel representing LHC and will ideally pair them with staff members with the respective expertise from the DHH. Selection of LHC key contacts will ensure alignment with those identified by DHH. We have found our most successful implementations and data exchanges have occurred when we hold regularly scheduled meetings between health plan representatives, state agency staff and the state's fiscal agent to discuss project status, risks, and problems, and work toward mutual resolution.

Project Status Reporting. Centene utilizes a formal system of documentation to monitor, track, assess, and report progress with each project. (Much of this documentation is gathered and tracked in the various tracking tools listed in our response to question C.2.) On a weekly basis, our implementation team provides an update of key measures within their functional area as part of our implementation dashboard. We then utilize these tools to develop a limited set of reports relative to project status. The level of detail and type of information included in our various project status reports varies based on the type of report and its audience. Reports are then used as a basis for discussion for our regularly scheduled meetings. If any changes are required to the frequency, format, and/or content within our reports, we will adjust them to meet the needs of the Contract. We have established points of accountability to collect and report information on the project implementation. The reports include:

Each week, the Business Implementation Director will prepare an *Executive Steering Update*. The package includes the following:

- Executive Summary of implementation progress – this is a synopsis of the Weekly Project Status Report.
- Key risks by functional area – this provides a view of the highest rated risks to implementation success
- Critical Milestones Report - this information is derived from the individual Project Functional Area Work Plans and provides a high-level summary of the current project status relative to critical project milestones.

The Business Implementation Director will prepare a *Weekly Project Status Report* by phase and by function for key stakeholders. This report is derived from a review of the project workplan along with notes from previous week Integrated Lead and Enterprise Implementation Steering Committee Reports. Key announcements and activities requiring focus are documented to ensure consistent messaging and guidance is provided to Integrated Leads and SMEs.

Lastly, our Business Implementation team is prepared to apply its professional experience in project management and operations to work with the integrated leads to develop any additional reporting should a project deliverable or risk mitigation strategy require.

Provider Network Implementation Methodology

With guidance from Centene, LHC will develop a clearly defined implementation workplan tailored to its provider network in Louisiana. The project managers for the network development portion of the entire LHC implementation project were designated prior to issuance of this RFP. Provider recruiters have been actively developing provider networks in each GSA since 2010 and much of the preliminary implementation tasks have already been completed.

Methodologies Specific to Network Implementation. LHC uses a variety of methods to ensure every component of the network implementation plan is successfully carried out within prescribed timelines. As described previously, LHC conducts weekly network implementation meetings keep tasks on track and help to uncover any challenges so they can be addressed early in the process. Our network implementation methodologies include the following components:

1. Creation of a LHC Network Implementation task force
 - Task force leader is a member of the Business Implementation and Integration Team

- Mandatory task force members include department directors from QI, Case Management, Corporate Communications, Information Systems, Claims Management, Member Services, Provider Services, Network Development, Credentialing
 - Roles and responsibilities of each task force member defined in accordance with project goals
 - All task force members have the responsibility and authority to carry out tasks as assigned
2. Development of a readiness task list
 - includes task descriptions, owners, due dates, completion status
 3. Continuous Assessment
 - Weekly network implementation meetings
 - Task force members report task completion status and challenges to meeting deadlines, if any
 - Meeting minutes filed and accessible to all internal departments
 - Task completion status presented in measurable format (i.e. reports, prototypes, written proof of task completion) and distributed to task force members, Business Implementation and Integration Team and DHH as requested.

A provider network that is ready and able to deliver health care services to our members on the go-live date is critical to the overall success of the LHC health plan. To ensure providers are ready well in advance of the go-live date, the Network Implementation task force will ensure allocation of the resources and personnel necessary to accomplish our goals. The table below shows some of the tools and activities deployed in order to prepare the GSA A provider network in anticipation of a January 1, 2012 go-live date.

Task Description	Owner	Due Date	Status/Comments
Develop and produce LOIs, contracts, applications, manuals, handbooks and any other legal forms and documents used in the provider contracting process.	Dept Director	Complete	Documents in SharePoint
Prepare report of GSA A including membership potential, providers by type, provider status, provider practice locations.	Dept Director	Ongoing	Status report delivered 2-4x/mo (See Network Development Plan)
Develop cover letter and recruitment packet for initial provider mailing	Dept Director	Complete	Cover letter approved by legal; Mailing approved by DHH
Mail provider recruitment packets	Dept Director	Complete	2,000+ packets delivered
Coordinate application completion/submission with providers & credentialing dept.	Dept Director	Ongoing	Status report delivered 2-4x/mo
Provider Recruitment Log maintenance	Dept Director	Ongoing	See Network Development Plan
Coordinate contract completion between provider & LHC	Dept Director	Ongoing	Status report delivered 2-4x/mo
Conduct recruitment presentations with interested providers	Dept Director	Ongoing	See Network Development Plan
Ensure newly credentialed/contracted providers loaded in system (for claims and case management purposes)	Dept Director	Ongoing	Status report delivered 2-4x/mo

Task Description	Owner	Due Date	Status/Comments
Conduct provider orientation/training sessions, including distribution of provider manuals and similar documents.	Dept Director	12-15-11	Status report delivered 2-4x/mo
Ensure all relevant provider data is entered into the system prior to the Provider Call Center taking Provider calls.	Dept Director	12-01-11	Status report delivered 2-4x/mo
Ensure all relevant member data (such as enrollment files) is loaded into the system for call center and subcontractors	Dept Director	12-01-11	Coordinate file transmittal process with DHH
Ensure adequate staffing level requirements to meet increased provider call volume and service needs for GSA A	Dept Director	Ongoing	
Complete credentialing of applicants in GSA A	Dept Director	12-15-11	Status report delivered 2-4x/mo
Credentialing log maintenance	Dept Director	Ongoing	Status report delivered 2-4x/mo
Coordinate complaints, provider inquiry functions with MS and PR staff	Dept Director	12-15-11	

While the information and example presented herein is specific to provider network readiness, implementation activities such as this will touch every portion of LHC’s business development and operations in Louisiana. In collaboration with Centene, LHC will follow the same approach for every aspect and phase of the implementation by practicing due diligence; communicating frequently with all stakeholders; and delivering a fully functioning health care delivery system for LHC members on January 1, 2012.

A set of industry standard and proprietary tools to define accountability, track progress and identify and mitigate risks to implementing the health plan.

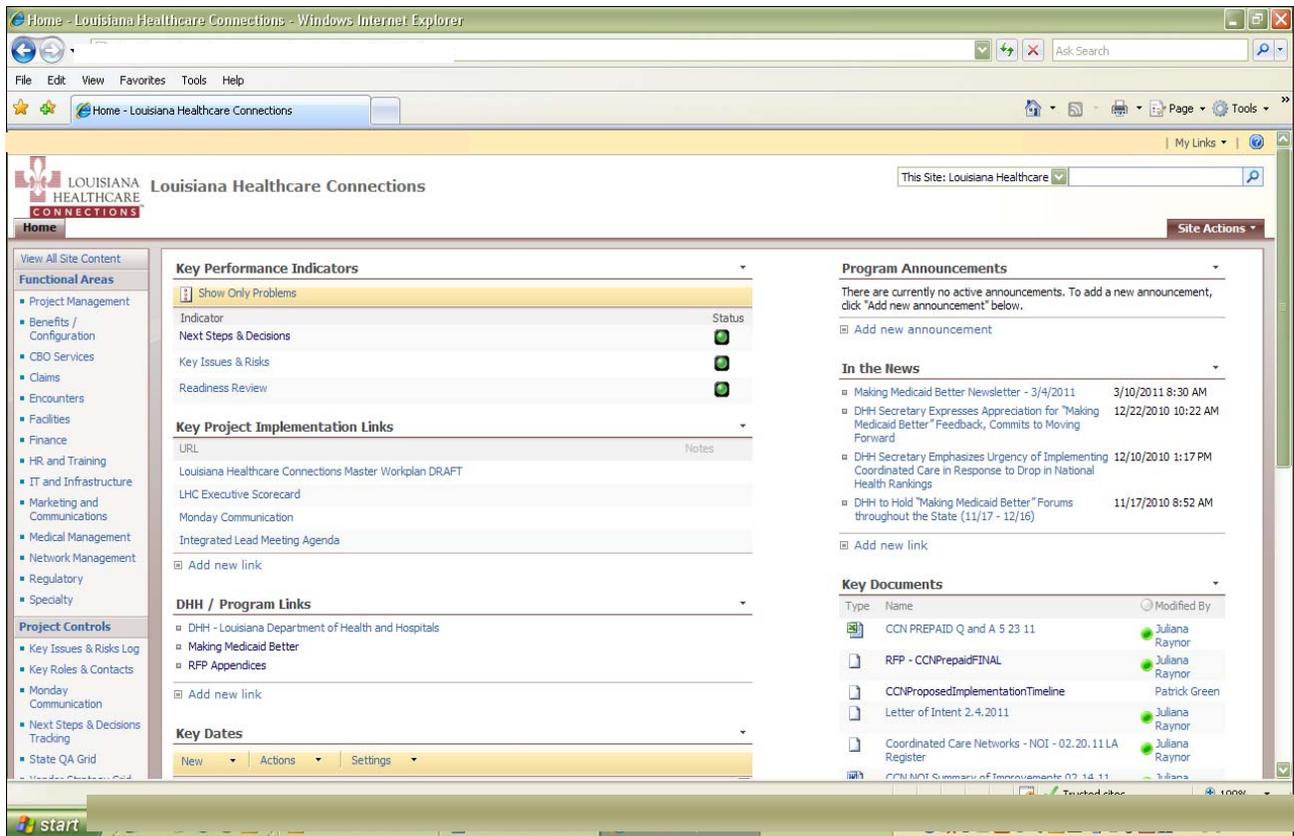
We utilize recognized tools such as Microsoft Project and SharePoint, an online project management tool, to document and track project deliverables and timing and ensure consistent communication and single points of access to information for all implementation team members.

