

SECTION W: INFORMATION SYSTEMS

W.1 Approach for Implementing Management Information System

W.1 Describe your approach for implementing a management information system in support of this RFP by identifying all information systems (those within and outside your span of control (for claims, clinical and accounting) through which service and utilization data for the La. Medicaid population is processed. Included a Louisiana Medicaid MCO-Program-specific work plan for system readiness and operations that captures:

- *All Key activities and timeframes,*
- *Projected resource requirements,*
- *Identify the number of dedicated or corporate full-time employees (FTEs) for implementing information systems in support of this contract, and*
- *Provide the work location of the FTE's before, during and after implementation.*

The work plan should cover activities from ramp up, implementation and ongoing operations.

As an experienced and trusted partner to DHH since 2012, Amerigroup Louisiana (Amerigroup) recognizes the critical importance of information systems to effectively manage health care services. Our Management Information System (MIS) is fully operational and already configured to meet DHH requirements and currently supports approximately 127,000 Louisiana members. We are committed to maintaining the systems, processes, and staffing necessary to continue to support Louisiana Medicaid recipients and meet DHH requirements.

An internal team of skilled information technology professionals in our national Technology Services department operates and maintains our MIS and will support the implementation and system readiness activities for the new Bayou Health Contract. Amerigroup is confident in our ability to meet the State's readiness review requirements by January 1, 2015, for a February 1, 2015, go-live date.

Amerigroup's MIS is operational and already configured to meet DHH requirements. Implementation tasks will focus on new requirements and innovations. 🌸

Management Information System Overview

Amerigroup supports Louisiana operations with a single, integrated MIS that meets federal and State Medicaid requirements and facilitates the configuration required to maintain continued compliance with DHH requirements. It encompasses all functions, including member enrollment, providers, claims, authorizations, clinical, encounters, reporting, and accounting functions. Operating a single MIS across multiple markets provides a number of key benefits and features to DHH and other state partners:

- Resources and technology investments are focused on common integrated platforms
- Technology investments and enhancements for one state health plan can be leveraged for other state clients
- Broad and deep knowledge base across business operations and technical employees benefits all our state partners
- Best practices are shared across markets

Amerigroup recognizes technology's value in successfully managing health care operations. We also believe that technology is a powerful tool that, if applied correctly, can improve operations and deliver measurable impact to members, providers, and DHH. We are committed to continually searching for ways to apply existing and new technology to:

- Enable better understanding and access to health care services and benefits for members
- Maintain a high level of member and provider satisfaction
- Improve the quality and efficiency of data collection
- Offer providers timely data to drive interventions
- Maximize the impact of performance improvement studies and results
- Provide measurable results to DHH and other stakeholders

After careful review of the requirements outlined in the RFP, we are confident in our ability to continue to meet or exceed all DHH requirements with our existing systems.

Continuing Support of Bayou Health Implementation

As an incumbent Louisiana MCO, Amerigroup is not implementing a new system for the Bayou Health Contract. With operational systems and processes already in place, our effort will focus primarily on implementing new requirements, transitioning to our new Pharmacy Benefits Manager, and developing processes for new innovations, value-added benefits, and provider incentive programs. Regardless of the size and scope of the effort, Amerigroup will approach the Bayou Health implementation using our proven practices and tools.

Our national Implementation Management Office (IMO) employs a methodical approach to documenting and executing the tasks required to implement new business or new contracts and seamlessly transition new members and providers into our operations. Whether through a new market implementation or new contract or growth in an existing market through a service area or product expansion, detailing the tasks and demonstrating readiness internally and to our government partners remain key priorities.

Amerigroup's Implementation Approach

Our implementation approach begins when we receive an RFP and culminates in demonstrating readiness and Contract go-live. Management of our Bayou Health implementation will be a partnership between our Louisiana health plan leadership and our dedicated implementation team. Throughout the implementation process, health plan leadership, subject matter experts, and the implementation team will collaborate to help shape the best way to meet requirements and provide service to our members. Our Information Management and Systems Director, Ms. Glennis Johnson, will be a key member of the team, providing information and insight into current systems, data interfaces, operations, and DHH requirements.

Implementation will be led by a Project Manager in the IMO who is certified by Project Management International as a Project Management Professional. The IMO makes sure that we will proceed effectively through each implementation phase and meet DHH's deliverable schedule. We employ Project Management International's methodology to quickly and thoroughly identify, track, and resolve any gaps in project management. This structured approach to managing implementations, shown in Figure W.1-1, provides a replicable process that the entire organization understands and follows.

Figure W.1-1. Amerigroup will use a Structured Implementation Process to Implement the New Contract



Our Implementation Project Team follows a formal project management lifecycle that includes the following key components:

- Formal engagement and documentation of resources dedicated to the project
- Kick-off meeting and in-depth Contract review by the entire team
- Cross-functional requirements gathering and documentation
- Weekly internal project team meetings and ad hoc subteam meetings
- Implementation meetings with the DHH project team and technical liaisons
- Formal communication plan, including weekly reporting
- Formal risk management, mitigation, and contingency plan
- Internal readiness reviews
- Participation in all State readiness activity
- On-site go live support for our local health plan operations
- Post go-live support with full engagement of the project team

One of our implementation best practices is our approach to cross-functional teams. Health plan employees partner with their national support areas to develop and implement solutions that meet contract requirements. This cross-functional team considers all relevant information, analyzes upstream and downstream impacts, and quickly reaches the best solutions. All functional area teams are brought together to resolve gaps between current and future State policies and objectives.

We start implementation before Contract award. An advance team consisting of health plan employees and national support leads begins planning for tasks and defining timelines based on our response to the RFP. This enables functional leads to have as much time as possible before Contract award to plan for tasks.

After Contract award, the full cross-functional team of subject matter experts and project leads will review the Contract, the RFP, and our proposal line by line to identify the business processes, policies and procedures, and systems needed to meet program requirements. They will develop a comprehensive list of requirements and deliverables that must be met to achieve full compliance with the Contract. For each requirement, we will document a description, accountability, technology component, proposed solution, and current capability assessment to gauge the required level of effort to meet each need. From these requirements, the team will build a detailed work plan and timeline that identify all tasks, durations, dependencies, and required resources.

At this time, the IMO team will also create a risk management plan that identifies items that present a risk to the project’s successful execution, including associated mitigation and contingency plans.

Project monitoring and control activities begin as soon as project planning is completed and continues through go-live. The IMO staff and the functional area implementation project leads closely monitor the project work plan to ascertain that all tasks are completed on time and that all issues are addressed and resolved expeditiously. We use weekly project team meetings to communicate information, follow up on

open issues and action items, and review decisions made and their impact. The frequency changes to daily as the go-live date approaches.

We believe that our extensive experience with state Medicaid program requirements and specifically with the Louisiana Medicaid program will result in a seamless implementation for the February 1, 2015, go-live date.

Louisiana Bayou Health Work Plan

Our work plan, developed for the implementation of the Louisiana Bayou Health Program, is provided in Attachment W.1-1, Work Plan for System Readiness and Operations. The work plan outlines the key activities and major deliverables that must be completed for system readiness and operations to meet the January 1, 2015, readiness review and February 1, 2015, Contract go-live dates.

Our implementation work plan begins shortly after we deliver our completed proposal to DHH and continues through implementation, post-implementation monitoring and support, and on-going operations. We will keep the Implementation Project Team engaged beyond the Contract go-live date to confirm that all deliverables and operations are functioning as intended in a production environment.

We will update and provide the final work plan for DHH approval, once requirements review is completed, within 30 days of the Contract effective date or earlier at the request of DHH.

Key Activities, Timeframes, and Projected Resource Requirements

The Bayou Health implementation work plan defines all of the activities to meet the RFP requirements as well as the projected timeframes of each activity. Amerigroup uses Microsoft Project® as the project management software tool. We document activities at a detail level that can be presented at a summary level to identify key activities. Project leads within each functional area maintain individual project plans that are grouped into a master program implementation schedule with collective project milestones and specific timelines.

The work plan also includes projected resource requirements. The IMO develops resource projections using historical experience and lessons learned with similar projects, as well as an understanding of the activities required to implement the new Contract. Resource projections are refined by identifying the interdependencies between activities to resolve resource overallocations.

Dedicated and Corporate Full Time Employees to Implement Information Systems

Our MIS is already implemented and compliant with DHH requirements and supporting our Louisiana operations. As such, the work required to implement information systems to support this Contract is limited to new DHH requirements, migrating to a new Pharmacy Benefits Manager, and configuration of our system for some of the new programs and services we will bring to the Bayou Health Program.

Our national IMO will dedicate four employees to managing this implementation effort. A key responsibility of the Implementation Project Manager will be to manage and monitor the work plan and collaborate with the functional areas, including Technology Services, to ensure that the right resources are assigned to the project to implement Amerigroup's commitment to DHH and the Bayou Health Program. Technology Services will assign a project lead and an implementation subject matter expert to the Bayou Health implementation.