In addition to these known tools, LHC will also utilize a set of proprietary tools and pre-populated templates that can give the project team a jump-start on the implementation process. These tools, techniques, and templates have been developed to specifically meet the needs of Medicaid managed care implementations and encompass the following key areas: project scope, project communications, resource planning, work plan and schedule, risk management, quality management, and cost management. The implementation team has the ability to tailor each template to meet the requirements of the program.

This customizable approach, deploying both standard industry known tools and proprietary tools, allows Centene to have a more streamlined approach, be more responsive to the market as changes occur, and be more focused on the needs of State customers. These tools are discussed in greater detail below.

SharePoint: The Project Implementation Intranet Site. For over seven years, Centene has used a corporate-wide intranet site called CNET (Centene IntraNET) as our version-controlled document repository. CNET operates on a top-tier Microsoft SharePoint platform and is fully integrated with Microsoft Office. For the LHC implementation, Centene has created a dedicated project implementation site on CNET, which includes a standard directory structure. The site is used as a single point of reference for all implementation participants. It used for storing documentation such as operating models, diagrams,

staffing models, business requirements documents, technical design materials, etc. specific to the business processes being developed for Louisiana Healthcare Connections will be added to the LHC CNET project site upon Contract award. The project site will also contain related materials from the Information Technology (IT), Quality Management (QM) and Business Development functions, including a reference section containing final versions of the RFP and Contract. The site also includes access to general program announcements, plan specific news articles and project control documentation along with a calendar of upcoming events. Below is a screenshot from the *Louisiana Healthcare Connections project site*:



Site Security. The LHC project site security is managed by the Business Project Manager and the Business Implementation Lead, both of whom have administrative rights to the site. All project stakeholders will be granted, at a minimum, read access to the site. Security will be further defined by each project team member’s specific role.

Document Baseline Standards and Version Control. Via SharePoint, Centene also uses an established document version control process to ensure that all previous versions of project related documents are preserved as the documents undergo revisions. Project team members are required to use a standard CNET document check-in/check-out procedure each time they revise a document.

MS Project: Work Plan. The LHC Implementation Work Plan serves as the core resource for identification of project deliverables, milestones, tasks, timeline, and accountable resources by deliverable. The Work Plan is the basis for monitoring progress, communicating status, and taking corrective action. Progress is determined by comparing actual work and task attributes against the prescribed milestones within the project schedule. This enables timely corrective action to be taken when performance deviates significantly from the plan. A deviation is significant if, when left unresolved, it precludes the project from meeting its objectives.

PART II: TECHNICAL APPROACH
 RESPONSE APPLICABLE FOR GSAs A, B, C
 C. PLANNED APPROACH TO PROJECT

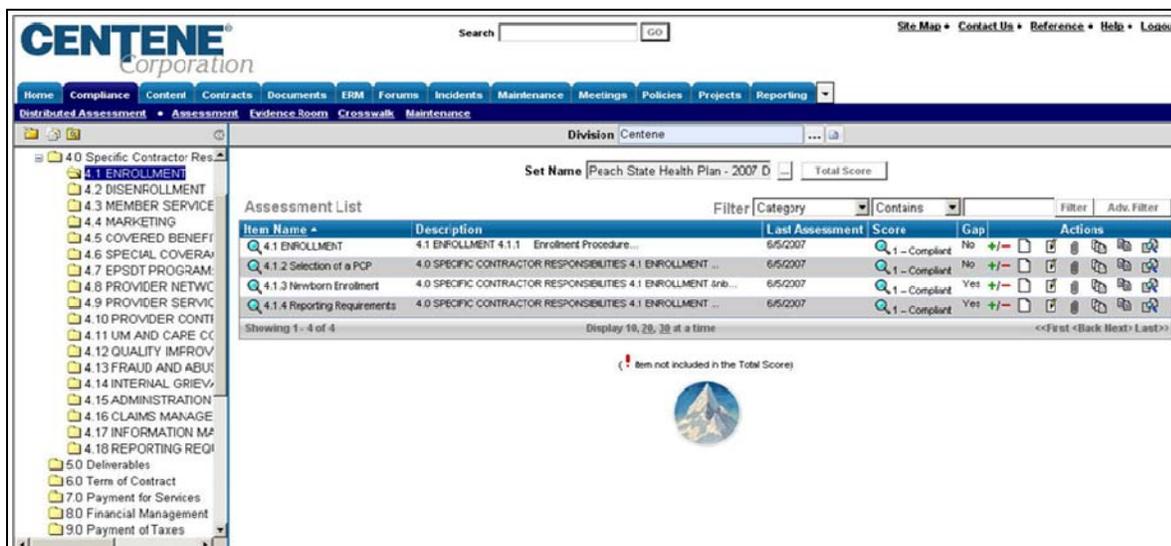


The Work Plan includes the time required to complete each task and identifies dependencies between tasks to provide the ability to easily see the impact one task has on another. This enables the Project Team to make changes as needed to ensure the overall objectives and timeline remain on course. The Work Plan is maintained by the Business Project Manager and each Integrated Lead is responsible for providing updates to the Business Project Manager for their respective portion of the Work Plan. Please see *Section C.4: Louisiana Healthcare Connections Implementation Work Plan* for more details. Attached is a view of the Louisiana Healthcare Connections work plan.

WBS	Milestone	Task Name	Accountability	Duration	% Complete	Start	Finish	Comments
0	No	Louisiana Healthcare Connections Work Plan DRAFT		524 days?	2%	6/4/10	6/12/12	
1	No	- Program Initiation	INITIATION	260 days?	11%	9/1/10	8/31/11	
2	No	- RFP Development	Lisa Joseph	150 days	100%	1/20/11	8/31/11	
3	151	Yes	Notice of Intent for CCH Rule submitted to Legislative Fiscal Office	1 day	100%	1/20/11	1/20/11	
4	152	No	Notice of Intent Published in Louisiana Register / Public comment	12 days	100%	2/2/11	2/20/11	
5	153	Yes	Public hearing on Notice of Intent conducted	1 day	100%	3/30/11	3/30/11	
6	154	Yes	Oversight report submitted to Governor, Legislature & Attorney General	1 day	100%	4/10/11	4/10/11	
7	155	Yes	Anticipated publication of final rule in Louisiana Register	1 day	0%	6/20/11	6/20/11	
8	156	Yes	Request for proposal received	1 day	100%	4/11/11	4/11/11	
9	157	Yes	State hosted Bidder's Conference attended	1 day	100%	4/18/11	4/18/11	
10	158	Yes	* Internal RFP meetings established	30 days	0%	4/20/11	6/10/11	
14	159	No	Responses to written questions posted	45 days	0%	4/11/11	6/14/11	
15	160	No	Proposal Deadline / RFP Submission	1 day	0%	6/24/11	6/24/11	
16	161	Yes	Evaluation of Proposals & Recommendation for Award Conducted	24 days	0%	6/27/11	7/20/11	
17	162	Yes	"Red Team" review of State response (revise as necessary)	24 days	0%	6/27/11	7/20/11	
18	163	Yes	Contract Award Announcement received	1 day	0%	8/1/11	8/1/11	
19	164	Yes	Contract negotiations underway	30 days	0%	8/1/11	8/31/11	
20	165	No	- Project Management	44 days	34%	4/1/11	6/2/11	
21	121	Yes	Benefits determined	37 days	25%	4/1/11	6/2/11	
22	122	Yes	* Implementation Model determined	21 days	74%	4/1/11	4/29/11	
27	123	Yes	Initial RFP / Commitments Document developed	24 days	0%	4/1/11	5/15/11	
25	124	Yes	Work Plan Draft developed / Key Milestones established	20 days	10%	4/13/11	5/11/11	
29	16	No	- Real Estate / Facilities / Infrastructure	45 days	75%	5/2/11	7/5/11	
30	131	Yes	Initial location for Temp Office Site identified	45 days	75%	5/2/11	7/5/11	Remo Reuge
31	14	No	- IT Services	40 days	0%	5/2/11	6/27/11	
32	141	Yes	Systems identified for deployment	10 days	0%	5/2/11	5/13/11	
33	142	Yes	* Technical Architecture identified	30 days	0%	5/16/11	6/27/11	
37	16	No	- Marketing / Communications	1 day	100%	9/1/10	9/1/10	
38	161	Yes	Health Plan Name and Logo finalized	1 day	100%	9/1/10	9/1/10	
39	16	No	- Finance	30 days	0%	3/29/11	5/8/11	
40	161	Yes	Initial Project Budget developed	30 days	0%	3/29/11	5/8/11	
41	17	No	- Human Resources	90 days	0%	4/15/11	6/23/11	
42	171	Yes	* Organization established	90 days	0%	4/15/11	6/23/11	
46	172	Yes	* Staffing determined	53 days	0%	5/2/11	7/15/11	
49	173	Yes	* Key Positions hired	25 days	0%	5/3/11	7/5/11	
51	18	No	- Regulatory & Compliance	23 days	0%	9/1/11	6/15/11	
52	181	Yes	* Accreditation & Licensing requirements gathered	23 days	0%	9/1/11	6/15/11	
56	19	No	- Network Management	238 days	11%	9/1/10	9/1/11	
57	181	Yes	* Market Intelligence gathered	144 days	23%	9/30/10	4/15/11	
62	182	Yes	Provider reimbursement models / payment methodologies de	90 days	0%	9/1/10	1/2/11	

Compliance 360: Overall Contract Compliance Management. LHC will use our Compliance 360 application to facilitate communication with DHH and other state key stakeholders and to track, manage and report on actions taken to ensure implementation and contract compliance.

Below is a screen shot showing how one of Centene's state contracts is organized and configured in Compliance 360.



Proprietary Business Implementation Tools and Templates. Centene’s project management tools are customized to reflect our proprietary operating model and implementation approach. The templated tools utilized during each phase include, but are not limited to the following:

- Questions and Answers Grid
- Risks Log
- Risk Map
- Key Decisions and Next Steps Document
- Day Two Activity Log
- Cutover Calendar

Throughout the implementation project, as questions that require input or decisions from DHH are identified, they will be tracked and communicated to DHH in a Questions and Answers Grid. This grid will include each question, the date submitted, the person from LHC asking the question, the person at DHH who provides the response, the date the question was answered, and the answer provided by DHH. Organization into a formal Questions and Answers document ensures that information is accurately and consistently communicated across the project team and minimizes the disruptions to DHH staff.

All issues will be documented on a **Risks Log** which stratifies issues based on probability (what is the likelihood the problem would affect the project plan) and impact (to what degree will the problem affect the project plan). Using this stratification, implementation team members can ensure all issues are tracked and addressed in a proactive and consistent manner. The Risks Log is not simply a listing of potential issues, instead it also documents assignment of accountability and includes a high-level description of the tasks necessary to resolve the problem or mitigate any risks.

Once the risks are identified and the risks priority levels are determined, the Implementation Lead will use the **Risk Map** to provide a visual documentation of the risk and to track movement as the risk is managed. Those risks identified in red receive immediate attention by the project team.

Any issue or action that requires additional decisions or activities not captured in our workplan, we will document and track accountability and completion on our **Key Decisions and Next Steps Document**. This document is used to gather and track any non-workplan related activities and includes the following areas: description of action or decision, assignment of accountability and support, categorization of the action or decision, status of item [open / closed], and notes / outcome.

The **Day Two Activity Log** is a variation of the Key Decisions and Next Steps Document and captures any open items that do not have an impact on successful go-live implementation. This is used as part of the transition of Louisiana Healthcare Connections from the corporate integrated leads to the local health plan. The implementation **Cutover Calendar** provides a chronologic view of all key activities needed to implement Louisiana Healthcare Connections for the month prior to and month following go-live.

Additional tools and templates utilized with names that indicate purpose include:

1. Implementation Team Stakeholder Roster and Contact List
2. General Meeting List
3. Plan Location(s) / Key Address(s) and Phone Number(s)
4. Hiring and Training Timeline
5. Vendor Engagement Grid

Conclusion

Louisiana Healthcare Connections' (LHC) parent company, Centene Corporation (Centene) has a deep and diverse background of experience implementing managed Medicaid business. Our project management and implementation methodology which has demonstrated successes in working with States to deliver managed Medicaid programs can be highlighted by the following characteristics:

1. An ability to span a broad variety of deployment strategies in support of state expectations.
2. Resource support from a dedicated set of professional resources with experience in developing fully operating health plans, lead by an experienced business implementation team and overseen by Centene senior leadership.
3. An implementation lifecycle with defined stages of activities.
4. Tools and reports to track and report implementation progress.
5. Consistent and frequent communication between internal and external resources and stakeholders.
6. Active identification, evaluation and mitigation of risks.
7. Timely engagement of local health plan leadership to ensure effective transition of plan oversight and stable operations.

Following these characteristics, Louisiana Healthcare Connections will ensure an implementation that will accommodate DHH expectations and minimize impact for members and providers in Louisiana

Question C.2
Work Plan Narrative

C.2 Provide a work plan for the implementation of the Louisiana Medicaid CCN Program. At a minimum the work plan should include the following:

- Tasks associated with your establishment of a “project office” or similar organization by which you will manage the implementation of the CCN Program;
- An itemization of activities that you will undertake during the period between the awarding of this procurement and the start date of the CCN Program. These activities shall have established deadlines and timeframes and as needed conform to the timelines established under this RFP for deliverables.
 - All activities to prepare for and participate in the Readiness Review Process; and
 - All activities necessary to obtain required contracts for mandatory health care providers as specified in this RFP.
- An estimate of person-hours associated with each activity in the Work Plan;
- Identification of interdependencies between activities in the Work Plan; and
- Identification of your expectations regarding participation by DHH and/or its agents in the activities in the Work Plan and dependencies between these activities and implementation activities for which DHH will be responsible. (In responding the CCN shall understand DHH shall not be obligated to meet the CCN’s expectation.)

Centene Corporation (Centene), Louisiana Healthcare Connections’ (LHC) parent company, will utilize an established project management methodology with a proven track record in other markets to ensure we effectively launch and successfully transition LHC to full operational status. As discussed previously in our response to question C.1, this methodology draws on: reliable business principles; the disciplined use of a proven set of tools and techniques; defined levels of authority; carefully defined procedures and methodologies; and a dedicated, highly specialized team of professionals.

LHC’s implementation will follow this project methodology and implement business deliverables according to DHH CCN-P requirements while leveraging Centene best practices.

Establishing a “Project Office”

All new business implementation activities are managed by Centene’s Corporate ***Business Implementation and Integration Team***. This team has the responsibility and accountability for successful implementations enterprise-wide. It is comprised of project management and healthcare professionals whose collective experience provides a breadth and depth of knowledge regarding planning and execution of complex health care business initiatives. The Business Implementation and Integration Team is empowered to collaborate with Centene corporate, local plan, external vendor and state resources to launch a tailored health plan from initiation, through deployment, to full and steady state health plan operations. Additionally, this team is responsible for the development of the standard tools and protocols used to support the implementation process and the continuous improvement of the process.

Centene’s project lifecycle methodology provides a solid framework for managing new business and key project implementation activities according to a defined set of standards. This methodology provides the same framework as a typical “Project Office” in which resources and tools are deployed in a standard manner. This approach enables us to effectively meet compressed time frames, manage cross-functional activities, and establish clear expectations with all stakeholders and project participants of the activities needed to ensure successful business implementation. Additional detail regarding this methodology can be found in our response to question C1.

A few of the key steps followed to establish this “Project Office” are as follows:

During the Project Initiation Phase:

1. Initial implementation timeline development – the Business Integration and Implementation Team lead a collaborative effort with all major functional elements to develop the first draft of a high level implementation schedule, including timing of key project deliverables. Based on each individual State’s requirements, the team builds an integrated schedule to ensure alignment of workplan activities, as well as the identification of internal and external dependencies.
2. Initial resource planning – includes the early identification of appropriate resource levels needed to support the implementation timeline and methodology and the initial approval of senior leadership for the engagement of these resources.

During the Pre Implementation Phase:

1. Finalize/engage resources – allows for the integration of project resources proposed in the Project Initiation Phase. This activity culminates in a series of Implementation “Kick-Off” meetings with internal and external resources to ensure consistent understanding of the implementation plan.
2. Establish project tools – the Business Implementation and Integration Team begin the process of gathering and labeling and, where appropriate, pre-populating project tools to be utilized by implementation team members.
3. Finalize workplan – all key implementation milestones, supporting activities, delivery dates and accountabilities are confirmed with each implementation team member to ensure appropriate support.

During the Implementation Phase:

1. Conduct key functional team meetings – throughout this phase, the Business Implementation and Integration Team will conduct weekly integrated lead meetings to monitor project scope, schedule, and key deliverables while continuously resolving issues, identifying and mitigating risks. In addition to regularly occurring meetings, the integrated project team prepare for our go-live period through a series of internal operational readiness reviews (held 60 and 30 days prior to the agreed go-live date).
2. Present to the Executive Implementation Steering Committee, on a weekly basis, the progress of the implementation toward key milestones, hiring targets, critical risk areas and updates to the mitigation strategies. These reviews are managed by the implementation team for the Steering Committee to ensure all key activities and deliverables are moving toward completion prior to go-live. This ensures that Centene senior leadership is continually aware of and engaged in the progress of the implementation. Risks are identified early and action taken to mitigate them. Resource needs are identified early and action taken to allocate them appropriately. Timely decision making is ensured with this approach.