As discussed earlier, a key step in our implementation approach is to conduct a thorough review of the Contract, the RFP, and our proposal to develop a comprehensive list of requirements and deliverables. An outcome of this effort will be a detailed work plan that will identify all tasks, timeframes, and resources

required to implement the new Bayou Health Contract. Amerigroup will dedicate the resources necessary—both national and at the local health plan—to implement the business processes, policies and procedures, and systems needed to meet program requirements. While it would be premature to identify the exact number of resources needed until this detailed analysis is complete, based on our knowledge and experience, we estimate that 10 to 20 national Technology Services resources will support Bayou Health information systems implementation activities.

Work Location of Full Time Employees

Our national Technology Services department maintains centralized information technology operations in Virginia Beach, Virginia. The Technology Services employees who will support the Bayou Health information system implementation are primarily located in our Virginia Beach systems support center; however, some employees will work from various locations throughout the country. All information systems implementation and operations support is delivered by employees located in the United States.

Technology Services employees supporting the Bayou Health implementation will provide most of the support from their national office location, with the majority of employees located in Virginia Beach. Employees will travel to our Louisiana office locations as necessary to attend State meetings and collaborate with health plan employees to support their service of members and providers.

After implementation, information systems support will be delivered primarily from our Virginia Beach systems support center, with travel to our Louisiana office locations as necessary.

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W.2 Capability and Capacity Assessments

W.2 Describe results of capability and capacity assessments performed of current systems to ensure they meet or exceed contract requirements.

Describe upgrades or enhancements to existing systems needed to meet or exceed contract requirements. Additionally, if no upgrades are anticipated for this project, describe what and when major system changes/enhancements were last made.

Amerigroup's Ability to Meet or Exceed Contract Requirements

Amerigroup already maintains sufficient capability and capacity to meet or exceed Contract requirements. We submitted an Information Systems Capabilities Assessment (ISCA) in April 2014 and if requested by DHH, we will submit another within 30 days of Contract signing.

We currently have the architectures and scalability to support the membership level of 250,000, as required in RFP Section 2.1.1.7. We continuously monitor CPU and memory utilization and make adjustments to expand capacity whenever usage approaches established thresholds of 75 percent. ***In preparation of this proposal, we have confirmed the ability of our current systems, processing, storage, and communications infrastructure to maintain performance levels for existing operations while continuing our Medicaid operations in Louisiana.*** In fact, we are able to scale and sustain more than double our current membership on our current hardware footprint. Average utilization levels are currently:

- CPU Utilization
 - 15 percent for core operations system database servers
 - 6.4 percent for core operations systems applications servers
- Memory
 - 45 percent for core operations system database servers
 - 60 percent for core operations system applications servers
- Internet Connectivity: utilization is 10 percent for our OC-3 circuit

The number of members nationally supported by our MIS has more than doubled in size over the last three years and due to the scalability of our infrastructure, we have maintained service levels as we absorbed the additional business growth. We have expanded our national data center space in Virginia Beach, Virginia to support current operations and future growth for at least the next three years. We are confident in the ability of our systems to maintain performance levels as we continue to serve Louisiana and to meet or exceed all contract requirements.

During the last 12 months,
we averaged 134,000 claims
per month in Louisiana,
91.7 percent
of which were submitted
electronically. 🌸

We expect the anticipated membership increase and the associated claims volume to represent a reasonable increase in our current load and they will not negatively impact processing times:

- **Membership.** As required, we are basing our capacity assessment on 250,000 Louisiana members and have already confirmed the ability of our systems to accommodate the increase.
- **Claims Submission.** During the last 12 months, we averaged 134,000 claims per month in Louisiana, 91.7 percent of which were submitted electronically. We encourage providers to use electronic data

interchange (EDI) for claims submission and we carefully monitor our systems to support receiving increasing percentages of claims electronically.

- **Claims Adjudication.** For Louisiana and affiliate markets, our claims system currently process approximately 200,000 claims per night with a 1,900 claims per minute throughput. Our claims adjudication system scales horizontally to keep batch time consistent as volume increases. Amerigroup's auto adjudication rate is 86.4 percent and we average 99.73 percent claims paid within 15 business days and 99.88 percent paid in 30 calendar days.

Systems Refresh Plan

Our national Technology Services department is responsible for all enterprise information technology initiatives and creates an annual technology refresh plan to provide an overview of planned enhancements to our technology platform. The national three-year strategic business plan that covers all State-sponsored business drives the annual Technology Services business plan, which in turn drives the annual Systems Refresh plan. The refresh plan enumerates annual initiatives and will vary year over year.

An effective technology refresh plan establishes the points along the service life of our platform when it is optimal to change, or "refresh," both custom-developed and commercial-off-the-shelf (COTS) system components to deliver continued supportability throughout its life cycle. Having a viable technology refresh plan is vital to supporting our state customers and must assure that our platform is supplied with technical components that are capable, available, sustainable, and cost effective. The changes can be in the form of new software and hardware, upgrades for additional functionality and capacity, new or enhanced services, extending current solutions because of growth drivers, or replacement because of obsolescence.

As required in the RFP, Amerigroup will continue to submit a copy of our Systems Refresh Plan to DHH annually. We submitted our last System Refresh Plan in February 2014, and we will submit an updated plan to DHH within 30 days from the Contract date or upon State notification.

Upgrades or Enhancements to Existing Systems

Amerigroup currently meets or exceeds Louisiana requirements, and we will not require further system upgrades or enhancements for the continued support of the Bayou Health Program.

Technology Services has processes in place to make sure that we remain current on all system releases, .Net releases, and system patches. Our system meets or exceeds performance parameters and the scalability of our system has been able to accommodate recent expansion.

Our last major system changes/enhancement was an upgrade to our core processing system to upgrade from version 4.71 to version 5.01. We notified DHH of the planned systems upgrade in a letter dated January 22, 2013.

In addition to staying current with system releases, we have continued to improve operations through the use of supplemental applications that surround our core production system that supports claims, member enrollment/eligibility, providers, and authorizations. We have also taken advantage of data accumulated since beginning Louisiana operations and have used it to improve operations, deliver more valuable information to DHH, and enhance our ability to serve our members and affect their health and well-being.

We will not require any system upgrades or enhancements for the continued support of the Bayou Health Program. 

W.3 Availability of Systems

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

A secure systems infrastructure and high systems reliability are key initiatives of our national Technology Services Department. Our systems hardware and software architecture permits scalability of the technology platform to meet current and future capacity needs. Technology Services regularly assesses our architectural framework, both hardware systems and applications software, to assure that they are flexible and scalable enough to meet not only future markets, but also the changing needs of Medicaid operations. We maintain and test business continuity and disaster recovery plans to support our ability to provide continuous operation in the event of a disruption of any size, including a major disaster.

Systems Availability

Amerigroup will continue to meet or exceed the DHH requirements for information systems availability as outlined in Section 16.10 of the RFP.

We devote significant national resources to delivering systems availability that meets business needs. For many, such as our core operations system and telecommunications infrastructure, we maintain availability twenty-four hours a day, seven days a week (24/7). We have positioned our MIS and technology architecture to adapt to the distinct needs of DHH and our other state partners and the changing environment of Medicaid managed care, while maintaining the highest level of systems reliability and availability. We are committed to high internal systems availability, and have documented 99.64 percent availability for year-to-date 2014. We are confident that we will continue to meet DHH expectations for systems availability and performance.

99.64 percent
Systems Availability
YTD 2014. 🌸

System and data availability is paramount to Amerigroup. We understand how vital our systems are to the State of Louisiana, our providers, our members, our subcontractors, and our employees. Whether the focus is on day-to-day system and data availability or disaster response, Amerigroup works diligently to prepare contingencies. We closely monitor core systems and have detailed policies and procedures, as well as service level agreements on core system availability and connectivity with business owners, to verify that systems are available and performing at levels required to support business activities. Amerigroup understands the importance of critical communication to DHH during system challenges.

Our member and provider websites and interactive voice response (IVR) functions are available 24/7; all other systems are available, at a minimum, between 7 a.m. and 7 p.m., Central Time, Monday through Friday. Amerigroup understands how important it is that systems are operational, available, and performing efficiently during all required hours of the day.