Updates to the Work Plan and Schedule. Upon contract award, the Business Implementation Director will review the Work Plan and Schedule to ensure that the activities reflect all the required work, that all work is properly sequenced, that the durations are reasonable for the nature of the work, and that the correct people are assigned to oversee the performance of each activity. Once all changes are completed, the Business Project Manager will baseline the work plan to provide a reference point against which project performance will be measured. During the weekly Project Team meetings, the Business Implementation Director will review information from the Work Plan including status of deliverable completion, progress of work, work behind schedule and actions needed to correct the issue, updates of open issues, actions on risks, and activities due in the upcoming period. The Business Project Manager will make the appropriate changes to the Work Plan and then post the updated Work Plan to the Louisiana Healthcare Connections CNET project site. As part of the weekly Executive Steering Committee meetings, the Business Implementation Director will review and report information from the Work Plan including status of critical milestones, work behind schedule (and actions to address the issue), and milestones due in the upcoming period.

Itemization of Activities

Centene and LHC understand the value of implementing a new program quickly and effectively. Centene has deep experience collaborating with states to implement new health plans, and will work with DHH to implement a successful plan according to the following tenets:

- Strong stewardship of resources ensuring effective spend of state funds
- Ensure clarity and effective transition of care for all members in the Medicaid program
- Provide transparency, administrative simplicity, and assurance of timely payment for Louisiana Healthcare Connections providers
- Collaborate with DHH and other stakeholders to ensure a smooth, efficient, and timely transition to effective managed care

Through our experience in successfully implementing new Medicaid managed care health plans, we have developed an implementation strategy that will ensure the best result for members, providers, DHH and the State of Louisiana. This strategy aligns key implementation activities so that essential operations, and the underlying IT systems supporting them, are deployed in conjunction with DHH's plan to implement the CCN program.

In general, our plan seeks to ensure the following operations and systems are in place to be able to perform the following functions for LHC:

Network / Provider Functions

- Prospecting
- Contracting
- Credentialing
- Provider Configuration
- Provider Implementation / Onboarding
- Provider Service Call Center
- Provider Service Web Site

Member Functions

- Member service call center
- Enrollment support
- PCP assignment
- Member Service Web Site

Medical Management Functions

- Member assessments
- Load authorizations
- Care plan development
- Case notes
- Member care and disease management
- Coordinate access to providers

Enrollment / Eligibility Functions

- Receive member files
- Distribute enrollment materials
- Secure member portals

Claim Functions

- Receive and process claims
- Process payments

Encounter Functions

- Process and submit encounters

Reporting Capabilities

- Network Reporting: Provider Contracting Status, Composition, GeoAccess
- Medical Management Reporting: Utilization Management, Grievances and Appeals
- Claims Reporting: Claims volumes, TAT, Denials
- Network Reporting: Specialty, Facility, PCP
- Member / Provider Service Center Reporting: Call Statistics

Administrative Functions

- Recruit and train local plan staff
- Establish facilities and infrastructure
- Receive and reconcile payments
- Materials development and delivery

In order to make these functions available and fully compliant with DHH contractual requirements, we will develop our operating procedures and configure many of our systems to meet DHH-specific requirements. We will accomplish this in part by bringing our robust IT systems that are already in use in

other Centene health plans to LHC. We will also ensure that the personnel necessary to support these functions are fully trained in the systems, policies, and procedures needed to provide the highest level of service to the department, our members, and our providers.

The following represents a high level summary of the tasks, timelines and estimated resources that we propose to ensure a successful transition of member eligibility to Louisiana Healthcare Connections. We are providing this information in two formats. The first provides a listing of the activities and total work hours associated with plan preparations for enrollment, go-live (member effectives) and full health plan operations. The second listing provides an accounting of the work time associated with each of the distinct implementation functional areas. ***Please note that the estimates of person-hours associated with the activities needed to fulfill this workplan are reflective of our understanding of the work required as described in program documentation and is subject to change as additional data /information becomes available. These estimates should only be used for early planning purposes.***

1. ***Through November 15, 2011: Enrollment Readiness:*** During this period LHC will focus the majority of its efforts on our ability to support DHH's plans to conduct open enrollment activities such as member notification period. These functions and systems will allow us to be able to respond to member inquires and requests for information relative to LHC and the Louisiana Medicaid CCN program. Key deliverables during this activity will include, but not be limited to:
 - **Member Services:** During this period LHC will establish a public facing (non-secure) website, implement a toll free contact number, establish initial call trees and routing, develop call scripts and messaging, configure call monitoring and reporting, hire and train staff to accept calls from prospective members or current FFS enrollees with questions relative to the program.
 - **Network Contracting:** LHC will identify and engage providers needed to address any gaps in our network not fulfilled through the LOI process; proceed with converting LOI's to final contracts; establish a public facing (non-secure) provider website; validate provider credentials and upload provider information into its administrative and claims processing systems; develop provider education materials and begin provider orientation and onboarding.
 - **Facilities:** During this time, we will identify and secure appropriate space to house permanent locations for LHC's main office and any regional or satellite offices.
 - **Medical Management:** LHC's Medical Management team will be focused on planning to operationalize the medical management model as described in this RFP. This includes identifying any specific configuration requirements for our clinical management and risk stratification systems.
 - **Human Resources / Training:** LHC will identify, hire and train all staff needed to support the ongoing oversight and operations of the plan. The initial focus will be on the establishment of plan senior leadership. The senior leadership will be empowered to build their functional team.
 - **Benefits and Claims Configuration:** Using the information gathered from this RFP, state websites and online provider manuals, LHC will work with its internal stakeholders to develop benefit grids and to begin configuration of all claims rules and the development of workflow processing and policy development to support the implementation claims processing functions. Early claims testing with key providers, such as our partner FQHCs, will be conducted to ensure proper configuration and payment methodologies.
 - **IT Systems / Infrastructure:** IT resources will be focused on finalizing the systems development release schedule and integrated testing plan. Infrastructure activities will be focused on the identification and ordering of equipment (e.g., network, telephony and computers) to be used in support of LHC's ongoing operations.

- **Other Tasks Essential to Implementation:** Louisiana Healthcare Connections will also set up and operationalize essential functions to include the set up, review and approval of marketing material, regulatory and compliance filings and procedures, and all financial transactions and reporting. In addition, all functional areas will have project management planning and oversight.

Total estimated work hours to complete: 30, 687

2. ***November 15, 2012 Through January 1, 2012: Go-Live Readiness:*** During this period, LHC will build upon the efforts that began during Enrollment Readiness period and the planning and preparation to support new membership. These functions and systems will allow us to provide complete oversight to the members selecting or assigned to LHC during the open enrollment period. These activities include, but will not be limited to:

- **Human Resources / Training:** LHC will conduct hiring and training activities for all new permanent positions; including the use of mature leadership from other existing health plans to mentor key functional leads as they prepare for Go Live activities.
- **Member Services:** LHC will develop and implement our Beneficiary IVR and Customer management programs; implement the secure member portal and establish call center operations in the local market. We will also create and submit a draft all member enrollment materials for department approval.
- **Enrollment and Eligibility:** LHC will configure its administrative platform to accept membership from the department and/or its enrollment broker and distribute this information to its supplemental information systems and associated vendors.
- **Medical Management:** Medical Management team members will be focused on the finalization of the medical management model including, creation of all materials needed to communicate with members and providers and integration with its vendors and any department agencies supporting the population. We also ensure that our clinical information and risk stratification systems are configured to ensure the oversight of member clinical needs.
- **Facilities:** Facilities activities during this period of time will be focused on preparation and build out of the permanent space.
- **Network Contracting:** Network development team members will continue to contract providers and address any gaps in coverage, to validate provider credentials and upload provider information into our administrative and claims processing systems.
- **Benefits and Claims Configuration:** We will continue to configure payment requirements and develop payclasses as new contract requirements become known. Additionally, during this time we will audit of payclasses and claims processing rules to ensure appropriate configuration.
- **IT Systems / Infrastructure:** IT team members will be focused on the development, configuration and deployment of all systems to support daily operations. These activities will be validated via an integrated testing plan that will validate end to end processing.

Total estimated work hours to complete: 10,931

3. ***Post January 1, 2012: Transition to Local Health Plan Operations:*** During this period, Louisiana Healthcare Connections will prepare to transition steady state operations to local plan leadership and begin preparations for additional expansion per DHH deployment schedule.

Total estimated work hours to complete: 1,280

Summary of Estimated Work Effort by Functional Area

Functional Area	Total Estimated Work Effort
Contract Development	376
Program Management	5054
Facilities and I/T Infrastructure	7350
Marketing/Communications	566
Finance	1708
Human Resources	1322
Regulatory and Compliance	2281
Network Management	6766
Benefits and Configuration	2488
Medical Management	2020
Credentialing / Provider Data Management	2752
Provider Services	1876
Eligibility and Enrollment	1875
Member Services	3560
Claims	1904
Encounters	1040
Total All Areas	42938

Readiness Review

Centene and LHC recognize the importance of being able to demonstrate to DHH our ability to serve the membership enrolled in our plan. As such, much of our workplan and the activities captured within that plan are documented to ensure that we are capable of demonstrating that we are compliant with the obligations created by our contract and the commitments made within our RFP. We also understand that while plan readiness comprises many functions, collectively, these functions must ensure a seamless transition to the CCN-P program for the members enrolled in our health plan. To address this, we also undertake a number of activities to prepare for the Readiness Review Process. These activities include:

- Upon execution of a contract between LHC and DHH, our Compliance integrated lead will coordinate the loading of the contract into Compliance 360. This tool allows for our compliance lead to conduct regularly occurring assessments of our implementation activities relative to our contract obligations. These assessments occur on a weekly basis and provide both written and visual (via a pie chart that is expandable) confirmation of any non-compliant activities.
- In addition, to the contract compliance function, Compliance360 also serves as a conduit to submit materials for DHH review and comment. This function can also be provided to any external party engaged by DHH. This will help to automate and facilitate the exchange of data between LHC and DHH or its vendor partners.
- We will utilize Geo-Access reporting to ensure that there is adequate network in place to manage our members. If at any time a gap is discovered, our network team is engaged and a strategy is developed to address the gap.
- At key points leading to the go-live date, an executive leadership team from Centene will visit LHC and conduct an internal operational review. During these reviews, the key leadership for each of the business functional areas is required to illustrate to the management team the current state of their

team to support the health plan, the level of readiness of that team, and any plans to address open activities associated with operational readiness. Typically, these occur at points 60 and 30 days prior to the prospective go-live date; however, the number and frequency of these reviews can vary depending on the type of enrollment (single point vs. staged) and the level of readiness demonstrated during the review. The expectation is that at each following visit there will be an increase in the readiness and preparedness of the health plan to receive its first member.

Finally, when a mutually agreeable date for readiness can be identified, our Compliance Integrated lead will work with DHH to address all logistics, provide access to staff and ensure timely delivery of files for review as requested by DHH / DHH's EQRO.

Participation by DHH

During implementation, LHC will assume accountability for completing the tasks described above. In support of this accountability, LHC will rely upon DHH for:

- Provision of data needed to support and validate assumptions and/or confirm key implementation tasks;
- Timely review and response to all materials submitted for approval. LHC utilizes a program that provides an efficient forum to submit, review, comment and document the approval of materials. Given the timing of some activities, LHC may also request an expedited review of any materials to accommodate the time necessary for printing fulfillment.
- Access to companion guides or other materials related to proprietary file submission. In addition, LHC may request the opportunity to speak with DHH subject matter experts to clarify information and/or understanding.
- Timely guidance in response to questions and/or open items related to operations development. As LHC designs and prepares its operations, implementation team and subject matter experts will identify questions for clarification. We will track these items on a Questions and Answers Log to be shared with the department for follow up and clarification.
- Identification of key contact (or contacts) within DHH to whom LHC can direct communication and further requests.

In order to ensure an efficient implementation and transition for the program, LHC will request the department a minimum of five working days for DHH's review and approval of each deliverable and provide certain data throughout the implementation process. Data requirements include:

1. Post RFP Submission / Prior to Contract. This data will allow LHC to ensure that it establishes its administrative platform and other plan specific operations in a manner that will comply with data standards. To ensure HIPAA compliance, LHC requests the data supplied be blinded for any PHI.
 - a. Sample Medicaid data files. LHC requests a sample size file with a minimum of 50-100 Beneficiaries for:
 - i. Enrollment (834) File
 - ii. Eligibility Query Response File (if applicable)
 - iii. 820 File
 - iv. Samples of any department proprietary format encounter submission and response files
 - b. Network claims data. LHC requests the following files be provided for each GSA:
 - i. Claims volume by provider –report listing providers serving Beneficiaries in the region by tax identification number (TIN) and National Provider identification number (NPI) along with their total number of claims submitted in the past year;

- ii. Claims costs by region and provider type – report listing the total number of claims submitted and dollars paid to various provider types by service or revenue code within the region;
 - iii. *Note: in lieu of these specific reports LHC may accept a claim history file as listed below.*
 2. Post Contract / Prior to Open Enrollment. This data will allow LHC to ensure it is ready to support the open enrollment period.
 - a. Eligibility Files. Full copies of the member eligibility files listed in item #1 above for all eligible members in the General Service Area(s) awarded to LHC;
 - b. Claims History. A full claims history file for all members awarded / selecting LHC. Claims history should include all medical, dental and pharmaceutical for the previous three years. LHC can provide a detailed format for this claims file if necessary.
 - c. Clinical Data. In order to ensure readiness to manage the medical issues of the new members in the regions it is awarded, LHC will require certain clinical data from the plan exiting the region.
 - i. Case Management Roster. Listing of Beneficiaries currently active in any state funded case management services broken out by medical condition. Also include those Beneficiaries in-process of being registered for case management.
 - ii. Disease Management. Listing of Beneficiaries currently active in any state funded disease management services broken out by medical condition. Also include those Beneficiaries in-process of being registered for disease management.
 - iii. Obstetric (OB). Beneficiaries grouped into those receiving regular OB care and those considered high-risk.
 - iv. Hospitalizations. Listing of all Beneficiaries hospitalized as of October 1, 2011 so Louisiana Healthcare Connections can effectively and appropriately communicate with hospitals regarding transition activities.
 3. Post Contract / Prior to Go-Live. Just prior to Go-Live, LHC requests an updated set of data files listed in item #2 above. The files ideally will include updates through the current date the files are provided.

PART II: TECHNICAL APPROACH
 RESPONSE APPLICABLE FOR GSAs A, B, C
 C. PLANNED APPROACH TO PROJECT



High Level Timeline

Key Milestones	April 2011	May 2011	June 2011	July 2011	August 2011	September 2011	October 2011	November 2011	December 2011	January 2012	February 2012	March 2012	April 2012	M 12
Louisiana Healthcare Connections														
Request for Proposal (RFP)/Contract Development														
RFP Proposal	█	█	█	█										
Real Estate / Facilities / Infrastructure														
Set up toll free number	█													
IT Services														
Identify systems for deployment (System Design Session)	█	█												
Network Management														
Build Provider Network			█	█	█	█	█							
Credentialing / Provider Data Management														
Conduct Provider Credentialing			█	█	█	█	█							
Complete Provider Load in Portico				█	█	█	█							
Load Providers to Amisys (PAR)					█	█	█							
IT Services														
Complete System Configuration/Development				█	█	█	█	█	█					
Complete Integration Testing					█	█	█	█	█	█				
Call Center (Permanent)														
Develop Call Guides, Q&A/FAQs & Call Scripts				█	█	█	█	█	█					
Setup Call Center					█	█	█	█	█	█				
Benefits & Configuration														
Configure Provider Contracts					█	█	█	█	█	█				
Configuration (Benefits/ARQs/Contracts) complete									█					
Claims														
Hire and Train Claims Processing Staff					█	█	█	█	█	█	█			
Complete AWD Setup & Configuration					█	█	█	█	█	█				
Conduct Claims System testing							█	█	█	█				
Medical Management														
Identify Transition of Care (TOC) Strategy				█	█	█	█	█	█					
Complete Program Descriptions/Policies/Letters				█	█	█	█	█	█					
Finalize Clinical Model and Programs				█	█	█	█	█	█					
Establish Clinical Programs				█	█	█	█	█	█					
Hire and Train Medical Management / Clinical Staff				█	█	█	█	█	█	█				
Obtain and load historical claims data into Impact Pro					█	█	█	█	█	█				
Provider Services / Relations														
Develop Provider Welcome / Orientation Materials				█	█	█	█	█	█					
Produce Provider Handbook				█	█	█	█	█	█					
Produce Provider Billing Manual				█	█	█	█	█	█					
Hire and Train Provider Services Staff				█	█	█	█	█	█	█				
Conduct Welcome Visits / Orientations with Providers					█	█	█	█	█	█				
Produce Printed Provider Directory						█	█	█	█					
Member Services														
Develop Member Welcome Kit / Handbook content				█	█	█	█	█	█					
Develop Member Letters / Notification Materials				█	█	█	█	█	█					
Hire and Train Member Services Staff				█	█	█	█	█	█	█				
Encounters														
Complete Encounter Processing						█	█	█	█	█				
Marketing / Communications														
Obtain sign-off on Public Website (Non-Secure)				█	█	█	█	█	█					
Obtain sign-off on Member Services Materials						█	█	█	█	█				
Phase 1 Enrollee 'Choice Letters' mailed								█						
Eligibility & Enrollment														
Complete Membership Load to Vendors					█	█	█	█	█	█				
Send Eligibility File to State (Outbound 834)					█	█	█	█	█	█				
Web Services														
Develop Secure Provider Portal					█	█	█	█	█	█				
Develop Secure Member Portal					█	█	█	█	█	█				
Real Estate / Facilities / Infrastructure														
Temp / Training Space Setup (ACS)					█	█	█	█	█	█				
Permanent Space Setup					█	█	█	█	█	█				
Regional Space(s) operational					█	█	█	█	█	█				
GSA A Go-Live (Regions 1,9)										█	█	█	█	
GSA B Go-Live (Regions 2,3,4)										█	█	█	█	
GSA C Go-Live (Regions 5,6,7,8)										█	█	█	█	

Question C.3
Risk Management Plan

C.3 Describe your Risk Management Plan.

- At a minimum address the following contingency scenarios that could be encountered during implementation of the program:
 - Delays in building the appropriate Provider Network as stipulated in this RFP;
 - Delays in building and/or configuring and testing the information systems within your organization's Span of Control required to implement the CCN program;
 - Delays in hiring and training of the staff required to operate program functions;
 - Delays in the construction and/or acquisition of office space and the delivery of office equipment for staff required to operate program functions;
 - Delays in enrollment processing during the implementation of CCN; and
 - Delays in the publication of marketing and related materials and/or the delivery of these materials to DHH and/or its agents.
- For each contingency scenario identified in the Proposal, at a minimum the Risk Management Plan must include the following:
 - Risk identification and mitigation strategies;
 - Risk management implementation plans; and
 - Proposed or recommended monitoring and tracking tools.