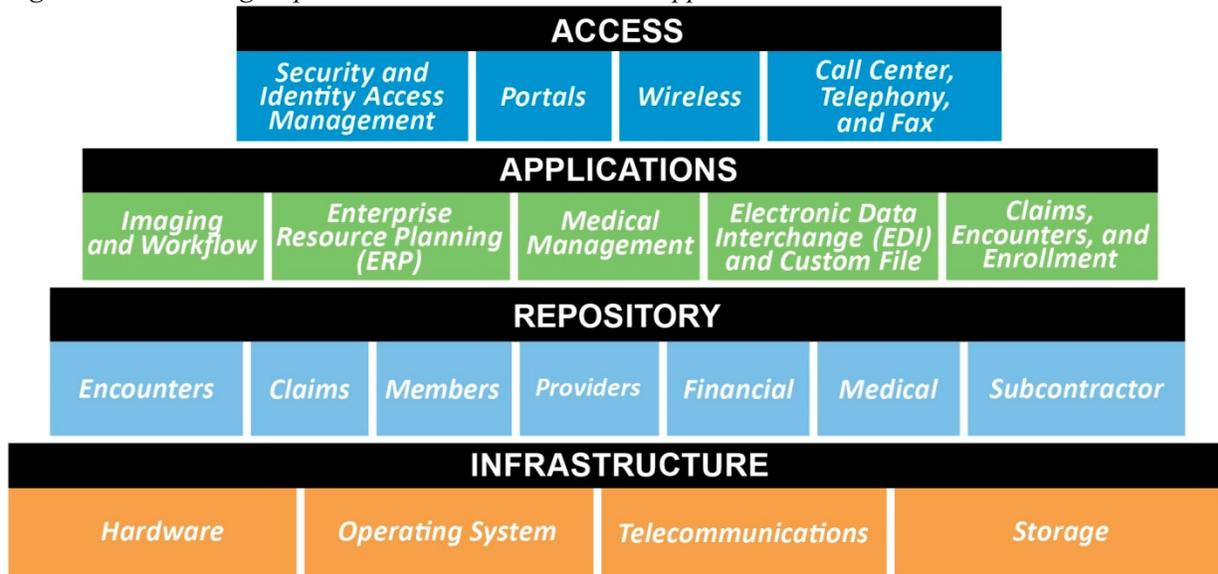
Information and Telecommunications Architecture

A secure systems infrastructure and high systems reliability are key Technology Services initiatives. We regularly assess our architectural framework to confirm that it is flexible and scalable enough to meet not only current and future capacity needs, but also the changing needs of Medicaid operations. Our architectural framework is engineered with four design points:

- **Reliability**—Sustain a high level of system availability through redundancy and fault tolerance throughout the infrastructure
- **Scalability**—Deliver the capacity and capabilities to support and sustain growth without affecting current business operations
- **Integration**—Integrate additional applications, as well as data from stakeholder systems, with our core operations system to deliver a fully-integrated, cohesive Medicaid managed care system
- **Interoperability**—Maintain agility in our MIS to support modification and enhancement to meet changing business needs

Our architectural framework, shown in Figure W.3-1, focuses on four major technical layers: Access, Applications, Repository, and Infrastructure (hardware and operating software).

Figure W.3-1 Amerigroup’s Architectural Framework Supports Our Business Processes



Each layer is a foundation for subsequent layers and is focused on providing reliable, scalable, and interoperable tools to support each of our business processes. The n-tiered systems hardware and software architecture permits scalability of the technology platform to meet current and future capacity needs. Redundancies are built into the layers to maintain business continuity. The layers are:

- The **Access** layer enables secure and efficient access to tools and information for our members, providers, State partners, and employees.
- The **Applications** layer supports core transactional and operational processing, such as enrollment, claims, encounters, provider contracting, finance, and clinical.
- The data **Repository** layer enables real-time, flexible reporting, and offers many functionally-specific views of business data. The flow of business data is routed from the Access layer to the Application layer to the Repository layer, following predefined control points at each layer that preserve transactional integrity and maintain data control.
- The **Infrastructure** layer is our telecommunications and network foundation, and is supported by premier third-party vendors.

Technology and solutions in all layers are a combination of acquired industry-leading and custom-developed applications and tools. All layers are highly extensible and enable “plug-and-play” component transparency. Security, data integrity, and accessibility are managed in all layers.

Our enterprise communications network architecture for data, voice, and video is full-mesh Multi-protocol Label Switching (MPLS) transmitting IP. The full mesh topology provides maximum reliability and redundancy, and MPLS provides faster traffic flow and improves manageability and quality of service. Redundancies are built into all levels throughout the communications network, and include active and passive routers and geographically redundant Internet connections.

Business Continuity and Disaster Recovery Plans

Amerigroup maintains disaster recovery and business continuity plans for our current operations supporting Louisiana.

Our goal is to swiftly and seamlessly respond to an emergency with minimal impact on all constituencies. For our systems, we maintain detailed Disaster Recovery Plans; for operations, we have Business Continuity Plans. The Business Continuity and Disaster Recovery Plans represent a detailed blueprint of our preparation for, and planned response to, any emergency.

Amerigroup’s Disaster Recovery Plans and Business Continuity Plans allow for the continuation of our services, not just our systems, and address our business processes and systems, applications, and platforms. We plan for systems and processes at each location, considering the recovery requirements for each health plan.

Each time we change our systems or operations, we also determine whether our Disaster Recovery or Business Continuity plans need to be modified. Additionally, we regularly review and test our plans to confirm they are current and sufficient to provide adequate recovery and resumption of operations if there is loss of data or other disaster interrupting services.

In our plans, a disaster includes both the day-to-day types of occurrences that could jeopardize the integrity of processing or temporarily disable or interrupt operations, as well as a catastrophic event, such as a major weather event or natural disaster, major telecommunications outage, or computer virus. ***We also maintain an Emergency Response Plan that addresses specific risks, such as hurricanes, earthquakes, office intruders, and others.***

Amerigroup’s Disaster Recovery Plans are designed to protect against data loss and provide recovery from major unplanned interruptions to computing services, including system infrastructure, data, and applications. Several other programs also help assure that critical business functions can be maintained:

- The Safety Program provides a guide for a safe workplace for employees, contractors, and visitors.
- The Emergency Management Program specifies overall response, command, and control following an incident or event causing a business disruption.
- The Business Continuity Program documents the recovery strategy of critical business processes.

Amerigroup will continue to maintain our Disaster Recovery Plans and Business Continuity Plans as we further our support of Louisiana.

Amerigroup’s Business Continuity and Disaster Recovery Plans are:

- Comprehensive
- Documented
- Proven
- Regularly Tested 🇺🇸

Backup and Recovery

We maintain backup and recovery plans for the types of events that could interrupt operations or cause a loss of data. Data files, transactions, program libraries, job scripts, operations procedures, and systems documentation are backed up regularly, and copies of key files are maintained in secured off-site locations. Processes and procedures define steps for backing out transactions and restarting at certain checkpoints or completely rerunning programs. In some cases, we maintain mirror images of files so that if the hardware fails, a system can be automatically switched to operate from the mirror image databases. Likewise, we back up key hardware and communication lines so that we can switch operations quickly from one piece of hardware to another.

Disaster Recovery

We develop and maintain recovery plans for major disasters that might occur. We currently maintain 490 comprehensive plans—Application Recovery Guides and Technical Recovery Guides—each with assigned resources that will execute the plan if a disaster occurs. Disaster Recovery Plans are reviewed and updated at least annually as part of the recovery testing process and after major system changes.

Our Business Continuity and Disaster Recovery Plans include processes and procedures to resume normal business operations after an interruption. 🌸

Our Disaster Recovery Plans employ different strategies depending on the criticality of application system. The following are descriptions of strategies currently deployed:

- **Multi-site Active-Active Load Balancing.** Some application systems have active configurations in both the Richmond and St. Louis data centers. Global load balancers direct incoming transactions across both sites. If one site fails, transactions are directed to the other.
- **Dedicated Standby.** Some application systems have dedicated standby hardware in a second location that can be quickly activated if the primary sites fail. Storage Area Network (SAN) replication and database log shipping keep database copies at secondary sites synchronized with production. Critical systems at Amerigroup in Virginia Beach have replicated backup environments in the Dallas, Texas, hot site. Critical production in Richmond has standby systems in St. Louis or at IBM Business Continuity and Resiliency Services in Sterling Forest, New York.
- **Warm Site Recovery.** Critical systems not being replicated are protected by warm site agreements. Our agreement with IBM provides equipment in Sterling Forest, New York, at time of a disaster and for periodic testing. Technical teams restore the latest production backups onto the new hardware and bring the systems up as production replacements. Redundant OC3 circuits connect to the disaster recovery warm sites and are tested regularly. In the event of disaster, the recovery sites become part of the production network.

Disaster Recovery Team

Technology Services employees are assigned to disaster recovery teams responsible for, and with developed contingency plans to respond to, worst-case scenarios. ***The disaster recovery teams take ownership of the recovery of business operations by reviewing all documentation, making recommendations, alerting the disaster recovery contingency planners of system changes and upgrades, and participating in the testing of the Disaster Recovery Plans.*** The comprehensive disaster recovery program contains four major content areas:

- Data center recovery, including environment- and application-specific documentation
- Technology Services business unit recovery
- Telecommunications recovery, including voice and data
- Local communication room recovery

Testing and Auditing

Amerigroup already complies with the State's request to conduct an annual test of the plan through simulated disasters and lower-level failures to demonstrate to DHH that it can restore systems functions.

Every year, we conduct tests of our Disaster Recovery Plans. In 2013, we conducted 10 different recovery tests, and in 2014, we will perform 19 recovery exercises, as shown in Attachment W.3-1, Disaster Recovery Test Schedule. We exercise individual critical systems at least once a year, and establish recovery objectives in advance. We investigate and remediate any problems or situations where results do not match expectations, and track them to closure. Analysis of test results is used to identify potential problem areas and improve the plans.