Assessment of and Approach to Managing Project Risks

Louisiana Healthcare Connections (LHC) believes that an important part of an effective implementation strategy must include a plan to identify, assess and plan for risks that may impact a successful implementation. The experience of our parent company, Centene Corporation (Centene), in implementing Medicaid business in other markets allows us to draw upon lessons learned from past implementations to identify initial risks to the implementation. However, our experience has also shown that risks can be unique to a particular market and will continue to be identified throughout the lifecycle of the implementation. Therefore we utilize a disciplined process with tools that allow us:

- to continually monitor risks,
- assess the potential impact and probability of a risk occurring,
- develop mitigation plans intended to reduce the risk,
- prioritize the efforts and resources appropriately, and
- assign accountability and monitor progress toward mitigating the risk.

The Implementation Lead maintains overall accountability for working with the integrated functional leads to assess and manage the implementation risks across the enterprise.

Risk Management Planning and Identification

During the **Project Initiation Phase**, the Implementation Lead, with input from the project team members, will utilize accumulated knowledge of the market, the RFP and any base contract language to identify potential implementation risks. Identified risks will be characterized, prioritized and initial mitigation strategies will be discussed.

During the **Project Implementation Phase**, the Implementation Lead conducts regularly held check-in meetings with their functional team members and key subject matter experts. These meetings are intended to monitor progress on deliverables, as well as identify and address any issues impacting implementation timeliness. Program risks are reviewed and mitigation strategies are updated. Standing agenda items include:

1. Local Market Update
2. Executive Steering Committee Update
3. Key Functional Lead Reports
4. Next Steps and Deliverables
5. Key Dependencies and Resources Requirements

Meetings are held with varying frequency based on the timing of the implementation. Initially meetings are held weekly, from the time of award to one week prior to Go Live; then daily from one week prior to Go Live through one week after Go Live; and then weekly: for 3 months after Go Live. In addition, 30 days prior to Go Live a full day Operational Readiness Review is conducted to ensure all functional and supporting systems are on track for Go Live.

When a risk is identified, two factors are assessed that characterize the impact a risk might have to the Implementation effort:

1. Probability – What is the likelihood the risk will occur and impact the implementation.
2. Impact – how extensive would the impact to either the schedule and/or cost be for leaving the risk unaddressed.

Once characterized, a risk is documented in the Risk Log and subsequently mapped onto a grid to be evaluated in the context of other risks identified for the implementation. Each risk is assigned an owner who develops a risk mitigation plan to reduce the risk to an acceptable level through specific steps. Progress on the risk mitigation plans are tracked on a weekly basis and reviewed at the Functional Team meetings and by the Executive Implementation Steering Committee periodically.

Risk Documentation and Tracking

Risk Log: All issues will be documented on a Risk Log which stratifies issues based on probability (what is the likelihood the problem will occur) and impact (to what degree will the problem affect the project schedule or costs). Using this stratification, implementation team members can ensure all issues are tracked and addressed in a proactive and consistent manner. The Risk Log is not simply a listing of potential issues, instead it also documents assignment of accountability and includes a high-level description of the tasks necessary to resolve the problem or mitigate the risks.

Other Tools: Issues that may require input or decisions from DHH will be tracked via a *Questions and Answers Grid* that will include each question, the date submitted, the person from the implementation team requesting the clarification, a reference to a specific department, state agency document or contract section, the date the question was answered and the answer provided by the department. Lastly, if any issue requires additional decisions or activities not captured in our workplan, we will document and track accountability and completion on our *Key Decisions and Next Steps Document*.

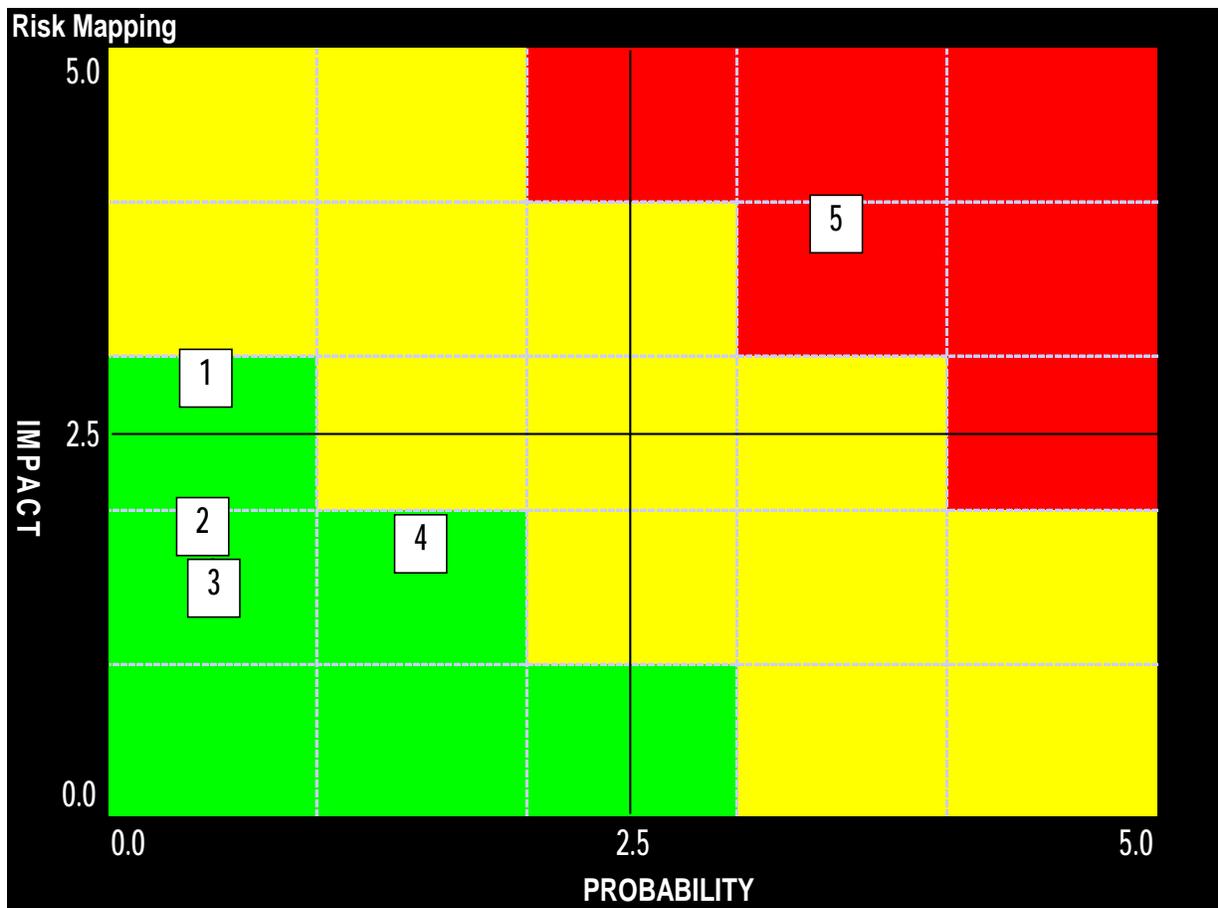
Risk Mapping: Once the risks are identified and the risks priority levels are determined, the Implementation Lead will use the Risk Map to provide visual documentation of the risk and to track movement as the risk is managed. Those risks identified in red receive immediate attention by the project team.

The following illustrations provide images of Risk Log and Risk Map tools that will be applied for LHC.

Risk Log

Demographics							Scoring / Rating			Management					
ID #	Description	Status	Raised By	Date Raised	External / Performance	Functional Area	Probability (1-5)	Impact (1-5)	Rating (calc)	Refer to Exec Committee	Assigned To	Mitigation Plan	Target Resolution Date	Date Resolved	Comments / Outcome
1									-						
2									-						
3									-						
4									-						
5									-						
6									-						
7									-						
8									-						
9									-						

Risk Map



Anticipated Problem Areas and Approach to Management

For the LHC implementation Centene has mapped a set of risks, both identified in the RFP and based on our past experience with multiple implementation efforts,. The following table outlines potential approaches that would be employed to mitigate these risks.