We conduct regular tests of our disaster recovery plans. In 2014, we will perform 19 recovery exercises. ♣

Two recent exercises demonstrate our ability to successfully recover resources that support Louisiana operations. In an exercise that began on August 11, 2014, we tested the recovery of our Richmond midrange environment with selected medical management and financial applications. An exercise conducted on September 14, 2014 tested the recovery of our Virginia Beach midrange environment with core operational systems that support member, provider, claims processing, and utilization management.

We conduct internal audits to confirm that our Business Continuity and Disaster Recovery Plans are tested on a regular basis. They also verify that we have corrected any deficiencies encountered in the tests and updated the plans accordingly.

Business Continuity

Amerigroup maintains a substantial workspace recovery capability using a combination of resources, including: network redirection of work, corporate-owned worksite recovery capacity, mobile recovery resources, and secure satellite connectivity for voice and data. Amerigroup's parent organization, WellPoint, launched a major effort in 1999 to build and maintain a comprehensive enterprise-wide business continuity program, and continues to refine and expand it to incorporate changing business needs or technologies.

The Business Continuity Program aligns the business requirements of the operating units and the deliverables of the support areas to meet stakeholder commitments following an unplanned event. The program:

- Identifies business process critical paths
- Documents the recovery strategies and resources required to support those critical paths
- Defines roles and responsibilities
- Links critical path business processes with the resources, systems, and vital records required to support response, recovery, and survival

Remedial action is taken as necessary to assure mission-critical resource availability.

Our Virtual Command Center delivers the ability to command, control, and communicate when dealing with any event-based activity (planned or unplanned). Additional elements include: redundant communication tools issued to key managers and role players; automated call tree notification and management functionality; repositories for business continuity documents; employee, site, vendor, and other mission-critical information; and collaborative meeting tools.

Contingency Plans for Essential Business Functions

The ability to provide continuing business services throughout any occurrence is critical for Amerigroup. Whether it is a short-term incident, such as inclement weather, or a longer-term emergency, such as a pandemic or natural disaster, we have established protocols that guide business continuity and data recovery.

Amerigroup maintains technology tools that enable employees to seamlessly access necessary systems remotely to facilitate continuing operations. Through the use of our Citrix Access Gateway, employees can use critical applications securely from any location with Internet access.

First deployed in 2003 to support worksite recovery, the Mobile Recovery Strategy Solution can be operational within 96 hours following an unplanned event and currently supports up to 500 call center seats on a scaled basis. Solution components include:

- Two owned technology vans
- Satellite connectivity for voice and data (bandwidth equivalent to two DS-3s)
- VOIP phone switch (ACD) for 500 seats/1,000 lines
- Servers and data switches
- On-board generator and HVAC
- Two satellite ground stations
- Two mobile satellite units (data connectivity for 1,000 seats each, including servers, data switches, on-board generator, and HVAC)
- Personal computers to use with mobile recovery seats

Regardless of the nature of the emergency, our redundant operations will minimize disruption for Louisiana members and providers. Because we maintain redundant operations for key functions, including care management, the call center, and claims offices, we can use telecommunications and networking technology to enable transparent transition among remote sites to quickly and seamlessly re-route member and provider calls to an unaffected worksite.

Our Plan in Action—Hurricane Isaac

In an emergency nothing saves lives, lessens property damage, and saves time, money and resources like being prepared. In August 2012, Hurricane Isaac devastated portions of Louisiana as its slow-moving trajectory, far-flung storm surge, and torrential rains impacted portions of the State in ways that rivaled even Hurricane Katrina.

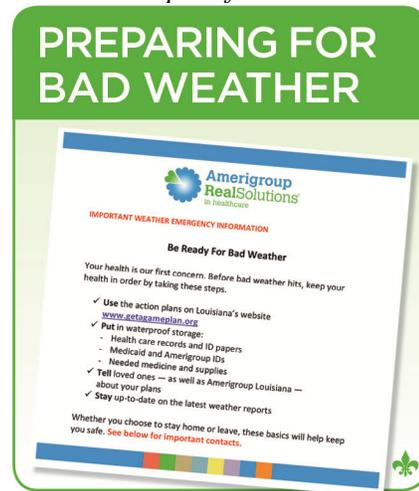
But when Isaac made landfall seven years to the day after Katrina, the State and Amerigroup Louisiana were prepared as never before. It made all the difference.

Following our Disaster Recovery and Business Continuity Plan, Amerigroup collaborated with DHH to support our members, including staffing the DHH Emergency Operations Center 24 hours a day during the worst part of the disaster. Daily calls between health plan leadership and our national support resources focused on member access to services, employee safety, and continued business operations.

During the time before, during, and after Hurricane Isaac, we initiated a number of activities, including:

- **Member Outreach**—We provided useful information to members on our website and through automated calls
 - Health plan employees personally called more than 500 active members in Case Management to confirm that they had a disaster plan.

Figure W.3-2. We Help our Members Prepare for Bad Weather



- We initiated automated calls to our members in the Tangipahoa parish to warn them of impending flood waters during the aftermath of Hurricane Isaac.
- The on-going Emergency Procedures homepage and Community Resources link on our website helped our members stay prepared and delivered useful information, as shown in Figure W.3-2.
- **Managing our Members' Care**—We successfully transitioned all members' services activities to our national call center during the worst of the storm, and once it abated and our employees were able to return to our New Orleans offices, member services were transferred back to the local plan.
 - We waived authorization requirements from the start of the storm through September 2, 2012.
 - We worked with the call center clinical team to manage authorizations and inpatient admissions, complete discharge planning, and make sure members with special health care needs were aligned with PCPs and available community resources.
- **Partnering with our Subcontractors**—We worked with our subcontractors to make sure our members had the support they needed. This specifically included:
 - Relaxing pharmacy rules for medical injectibles so members were able to get medications without authorizations
 - Working with our DME and transportation vendors in advance of the storm to support our members (for example, could get to shelters, had evacuation plans, had proper medical supplies prior to storm)
- **Maintaining Quality Management**—We collaborated with our national Quality Management partners to help assure no disruption for quality of care and appeals.

As part of our Amerigroup culture of continuous improvement, we conducted a detailed review of our response to Hurricane Isaac to identify what went well and opportunities for change. As requested, we provided our recommendation to DHH. One key recommendation was that DHH hold daily briefings with the Louisiana MCOs to promote timely and accurate exchange of information. Similarly, for crisis-related information that DHH would like MCOs to communicate to our members or providers, providing uniform content (situation and time permitting) would be valuable.

Recovery Time of Mission Critical Applications

Amerigroup has defined the Recovery Time Objective (RTO) for our mission critical applications as less than 24 hours. Additionally, we have taken steps to minimize the Recovery Point Objective (RPO) and the data loss associated with an outage. For the most vital of our mission-critical applications, those that serve as the system of record for our member, provider, claims, and authorization data, we have invested in a solution where the application is staged in our secondary geographically-distributed data center for immediate failover. We perform near real-time data replication. The replication for these solutions provides us with a RPO of 15 minutes or less. We apply this optimal recovery solution to our core operations system, care management system, our medical criteria, and our workforce management application, among others.

Near real-time data replication provides us with a Recovery Point Objective of 15 minutes or less. 🌸

New applications are evaluated to determine the appropriate RTO. We continually re-evaluate each application's RTO to assess its on-going appropriateness. Through that on-going assessment, we identify additional mission-critical applications and work through the associated redundancy and replication planning.

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W.4 Process for Identifying, Testing, and Implementing Changes

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

Systems changes are inevitable, whether necessary conform to future federal or DHH standards or to correct a problem. Amerigroup identifies system changes in a variety of ways, including those needed to support new requirements, correct an issue, or respond to changing business needs. Amerigroup has a defined Change Management process that governs the development and testing of changes and deployment to production that assures that changes are appropriate and that they are implemented correctly. The goal is to successfully introduce any changes to the production environments. ***Success is measured as a balance of a timely and complete system change implementation, with as little disruption as possible to target systems, services, environment, and stakeholders—members, providers, and DHH.*** Our system change process also dictates that we record appropriate details of changes and that we assess, approve, implement, and review changes in a controlled and secure manner.

Our process delivers timely and complete system changes while maintaining the integrity and stability of our operational systems. 

The time frame from identification of a change to implementation in production is dependent on both size and complexity. Amerigroup classifies system changes into two groups: those requiring more than 100 staff hours and those requiring less. Generally, changes requiring fewer staff hours are not as complex and can be implemented in a shorter time frame. For efforts of all sizes, we implement system changes based on agreed-upon schedules developed by the business owner and Technology Services. In urgent situations, we can apply additional resources to allow us to react quickly to implement a system change.

As requested, Chart E details our process for identifying, testing, and implementing system changes. Because the time frame for developing and testing a system change is highly dependent on the complexity of the change, we present two versions of Chart E:

- **Chart E—General Version** illustrates the process to identify, test, and implement a system change and shows the steps dependent on the complexity of the change and the steps that occur in a matter of days after testing is complete.
- **Chart E—Actual System Change** illustrates the actual time frames for a system change implemented on July 22, 2014, to create the PCP linkage file. The system change was initiated after we received final confirmation of the specifications from Molina on May 21, 2014 and implemented in advance of the August 1, 2014 due date set by the State. For this system change, Molina was a key participant in user acceptance testing.

Our system change process begins on the upper left side of the flow-chart when we initiate a change and begin to document requirements based on an identified business need. Once requirements are documented, the design, development, and testing process begins. Business owners are responsible for user acceptance testing to confirm that the system change meets business needs. After user acceptance testing, the change is prepared for deployment, where it is reviewed for risk, security, and potential affect on the rest of the system. After deployment is approved, the change is promoted into production.

Following Chart E, we provide additional information about our system change process, including managing system changes, notifying DHH of system changes, our Systems Development Life Cycle (SDLC), and how we notify members, providers, and other stakeholders about system changes that affect them.

Figure W.4-1. Chart E—General Version: Process for Identifying, Testing, and Implementing Systems Changes

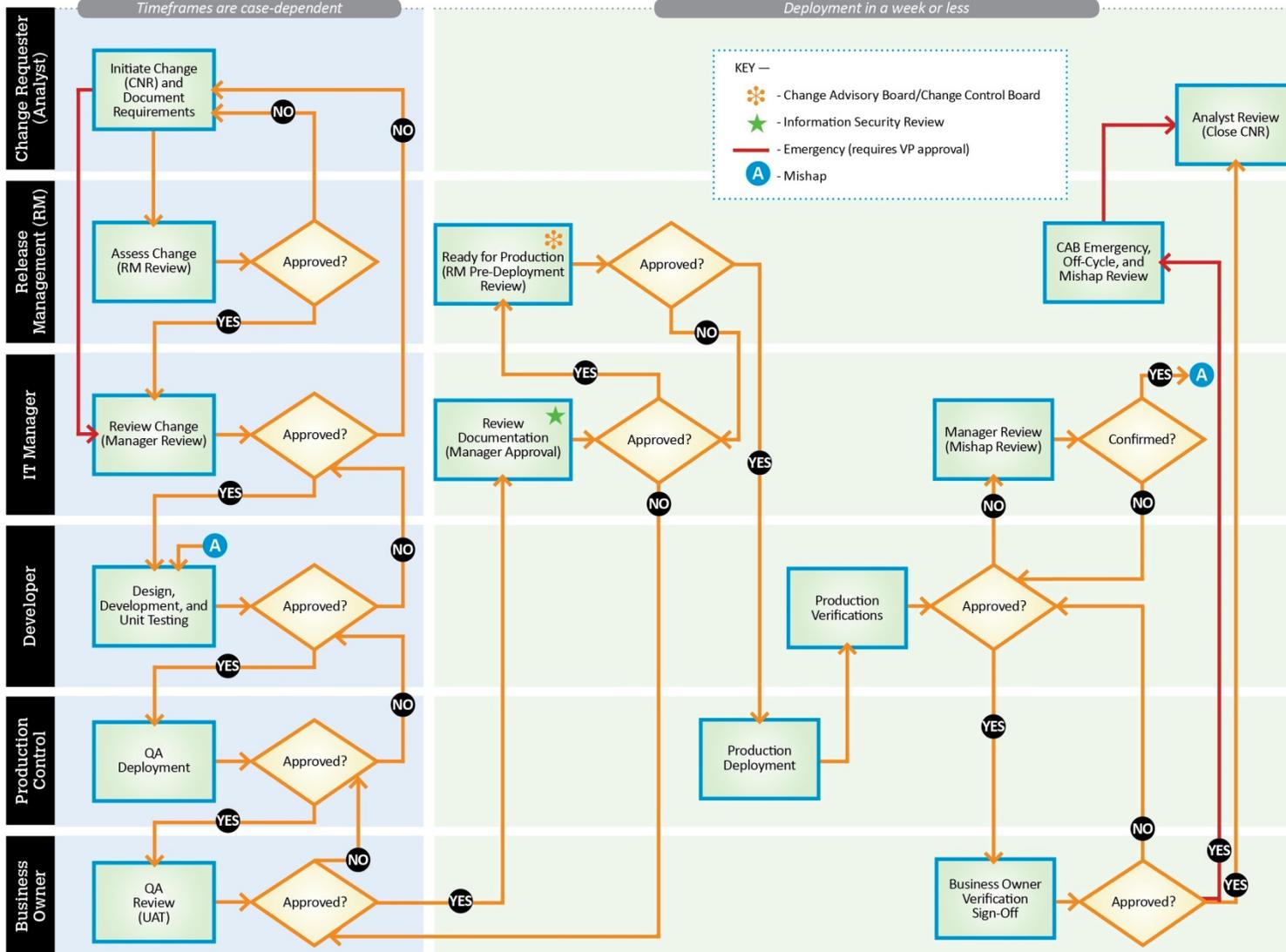
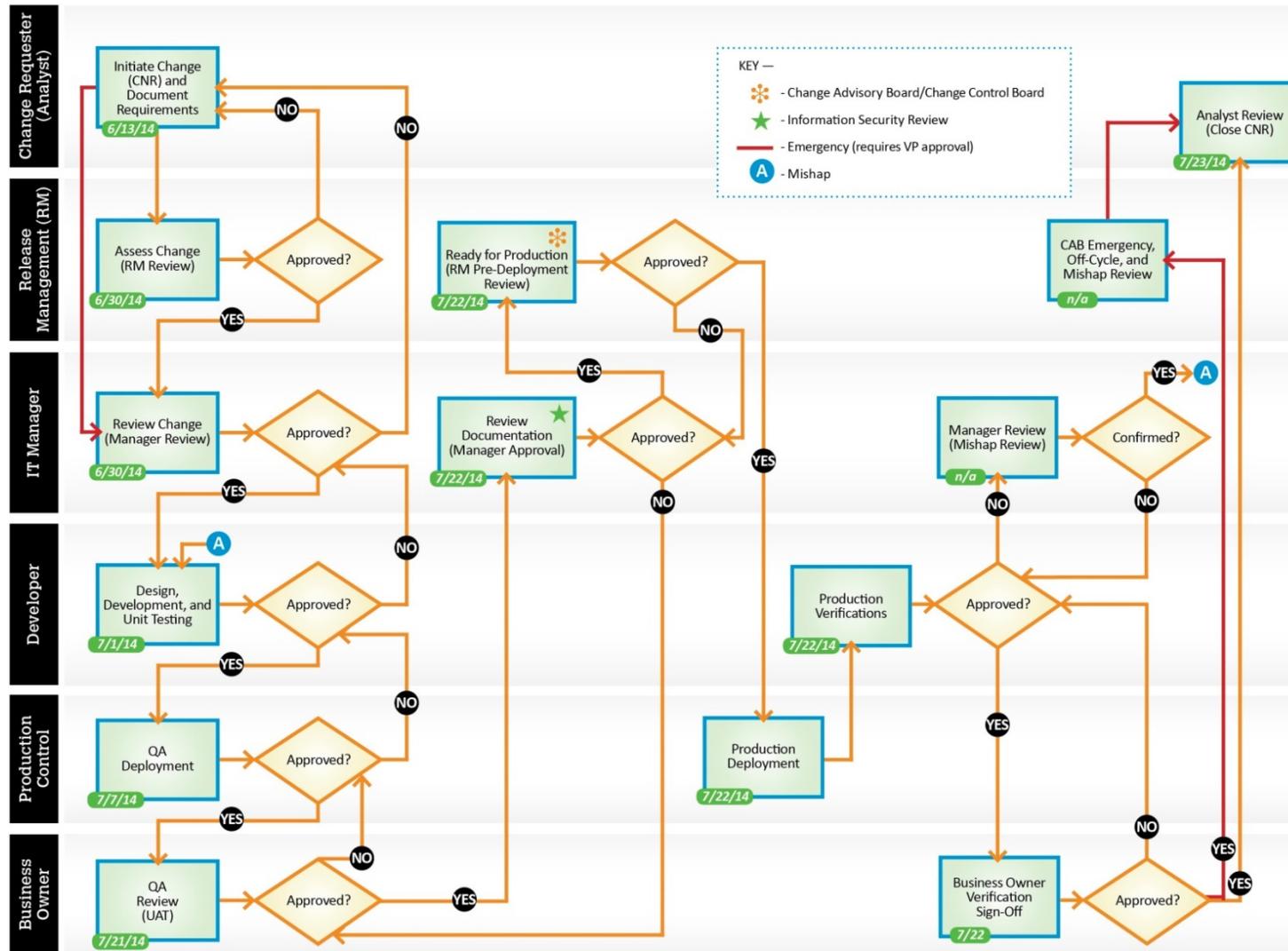


Figure W.4-2. Chart E—Actual System Change: Process for Identifying, Testing, and Implementing Systems Change Implemented on July 22, 2014



Managing Systems Changes

System changes may include infrastructure, network, system components, protocols, configurations, hardware, and software related changes—all of which have an impact on the operations of the systems.