Area of Potential Problem	Approach to Management of Problem
<p>Delays in building the appropriate Provider Network as stipulated in this RFP</p>	<ul style="list-style-type: none"> • Review network adequacy requirements against contracted providers to identify gap coverage. Track progress against adequacy levels on a daily basis • Pre-load key market providers who have not signed contracts to ensure recognition by Member Services staff and claims submission process. • Prioritize configuration schedules to ensure resources available to address timeline for non standard Contract and rate table build in AMISYS • Increase staffing levels to accommodate for high volume of provider credentialing and load prior to Go Live • Identify list of high volume non-participating providers for Medical Management prior to go-live to facilitate authorization process
<p>Delays in building and/or configuring and testing the information systems within your organizations' Span of Control required to implement the CCN program</p>	<ul style="list-style-type: none"> • Track progress in support of end to end testing schedule. • Ensure DHH is aware of data (and file format) needed to facilitate testing process • Integrate DHH into end to end testing process • Ensure Business Continuity Plan (BCP) updated to address LHC information • Monitor deliverables from external vendors needed to establish connectivity for network and telephony • Develop contingency plans for all critical data and telephone exchanges and interfaces • Prepare back up connectivity to Corporate systems if external vendor cannot meet go-live requirements
<p>Delays in hiring and training of the staff required to operate program functions</p>	<ul style="list-style-type: none"> • Ensure hiring timeline is in place to monitor staffing plan through implementation cycle. • Implement an aggressive recruitment plan to hire all required operational staff upon Contract award • Engage local recruitment resources to facilitate sourcing of temp/temp to hire staff in lieu of full hiring process. • Engage corporate personnel who have implemented similar contracts in similar markets to assist with recruitment, interviewing, hiring and training of all staff associated with this Contract • Prepare a contingency plan which includes a list of required backup corporate, health plan and / or internal speciality company personnel who can support staffing needs on interim basis. • Utilize virtual technologies to leverage mature health plan staff functions unable to relocate to local market.

Area of Potential Problem	Approach to Management of Problem
<p>Delays in the construction and/or acquisition of office space and the delivery of office equipment for staff required to operate program functions</p>	<ul style="list-style-type: none"> • Ensure build out plan communicated to construction and equipment vendors • Ensure agreements with construction and equipment vendors include penalties for delays / incentives for early completion • Identify temporary space location to house staff until permanent space is online • Ensure lease for temporary space allows for extension to support delays in permanent space build out complete • Identify staff positions that could be supported through work at home for short term solution until permanent space build out complete • Leverage mature health plans using virtual technologies for functions that can be managed out of market on an interim basis.
<p>Delays in enrollment processing during the implementation of CCN</p>	<ul style="list-style-type: none"> • Review process and timing with DHH and enrollment broker to ensure understand of timing needed to load members prior to effective date • Prepare to receive inbound 834 file in alternative (Excel, text) formats • Create temporary Identification letter including pharmacy PCN number for members to use in lieu of ID cards • Manual entry of enrollment data should electronic files fail • Manually assign PCPs • Utilize fax blasts to providers to inform them of delays
<p>Delays in the publication of marketing and related materials and/or the delivery of these materials to DHH and/or its agents</p>	<ul style="list-style-type: none"> • Build an integrated marketing schedule based on material production and DHH approval • Ensure timelines are understood with regard to review and approval of print materials prior to submission • Utilize Compliance 360 tool to ensure appropriate and timely communication with DHH resources accountable for review process • Create material early based on requirements and needs • Work closely with DHH to ensure material is provided for timely approval and feedback/approval is received, so the production process can stay on track with the timeline • Review submitted materials with DHH to prioritize for expedited review • Work closely with DHH to ensure material is sent for approval and feedback/approval is received as part of timeline • Obtain implied approval from DHH (i.e. if no approval within 30 days of receipt, materials are deemed appropriate for use. If DHH requires changes, LHC will make the modifications and insert into distribution going forward) • Secure a qualified printing vendor early in the implementation process and communicate requirements and timing • Prepare contingency plan if unable to produce material by normal means, including things such as overtime for printer and securing a backup printer if normal printer is unable to complete • Develop plan to send members important, required information (such as their ID card, handbook and directory) first and secondary

Area of Potential Problem	Approach to Management of Problem
	information (such as brochures on programs) second if needed to ensure members receive important information more timely <ul style="list-style-type: none"> • Preparation of materials in both printed and electronic format to be assessable by web
<i>Other operational risk areas based on prior experience</i>	
DHH needs to adjust timeline for more rapid implementation	<ul style="list-style-type: none"> • Compress internal implementation timeline to ensure completion of all required implementation activities before the required deadlines • Evaluate and review with DHH opportunity to delay some program functionality / service delivery model components that do not immediately impact member access to services and/or safety / well-being
Increased call center volume	<ul style="list-style-type: none"> • Work with DHH to conduct member / provider education sessions prior to go live / member effective dates. • Prepare for “surge” of calls pre and post Operation Start Date. Increase staffing levels for both the member and provider call centers, including arranging for overflow to NurseWise if necessary. • Work with DHH and to conduct in market training (i.e. education seminars) for new members • Develop contingency plan with NurseWise to take on call center calls if telecom and IT infrastructure is not in place. • Develop contingency plan for other existing health plan call centers to take on calls if volume requires; leverage Virtual Call Center technology to draw on experience and availability of call center representatives throughout enterprise • Ensure that all construction activities are completed in a timely fashion to allow for staff training, systems installation and system testing prior to the operational date.
Slow adoption of medical management requirements by members or providers	<ul style="list-style-type: none"> • Identify providers who who have adopted management requirements as potential advocates with other “non-adopters”. • Review member complaints, if any, to identify trends that may impact member adoption of requirements • Identify facilities/providers that require an authorization but do not call in for authorizations (NP/No Auth Report during waiver period) and implement focused educational outreaches, onsite education, in-person visits. • Prepare list of frequently requested non-participating providers to facilitate transition of care and authorization processes. • Prepare for continuity of care issues by increased staffing for Case Managers and increase in health risk assessments (HRAs). Utilize MemberConnections Representatives in the regions to outreach to hard to reach members. • Develop community/State resource lists and make educational visits. • Conduct member / provider forums to identify barriers to adoption

Area of Potential Problem	Approach to Management of Problem
<p>Policies and Procedure Approval</p>	<ul style="list-style-type: none"> • Work closely with DHH to obtain prompt sign-off of all policies and procedures developed for the required activities of this Contract. • Utilize Compliance 360 tool to ensure appropriate and timely communication with DHH resources accountable for review process. • Develop a process to submit and seek revisions/approvals for all policies and procedures. • Work with DHH collaboratively to develop processes and reports leveraging Centene experience in multiple other managed care implementations
<p>Changes mandated by regulatory changes post Go-Live</p>	<ul style="list-style-type: none"> • Establish post go-live check in discussion with DHH to ensure continuity and alignment with department expectations • Conduct ongoing monitoring of impending federal and State regulatory changes. • Analyze, develop requirements for, plan, and implement operational changes to satisfy regulations and to meet all required implementation dates.

Provider Network

LHC benefits from the extensive experience of our parent company, Centene, in ensuring access to providers within state standards. Our strategies have been refined through experience in eleven states, some with significant rural populations such as Georgia, South Carolina and Texas. Centene has more experience transitioning providers from fee-for-service Medicaid to managed care than any other organization. We know what providers need to transition successfully, and have proven ability in building networks that ensure access. Our foundational strategy is to build network capacity through strong provider relationships, and work collaboratively with providers to design, monitor and improve all aspects of plan operations. We go the extra mile to provide excellent customer service, education and support to our providers. As a result, Centene plans meet and often exceed State access standards because we are able to leverage our relationships with providers to maintain a robust network. Our strategies will ensure timely access to all required provider types. We also offer innovative solutions to the unique access challenges of rural areas.

Building Capacity through Provider Partnerships, Network Development and Maintenance. Rather than build a network with commercial providers unaccustomed to and unenthusiastic about serving the Medicaid population, we will recruit traditional Medicaid providers to ensure continuity of care and access. We will use DHH data and referrals to identify which providers Medicaid members historically see, and will prioritize outreach to these providers and ask them to identify providers to whom they normally refer their Medicaid patients. We also will work with local associations and organizations to identify Medicaid providers.

When a provider declines to contract, LHC will attempt to address the provider’s concerns. Centene plans have taken such action as offering reimbursement above the Medicaid fee schedule to overcome provider reluctance to contract. We have also sought to reduce the administrative burden on providers through such strategies as limiting prior authorization requirements, providing standing referrals, paying for missed appointments, and working with members on barriers such as transportation to reduce missed appointments.

This experience has allowed Centene to develop successful strategies to transition fee-for-service providers to managed care. For example, Centene plans have turned off traditional authorization edits for

60 days to allow providers to get used to the system and to promote continuity of care; held provider roundtables to obtain feedback on transition issues; and increased provider call center staffing. We will implement such transition strategies as operating the provider call center on Saturdays to handle the increased volume of calls during the first 90 days of implementation and visiting every provider in the first 30 days to address concerns. Centene plans have strong relationships with FQHCs, a result of our beginnings as a Community Health Center in Wisconsin. We support safety net providers, which increases continuity of care for members.

System Configuration and Testing

Louisiana Healthcare Connections will utilize a Management Information System (MIS) designed to provide a comprehensive breadth of application functionality. Centene has implemented MIS support for public sector health care programs since 1984. That experience, in conjunction with our MIS modules and standardized approach to implementing new programs, has made any MIS modification work we will do for LHC a low-risk, incremental-change proposition. We have evolved our MIS so that although each of the programs we support has unique characteristics, we *configure* our MIS to the program, and have minimal need to develop any new functionality. Our modification activities for the Coordinated Care Network Program will be largely focused on setting up parameters and controls, and not on any significant software programming.