Our systems change management process is governed by the Change Advisory Board. The Change Advisory Board is a team of technologists who review, approve, monitor, schedule, and govern changes that occur in the production environment. They also verify that scheduled changes in a given maintenance window are compatible, mitigating risk as needed. For high-risk and high-impact changes, an additional group, the Change Control Board, is responsible for approving, reviewing, monitoring, and governing changes.

Notifying DHH of Systems Changes

We will notify DHH, our partner in Louisiana, at least 90 days before major changes are made to these core processes:

- Claims processing
- Eligibility and enrollment processing
- Service authorization management
- Provider enrollment and data management

Systems availability is critical to efficient operations in Louisiana, and *we schedule all maintenance that results in systems unavailability during times that do not compromise critical business operations*. Our usual practice is to schedule system downtime on weekends. If we must schedule maintenance during normal systems operational hours, we will continue to coordinate with DHH for scheduling and approval.

We will continue to meet DHH notification requirements of system problems according to the schedule listed in Section 16.4.4.4 of the RFP.

Systems Changes and Our Systems Development Life Cycle

Our systems change management process is integrated with our SDLC methodology. For all system changes, Technology Services follows policies and procedures that include standards for requirements gathering, analysis, design, testing, and implementation. Besides the traditional waterfall SDLC, we also use agile/iterative software development methods, enabling us to choose the best methodology for each situation. For all system changes, we develop an implementation plan that includes a timeline, milestones, dependencies, and risks. As required based on the nature of the change, we engage key DHH, Fiscal Intermediary, or Enrollment Broker personnel to provide insight and to assist with the testing process.

Requirements Analysis is the first step in the SDLC. Analysts work with business owners to identify the business requirements, develop system requirements, and document the results in a Requirements Review Document. Business owners review and approve this document before systems design is started. Once the document is approved, it is placed under configuration management and can be modified only through a documented change procedure. This allows Technology Services to maintain tight control over project requirements. Using the Requirements Review Document, we validate the traceability of requirements through the systems design, development, and testing processes.

During the requirements phase, we also identify modifications to documentation, including systems documentation and user manuals, necessitated by the change.

Systems Design is where the components requiring changes are identified and decisions are made on how to best satisfy the business requirements. The output of this step is a Systems Design Document that undergoes review and approval.

Systems Development is when the actual changes are made and results in the modifications required by the change, review and approval of the modifications, and an assessment of the readiness to begin testing.

Testing begins after approval of the Requirements Review Document. Technology Services tracks requirements through the design and development phases of the project and verifies that all requirements are accounted for in the design phase. We also begin to develop test scenarios and scripts for each requirement. By the time system development is completed, we have a document defining the testing approach. Business Analysts develop complete test data for each script that fully exercises system capabilities. Depending on the nature of the change, DHH, and others, can be important members of the testing team to help Amerigroup validate that the system change is ready for Louisiana operations.

System changes go through a number of testing phases to verify that the change is ready for a production environment. The last step is User Acceptance Testing to validate that the change satisfies user expectations. If a change affects external entities—for example, the eligibility/enrollment data exchange with the Enrollment Broker—the entity is heavily engaged in the testing process to verify production readiness. If necessary, we use subsets of production data to test specific scenarios and simulate the production environment as much as possible. Once all testing is completed and the Deployment Readiness Review has been approved, training begins for all individuals affected by the change. Any required training occurs before changes are promoted to the production environment.

Deployment

Amerigroup uses systems tools and strict procedures to safeguard systems from unauthorized modifications. Our process requires a Production Code Move Sheet for every change or maintenance request and an appropriate review meeting prior to deployment.

For routine maintenance requests (low risk), Technology Services conducts a desk check procedure. For all high-risk requests, we conduct a Pre-deployment Review Meeting. Each of these reviews certifies that the change being requested has been completed according to the requirements and design documents. It validates that appropriate documentation updates have been made, that testing has occurred, and business owners for the areas affected by the change have reviewed and approved the test results and agreed to implement the change.

Once approved, Data Center Operations follows the detailed instructions on the Production Code Move Sheet to move the change into production.

Documentation Requirements

Comprehensive documentation is a requirement of our SDLC. Where it exists, we leverage vendor documentation to supplement internally developed documentation. Technology Services maintains a complete set of documentation. Amerigroup will provide DHH with documentation as outlined in Section 16.4.3 of the RFP.

Changes to documentation begin at the initiation of systems requirements and continue through testing. We use the updated documentation as a basis to train all employees affected by the change before deployment.

Communicating Systems Changes to Our Stakeholders

Amerigroup understands the importance of effectively communicating system changes or any change in business operations to our members, providers, and other stakeholders.

Whenever we make a change to our operations, whether internally driven or driven by a change in program or contractual requirements, we analyze the impact of the change to other systems, processes,

and stakeholder groups. We assess the impact to all stakeholders—members, providers, Amerigroup employees, and the State—and develop appropriate communication and training plans.

Communication and training are key components of system changes, and Amerigroup recognizes that every change is different in the manner and extent to which it affects our members and providers. Depending on the nature of the change and its level of impact to members and providers, we determine the most appropriate methods of communication and training necessary for smooth continued operations. For example, a change that impacts how all providers should submit claims requires a more extensive and far-reaching communication campaign than a change that eliminates the need for prior authorization for a particular service. Whenever a system change is expected to affect our members or providers, we notify the call centers so representatives can appropriately address incoming calls.

When we make a system change, we evaluate the impact on members, providers, and other stakeholders and develop an appropriate communication plan. 🌸

Amerigroup understands that it is our obligation to communicate a material change of operations to our members and providers. We realize that effective communication requires us to employ a variety of methods and media to thoroughly reach our intended audiences.

Communicating Changes to Members

Depending on the nature and significance of the change, Amerigroup uses a variety of methods to communicate changes to our members:

- **Written documents and notices** to alert members to the nature, impact, and timing of the change:
 - Hard copy information mailed directly to the member
 - Emails sent to members who have registered on our website
- **Information and alerts posted on the member website**, including member newsletters and updates to the member handbook
- **Member call center staff** to answer questions and deliver information about the impact the change will have on members
- **Audio messages through our member call center** to provide information about the change when the call is answered by our IVR system or during brief periods when members are on hold
- **Outbound calls using an automated outreach vendor** to make member calls from a carefully prepared script that outlines the change, its impact, and how to get more information
- **Direct member outreach by employees** to alert members to the change:
 - Telephone calls to members by authorized health plan staff
 - Initiating discussion of topic during regular member visits and calls by care management employees or during outreach events, such as health fairs and health education seminars/presentations

For printed materials, members can request materials in alternate formats (Braille, large print, audio CD) or in the member's preferred language.

Communicating Changes to Providers

Depending on the nature and significance of the change, Amerigroup uses a variety of methods to communicate with our providers:

- **Written documents and notices** to alert the provider to the nature, impact, and timing of the change through the following:

- Provider bulletins and newsletters
- Emails sent to the provider
- Faxes sent to the provider office
- Hard copy information mailed directly to the provider
- **Information and alerts** posted on the provider website and updates to the provider manual
- **Provider call center representatives** to deliver information about the impact of the change and where the provider can obtain additional information
- **Training and education sessions**, either in-person or online training sessions specific to the change
- **Direct contact with Amerigroup Provider Relations Representatives** armed with talking points and frequently asked questions (FAQs):
 - Initiate discussion of topic during regular provider visits and calls
 - Targeted outreach to providers, as needed

Communicating Changes to Employees

Amerigroup also recognizes the need to notify our employees of system changes affecting our Louisiana operations. Depending on the nature and significance of the change, we make certain the following actions are executed:

- Notify affected departments and users using email
- Place alerts on our intranet website
- Distribute fliers and posters outlining the change
- Hold meetings to discuss the change and its impact

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W.5 Process for Receiving, Processing, and Updating Member Enrollment