When we implement new health plans we:

- Identify critical path tasks needed to develop and test systems in alignment with the overall project schedule.
- Classify applications and prioritize by date needed, then by which applications that must be live first for other dependencies, and finally by which applications need the most lead time to be completed.
- Configure our current systems - by not building new systems, we are able to lower overall project risk.
- Deploy a designated System Implementation Team which has a leader who reports directly to the CIO and serves as part of the Corporate Implementation Functional Lead Team. The focused attention of our IT leadership on new implementations enables us to identify any risks to meeting our targeted dates quickly and early and move resources as necessary if we are falling behind on critical path tasks.
- Require the IT Implementation Lead to submit a weekly status report directly to our IT Senior Leadership team on the status of all project deliverables. Because the IT Senior Leadership Team has visibility across the organization, and into specific IT projects, they can identify and mitigate potential systems risk of which the Implementation lead may not be readily aware.
- Ensure that the IT Implementation team meets at least weekly as a combined team to review dependencies and any risks or issues so that these can be addressed as quickly as possible.

In addition, LHC will maintain a second data center with replicated data and Louisiana configuration so that we could continue the testing process if we run into MIS infrastructure problems.

Hiring and Training

The LHC staffing plan and organizational structure have been established based on Centene “best practices” as developed from the experience implementing similar contracts in other states. The structure will be evaluated on a regular basis to ensure that it meets the requirements as outlined by of DHH. The staffing plan will account for the recruitment, hiring and training of staff to ensure adequate staffing to meet the needs of our members and providers and align with DHH’s program deployment schedule.

Hiring in Louisiana– An experienced Centene Human Resources Manager will be dedicated to LHC and the Louisiana market during the Implementation Phase. In addition, that person will be supported by Centene’s Corporate Vice President of Human Resources and other key corporate leadership in all human resources related areas, in order to ensure that LHC fulfills all staffing requirements and commitments.

LHC will engage an executive search firm that will target talented and experienced individuals in Louisiana, and we will build a “pipeline” of candidates to ensure readiness.

LHC will closely monitor our staffing, particularly during the first year following implementation, to ensure that our staffing plan is sufficient, and in cases where it is not, we will recruit additional staff as necessary. In filling these positions, we will give priority to individuals who have experience in Louisiana and in similar operations.

Centene’s corporate recruiting department has already identified and hired individuals for certain key positions, such as Jamie Schlottman, CEO and Randall Guillory, Sr. Director of Network Development. In addition, LHC has established a relationship with a recruiting firm, which will identify local Louisiana newspapers, statewide nursing and health related trade associations, magazines and publications, as well as statewide curriculum-specific colleges and universities, and state agencies. Additionally, we will host job fairs and recruiting events prior to the contract award to ensure we have a pipeline of candidates. Immediately following contract award, LHC will embark on employment ad placement, additional job fairs, and recruiting events. Key individuals and desired audiences will be specifically targeted, in order to achieve a highly qualified, experienced and culturally competent staff. All open positions will also be posted on the Louisiana state unemployment web site.

Centene has a strong history in bringing up large scale projects within tight timelines through the use of this strategy. Peach State Health Plan, our Georgia affiliate health plan, used similar recruiting practices when the state Medicaid contract was awarded in 2006. After establishing a strong implementation and start up employee base, the division still maintained a hiring rate of one employee every three calendar days for the next three months. Superior HealthPlan in Texas is another example of a Centene affiliate health plan that was able to hit the ground running, as after receiving a contract to serve the States SSI population, the organization hired over fifty employees in a two month window to ensure the needs of the members and State were met.

Staff in Centene-owned health plans are motivated, skilled, and enthusiastic, are committed to their work, and have a positive attitude. Centene’s companies maintain very low turnover. For example, the Claims Service Center (typically the part of a service organization with the highest turnover) has an annual turnover rate of 9%. Centene’s philosophy is to invest up front in finding the “right” people, supporting them and keeping them professionally satisfied, and maintaining low turnover rates. Retaining experienced and loyal employees enhances our ability to maintain efficient and relatively low staffing ratios.

While LHC will be a fully functioning health plan with its own leadership team and dedicated program staff, it will benefit from having the resources of Centene available. During the implementation, content experts from established affiliate health plans, specialty disease management companies, and from our corporate office, will be actively involved in LHC’s operations. Once LHC moves into its operations phase, these additional resources will remain available and can even be physically on site, as needed, should staff vacancies occur.

Construction and/or Acquisition of Office Space

LHC will utilize a flexible approach with our office space needs as developed from the experience of similar Centene contracts in other states. We work closely with our Facilities Department and Human Resource to ensure there are no delays in the hiring process and services to our Members.

Our Brokers in our Real Estate Department identify office location options. We create a short list of options after site visits and ask the landlords to submit proposals. Based on fit tests, lease terms and other conditions a final location is identified. While final lease negotiations take place our Planning, Design and Construction Department works with our architects and engineers on the office design. Once drawings are complete we submit for permit and go out to bid on construction, data wiring and furniture purchases. Contracts are awarded and construction released to begin. After construction is complete, furniture and network equipment are installed and we move into the permanent office.

In the past we have identified alternate locations early on during the project initiation and planning phase. As part of our standard process, we research and a local facility to be used on a temporary basis during the build out of permanent office locations and in the case of construction delays. To facilitate the construction process and ensure staffing familiarity with their workplace environment, we attempt to locate these temporary locations within the same structure or building as the permanent location..

LHC will closely monitor any construction activities and coordinate any equipment purchases. Centene will call upon our temporary office equipment stored in an off-site warehouse if needed.

In the event of a office space delay, LHC will also use the services of one of our existing health plans to take member and provider calls as necessary.

Enrollment Processing

We have evolved our enrollment processing so that although each of the programs we implement has unique characteristics, we remain flexible. Based on our experience we have learned the timing of enrollment processing file exchanges is a key to project success. Our activities for the Coordinated Care Network Program will be largely focused on setting up parameters and controls. LHC will proactively:

- Identify the Critical Path Tasks and timing;
- Communicate and deploy a workplan with DHH and their designated enrollment broker to include timing, dependencies and dates to meet critical path tasks;
- Determine minimal data elements for eligibility flat file as a contingency for delays in producing and delivering HIPAA compliant (834) enrollment files;
- Identify any risks to meeting our targeted dates quickly and early and redeploy resources needed to mitigate these risks;

Should LHC encounter a problem with any eligibility files, the contingency will triggered. These contingencies include: manual entry and assignment of PCPs, fax blast communications, temporary letters containing members ID will be produced.

Publication of Marketing and Related Materials

Communication with state government officials, providers/hospitals, trade associations, advocacy groups and other key stakeholders will be a key to the implementation success of both LHC and the overall Coordinated Care Networks Program.

LHC's marketing and communications strategy will be broken down into a short-term and long-term approach. Much of the short-term strategy has been in place and focuses on public relations within the market and educating key audiences on the benefits of managed care. The long-term strategy will be implemented once the contract is awarded and the focus will expand to include marketing and community relations activities with members and providers, in addition to the existing public relations focus.

Short Term Marketing and Communications Strategy

As stated above, LHC's short-term strategy will be focused on relationship building.

- Develop messaging/talking points and disseminate via message mapping document.
- Build relationships with state government officials and provide talking points and resources for them to communicate about the program. Additionally, provide supporting metrics to validate talking points.
- Proactively outreach to providers through an introductory website and public relations activities.
- Train internal staff and external resources on the messages and market background to ensure a synchronized message to all stakeholders.
- Develop and distribute materials covering who Centene is, who LHC is and the benefits of managed care to providers and other key audiences.
- Provide supplemental communication via the LHC website.

The above strategies will help educate key audiences about the program and over time develop strong relationships that will impact the success of the health plan through the implementation phase and beyond.

Long Term Marketing and Communications Strategy

The goal is to create brand recognition and a strong reputation as a company with experience in successfully transitioning states to managed care -- ultimately improving health outcomes and saving the state money. Multiple tactics will be employed, in addition to sustaining the above efforts, including:

Identify and participate in community relations activities targeted at both members and providers.

- Conduct radio advertising and other paid media that supports community outreach initiatives.
- Engage in online advertising (Google ad words/pay per click)

Summary

LHC will engage in a disciplined risk management approach that is an important part of an effective implementation strategy. Our parent company's experience in implementing Medicaid business in other markets allows us to draw upon lessons learned from past implementations to continuously identify risks to the implementation. Our experience has also shown that risks can be mitigated with early identification, accurate characterization, appropriate prioritization and accountability for mitigation planning. Throughout the lifecycle of the implementation, we utilize our risk management planning to increase the probability of launching a successful health plan.

Question C.4
Work Plan

C.4 Provide a copy of the Work Plan, generated in Microsoft Project or similar software product that includes the aforementioned implementation activities along with the timeframes, person-hours, and dependencies associated with these activities.

For a copy of the Work Plan, please refer to ***Attachment C.4: LHC Work Plan.***

Question C.5
Implementation Team Personnel
Roster

REDACTED

C.5 Provide a roster of the members of the proposed implementation team including the group that will be responsible for finalizing the Provider network.

PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
C. PLANNED APPROACH TO PROJECT

REDACTED



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RESPONSE APPLICABLE FOR GSAs A, B, C
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REDACTED



Question C.6
Implementation Manager Résumé

C.6 Provide the resume of the Implementation Manager (the primary person responsible for coordinating implementation activities and for allocating implementation team resources).

PART II: TECHNICAL APPROACH
RESPONSE APPLICABLE FOR GSAs A, B, C
C. PLANNED APPROACH TO PROJECT

REDACTED



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