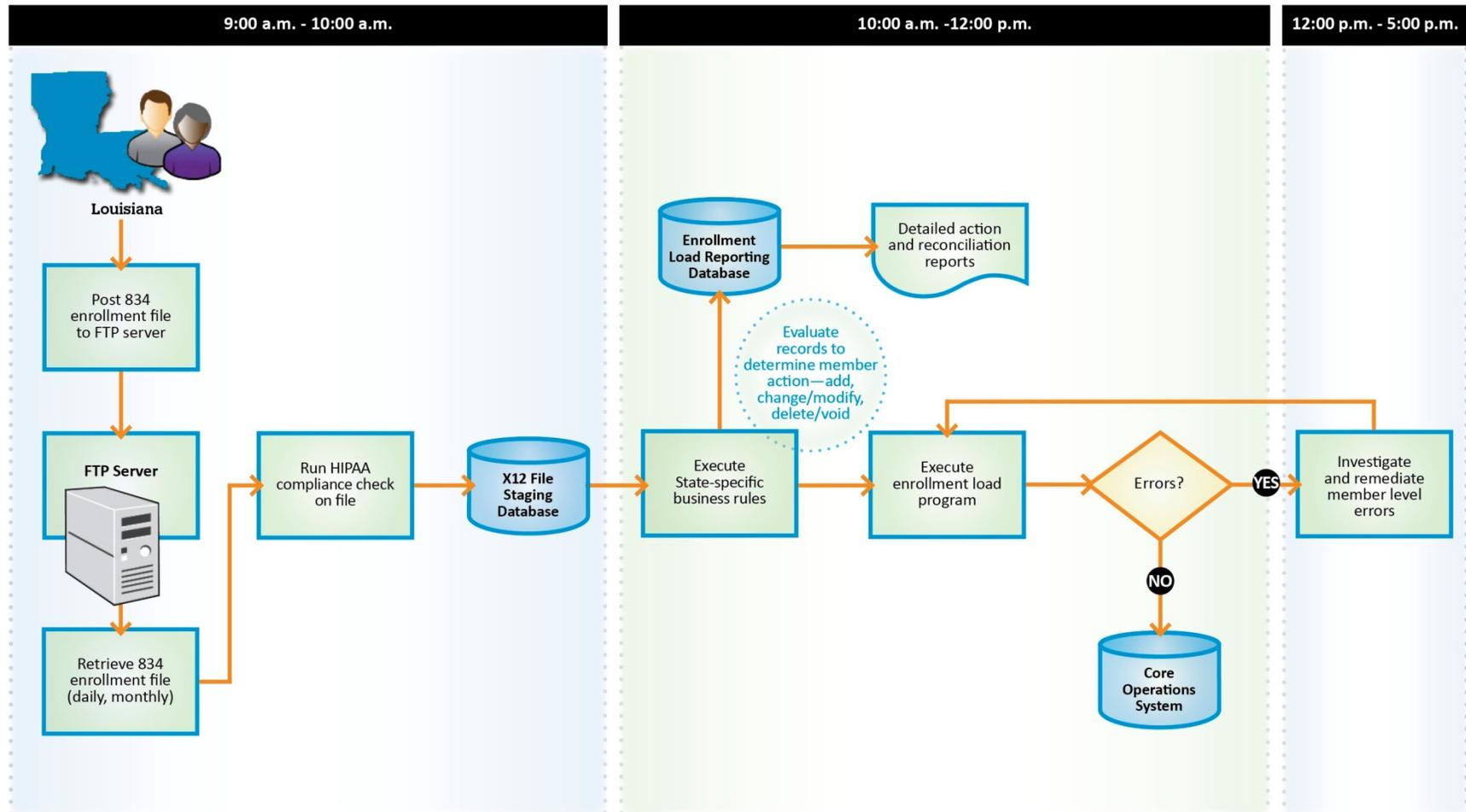
W.5 Provide a flow-chart (marked as Chart F) detailing your process for receiving, processing and updating member enrollment, to include time frames associated with each step.

Amerigroup will continue to meet all DHH requirements for enrollment processing. Our process currently meets all requirements and includes enhancements to verify receipt of files, streamline processing times, and identify duplicate member records. Chart F on the following page details our process for receiving, processing, and updating member enrollment.

As shown on Chart F, within 24 hours of DHH making updated enrollment data available, we process the data and make it available to our subcontractors. DHH sends daily 834 incremental files every Tuesday through Saturday mornings, usually by 9 a.m. We process the file the same day it is received, generally by noon. Amerigroup then creates updated outbound 834 files the same day; they are available to our subcontractors early the next business day.

Following Chart F, we provide additional information about our member enrollment process.

Figure W.5-1. Chart F. Process for Receiving, Processing, and Updating Member Enrollment



Receiving, Processing, and Updating Member Enrollment

Amerigroup will continue to meet all DHH requirements for eligibility/enrollment processing. We currently support automated processing of HIPAA-compliant X12 834 5010 enrollment data on a daily basis according to the timelines designated by DHH. We receive quarterly (full membership), monthly (full membership) and daily (incremental) enrollment/eligibility files from the Enrollment Broker and meet the DHH-required 24 hour turnaround time for processing, and send a daily 834 response file to the State. Recognizing that the enrollment process depends on the timely availability of accurate member data, we leverage technology to streamline the data exchange processes while facilitating transaction tracking and reporting.

We maintain scheduled secure FTP downloads across secure connections, such as VPN, with the State and its Enrollment Broker to enable timely receipt of the enrollment files. After passing State-specific data edits and business rule validations, the enrollment process creates or updates member records in the core operations system as indicated.

Our core operations system is the system of record for all member enrollment and eligibility information, providing a fully integrated database that supports such functions as member reporting, claims processing, PCP assignment, and utilization management. Our enrollment load processes are structured to achieve optimal processing time and accuracy. The process pends individual records with problems so that complete records can be loaded. Pended records are reviewed and, where possible, modified and triggered for processing. When the issue cannot be immediately resolved, the Enrollment Analyst works with State-provided sources, systems, and staff to obtain the missing information necessary to process the enrollment record. We also receive a Manual Correction file (a spreadsheet) that is worked by an Enrollment Analyst. Once completed, we send the file back to the State to report our findings. At various checkpoints during the enrollment process, reports are generated to balance records processed and identify any member errors that need to be corrected and reprocessed to accomplish a complete load.

Amerigroup has incorporated numerous technology efficiencies that facilitate timely access to member data, as well as attainment of State service level agreements. Rather than re-loading every record within the entire 834 quarterly and monthly enrollment files, we process only member data that has been changed or added since the last file processed. This significantly reduces the number of transactions and time to process.

Transmitting Member Changes

Amerigroup transmits member address and telephone number changes to DHH in the 834 X12 format. We are able to transmit additional non-proprietary data in XML format as requested by DHH. Amerigroup can transmit member changes as frequently as daily or on a schedule specified by DHH.

Unique Member IDs Across Systems

Amerigroup assigns each member a unique number that allows us to track and manage the individual throughout all systems within our span of control, including our relationship with subcontractors. This number stays with the member even as there are changes in eligibility categories and products. Our systems manage variation in the member's eligibility category and product eligibility through uniquely dated spans within the core operations system. In addition to tracking a member by this specific number, Amerigroup also maintains the member's State-assigned Medicaid ID, Social Security number, and Medicare number, if provided. Amerigroup can track family relationship information, when provided in the enrollment data, which allows us to link family members together.

Identification of Duplicate Member Records

During the automated load process, we compare several data elements, such as name, address, date of birth, and Social Security number, to identify potential duplicates. The system pends for review prior to loading to avoid creation of most duplicates. The enrollment team works with DHH and the Enrollment Broker to make a final determination regarding the disposition of identified records and updates member data accordingly.

We perform a secondary check for duplicate member records as part of a weekly enrollment data review. We review any duplicates identified during this process to determine if claims history is present for both member IDs. If both member IDs have claims history, we work with Claims to determine which member ID to keep, and we move the claims. We also maintain a cross-reference that links the active member ID with the inactive one.

Maintaining Audit Trails of Data Changes

Whenever a change is made to member information, the system automatically creates a history of the update transaction, including the time and source of the change. Audit trail data through our core operations system is available for inquiry and reporting. It is maintained online for not less than six years and, once archived, is available for recovery in 48 hours or sooner.

W.6 Plans to Support Meaningful Use of Electronic Health Records

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

Amerigroup supports HITECH's goals and objectives of delivery of care with value-driven, improved outcomes pertaining to Meaningful Use of providers' Electronic Health Record (EHR) systems. Louisiana has been a leader in the Medicaid EHR Provider Incentive Payment Program since the beginning of the program in 2011, and was among the first states in the country to issue incentive payments. As of June 2014, Louisiana has had 2,164 Eligible Providers and 36 Eligible Hospitals attest in the Louisiana Medicaid EHR Provider Incentive Program.

Supporting Providers' EHR Attestations

We are committed to helping our contracted providers. Amerigroup has developed training guides which can assist providers with the CMS Meaningful Use requirements and allow them to be eligible for related incentive dollars available from CMS. We inform providers about the various levels of potential incentive amounts. Our communication further outlines the specific mandatory and optional system components for Stage 1 (2011 and 2013), Stage 2 (starting in 2014), and Stage 3, now scheduled to begin in 2016.

In support of Louisiana's program, Amerigroup will work with DHH to identify and assist providers in our network who have not yet begun participation in the Medicaid Provider Payment Incentive Program, as well as those who completed the first year (Adopt/Implement/Upgrade) and have not subsequently attested for Meaningful Use (years 2-6). We will also work with the Louisiana Health Care Quality Forum Regional Extension Center (REC) to identify providers who may need the REC's assistance. Amerigroup looks forward to working closely with DHH and the REC to verify that information is provided in a timely fashion to reinforce current and future related provider compliance efforts.

We will also educate our network providers on the consequences of delaying adoption of EHR systems. Implementation after 2016 will result in ineligibility for Medicaid incentive payments. Additionally, beginning in 2015, providers who participate in Medicare will be subject to a Medicare payment penalty for delivery of Medicare services if they are not "Meaningful Users" as of program year 2013. Eligibility to participate in the Medicaid incentive program is based on various criteria and has to be re-attested annually for a provider to be a "Meaningful User." A reporting period of 90 continuous days has to be met for the first year; subsequent years require a 365-day reporting period (with exceptions in 2014).

Amerigroup maintains a close relationship with our network providers and we will leverage those relationships to extend the reach of the REC. We will continue to help educate our providers on EHR options and:

- Encourage them to evaluate and consider any EHR systems recommended by the REC, since they may provide discounted pricing and added implementation support
- Connect providers with other similar providers who have recently evaluated and implemented an EHR
- Our provider relations representatives will also encourage our network hospitals and physicians to use the Louisiana Health Information Exchange (LaHIE) to exchange electronic health information
- Highlight HIE benefits through sample cases that demonstrate how the electronic exchange of health information can improve patient care, reduce costs associated with duplicate tests, and improve quality

- Encourage providers to assist Louisiana in the development of web-based health records for members. Amerigroup will participate, if required by DHH, in a DHH effort to develop and implement an all-payer Personal Health Record (PHR)
- Educate the provider on the availability of outreach funding related to the LaHIE
- Enable peer-to-peer contact between providers to share best practices and benefits gained through using the LaHIE

Amerigroup Supports DHH and LaHIE Efforts

Amerigroup actively supports DHH, the Louisiana Health Quality Forum (LHCQF), and providers in their efforts to further advance the Patient-Centered Medical Home (PCMH) and Meaningful Use. Recent activities have included the following:

- **Patient-Centered Medical Home Open House.** In collaboration with Blue Cross and Blue Shield of Louisiana, LHCQF, and Abbott Laboratories, Inc., Amerigroup hosted on August 2012, at Pontchartrain Center in Kenner, Louisiana an open house to allow health care providers operating in the New Orleans Metropolitan area to learn more about the PCMH model and what it takes to transform a practice. Several topics were covered, including the PCMH model of care; financial impact of transforming a practice; the meaning of “Meaningful Use;” federal incentives for implementing EHR, Quality Measure, and Health Care Delivery; the resources available to support the effort; and data insights for sustaining a PCMH. Several stakeholder organizations also participated at this event, including the Louisiana Department of Health and Hospitals (DHH Secretary), the Louisiana State Health Sciences Center, all five Bayou Health plans, and the Louisiana Primary Care Association.
- **PCMH Summit.** In 2013, Amerigroup was a sponsor for the PCMH Summit in Shreveport, Louisiana. In addition to listening to presentations from a DHH representative and a provider with PCMH certification, the provider practices who attended completed basic training from an NCQA trainer in the process of achieving NCQA certification. Amerigroup also initiated a monthly meeting series with PCMH leaders across the five Bayou Health MCOs to discuss best practices and strategies for engaging providers in working toward their NCQA certification for PCMH. Several times the group also met with DHH to discuss PCMH reporting requirements, program challenges, and possible alternatives based on the level of provider engagement in achieving NCQA recognition as PCMH.
- **Collaboration with Louisiana Health Quality Forum.** In 2013, the Amerigroup PCMH team identified a group of 25 practices with limited resources to achieve PCMH recognition. Amerigroup initiated a coordinated effort with LHCQF through their PCMH grant to help the 25 identified practices transition into PCMH. In April 2014, Amerigroup coordinated a follow-up with LHCQF representatives. The result of the meeting was to notify the 25 practices to begin the process. Once the practices agree to pursue the process, LHCQF will assign a Practice Consultant to guide them through the transition process and NCQA certification. Amerigroup was charged to oversee the entire process. The overall goal is for five practices on the list to achieve PCMH recognition (Level 1) by December 2014.
- **Collaboration with the Louisiana Primary Care Association (LPCA).** Amerigroup and the Louisiana Primary Care Association are working together to help the Medical Center of Sicily Island achieve Level 3 PCMH recognition. This effort is part of the CMS PCMH pilot program.
- **Collaboration with the LaHIE.** Amerigroup advises practices who have specific questions concerning adopting and implementing an EHR to contact the LaHIE for all information on both eligibility and the incentive program. LaHIE is vendor-neutral and experienced in helping providers of all types achieve Meaningful Use on any certified EHR technology.

Amerigroup's goal is to help reinforce DHH and the REC education and outreach activities on the benefits of EHRs, requirements of the Louisiana Medicaid EHR Provider Payment Incentive Program, and benefits of connecting to the LaHIE. We want our network providers to understand the value of having the right information (data critical to improving a member's overall health status) at the right place (the point of care) at the right time (when care is being delivered).

Provider submission of Meaningful Use measures (core and menu) and, more important, the Clinical Quality Measures (CQMs), is providing states with clinical-based information. Amerigroup's quality goals align with the six quality domains as defined by CMS:

- Patient and Family Engagement—focusing on patient-centered care
- Patient Safety—safe delivery of services
- Care Coordination—sharing of clinical information
- Population and Public Health—clinical and preventive services
- Efficient Use of Health Care Resources—improved outcomes and reduced errors
- Clinical Processes/Effectiveness—clinical processes linked to outcome-based evidence

We understand that Louisiana is, as are other states, seeking to develop methodologies to incorporate the clinical data with the goal of improving the quality of care for its residents. Amerigroup's efforts to encourage provider participation in the program support Louisiana in its effort to achieve its quality of care goals.

Health Information Exchanges

A key factor for achieving Meaningful Use is the ability to share health care data confidentially among health care providers. The Health Information Exchange (HIE) offers a method providers can use to exchange electronic data with other health care providers. Amerigroup is fully committed to working with our providers and State customers to remain abreast of the dynamic Health Information Exchange field.

Amerigroup will continue to support the requirement for all of our network Emergency Departments (EDs) to exchange admit/discharge data with LaHIE's ED visit registry. We will also require our network hospitals to submit, in accordance with the Louisiana regulation, the syndromic surveillance data. We will encourage the hospitals to use LaHIE if they do not have direct connections to the public health reporting system.

Amerigroup would like to explore the opportunity to connect with LaHIE and use the appropriate data to inform and validate our policies and specialized programs. We welcome the opportunity to collaborate with DHH on the integration of Health Information Exchanges in Louisiana, including the LaHIE, and the State's on-going efforts to expand Health Information Exchanges' capability and develop strategies that assist providers in achieving Meaningful Use and actively reinforce the health care reform initiative.

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W.7 Amerigroup's Plans to Utilize ICD-10

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

Amerigroup is on track to meet the ICD-10 compliance date of October 1, 2015. We will process according to federal regulations based on claim Date of Service or Date of Discharge and we will maintain processing in accordance with Timely Filing rules after October 1, 2015.

Amerigroup is on track
for ICD-10 compliance. 

Amerigroup is configuring its systems to process the ICD-10 diagnosis and procedures codes in our claim processing and adjudication cycles, as well as incorporating ICD-10 into our encounter processing. ICD-10 is part of the primary data set and we will process the revised codes sets natively; we are not using crosswalk tables.

Upon implementation, Amerigroup will use the ICD-10 codes for clinical analysis and reporting, and they will be integrated into the Prior Authorization intake process. Amerigroup will include the ICD-10 codes in HEDIS® measures as the industry integrates ICD-10 into HEDIS.

Amerigroup's ICD-10 Status

Amerigroup launched our ICD-10 compliance program in the fall of 2009, and we have continued work on associated tasks despite the compliance deadline delays. Our initial step was to complete a company-wide impacted process assessment, in which we reviewed all business processes to identify which used ICD codes. Then we performed a detailed analysis on each of these identified processes to document ICD use along with associated impacted systems and tools. This analysis provided the detail and direction for our current efforts.

At this point, we are more than 70 percent complete with our remediation plan, modifying systems and processes impacted by ICD-10, and we are actively conducting external testing with trading partners, including providers. Internally, we have three tracks of training: coder training, employee awareness training, and job-specific training, that will be offered as needed, based on operational changes due to ICD-10. Quarterly provider communication efforts are under way and planned throughout 2015. Our Louisiana provider website presents support tools for providers, including an Introduction to ICD-10 Transitioning, ICD-10 Basics for Medical Practices, ICD-10 Frequently Asked Questions, and Provider Implementation Guides.

Our planning and remediation includes all vendors, including third-party application vendors and subcontractors. As part of our analysis, we identified all vendors affected by ICD-10 and have been reaching out to them and coordinating readiness, testing, and compliance. We track progress in our project plan and other tools. We are tracking the readiness of our subcontractors very closely and are coordinating test encounters files to support testing between the subcontractors and Amerigroup, as well as any requested State ICD-10 encounters testing. We meet with our subcontractors on a regular basis to monitor progress and coordinate testing.

In addition to testing with our subcontractors, we are conducting tests with providers. Our testing efforts with providers include guidance on submission or data issues identified during their testing. We are as flexible as possible when working with providers, including offering multiple connectivity means and working with them on test data options. We will work to accommodate any providers who are currently able to begin testing.

Amerigroup will continue to work closely with DHH and the Fiscal Intermediary on ICD-10 remediation testing. ***Recently, DHH asked Amerigroup for assistance in resolution of a testing issue, citing its previous collaboration efforts and helpful, trusted feedback.***