

3.2.5 Bidder's Background

The bidder shall provide the information set forth in this section regarding its experience and background.

3.2.5.1.1 Level of technical experience providing the types of services sought by the RFP

Overview

AmeriHealth Caritas Family of Companies (AmeriHealth Caritas) is an industry-leading Medicaid managed care organization in the United States, touching the lives of over 6 million people in 16 states and the District of Columbia through a philosophy of care that is comprehensive, compassionate and outcomes-driven. We deliver care that honors the uniqueness of each member, while removing barriers to healthcare for the less advantaged. Wherever our members live, we reach them in meaningful ways they understand and that matter most to them, enhancing their quality of life. From start to finish and then beyond, we are where our members are.

AmeriHealth Caritas has a long and successful history of partnering with states to address their unique and diverse needs and challenges. We have begun meeting with key Iowa stakeholders to develop a plan of action to tackle the significant diverse needs of the populations served currently by the Iowa Medicaid, Iowa Health and Wellness Plan, and Healthy and Well Kids in Iowa (hawk-i) programs. We will invest in the Iowa marketplace, creating new jobs, facilities and programs.

The AmeriHealth Caritas offers a range of products targeting the less advantaged, special needs and at-risk populations, including:

- **Full-risk Medicaid managed care** services with a variety of programs and capabilities to meet the special medical and social needs of less advantaged populations (Temporary Assistance for Needy Families [TANF], Aged, Blind and Disabled [ABD], foster care and Children's Health Insurance Program [CHIP]).

- AmeriHealth Caritas has been improving the lives of Medicaid members for 30 years across 16 states and the District of Columbia. Our mission is to help the poor and less advantaged get care, stay well and build healthy communities.
- At AmeriHealth Caritas, we understand the special needs of at-risk populations and are uniquely positioned to build and deliver programs to address those needs. Our person-centered, data-driven approach has proven effective again and again in enriching lives and improving health outcomes.
- AmeriHealth Caritas provides a fully integrated suite of products and services that meet the needs of Iowa Medicaid members, while also reducing the administrative burden for the state and lowering the costs for care management and delivery. This combination of high-quality, highly accessible integrated healthcare, measurable improvements in outcomes and increased cost-effectiveness makes AmeriHealth Caritas the right partner for the Iowa Medicaid modernization.

- **Dual eligible services** with prescription drug coverage and a specialized Medicare Advantage special needs plans (D-SNP) and Medicare Medicaid Plans (MMP) designed for members enrolled in both Medicare and Medicaid.
- **Behavioral health services** leveraging our wholly owned subsidiary PerformCare®, a full-service behavioral health managed care company that supports members through specialized behavioral health and human services programs in the public and private sectors.
- **Pharmacy services** through our wholly owned subsidiaries PerformRxSM and PerformSpecialtySM. PerformRx provides innovative, cost-effective pharmacy benefits management services for Medicaid, Medicare and commercial health plans, while PerformSpecialty provides specialty pharmacy solutions to members with complex pharmacy needs. Through a distinctive, high-touch approach, PerformRx and PerformSpecialty partner with health plans to improve member outcomes and financial performance. PerformRx and PerformSpecialty base their success on a clinical focus that is driven by cutting-edge, proprietary technology and a strong Medication Therapy Management program.
- **Insourced dental services** utilizing an internal team to create and manage the programs. This allows for the development of value-added integrated programs that add to improved quality outcomes for dental and physical health.
- **Third-Party management and administrative services (TPA)** provided to Medicaid managed care clients in four markets across the country, including Indiana, Michigan, Kentucky and New Jersey.
- Program for members who need long-term services and supports (LTSS). Designed as an integrated solution across physical health, behavioral health, pharmacy, institutional care, home-based care and social support, that is applied across all our markets, including in our MMPs in South Carolina and Michigan.

AmeriHealth Caritas currently provides Medicaid managed care solutions to Iowa's bordering state of Nebraska, giving us the ability to leverage relationships and networks. Our Nebraska affiliate, Arbor Health Plan, has been working with Iowa providers to service the unique needs of Nebraskan Medicaid recipients since 2012.

AmeriHealth Caritas brings a mission-driven approach to its work in improving the healthcare of the communities we serve. Our success in these communities reflects in our ability to understand and build programs that address those needs, such as:

- **Member-centered approach to care.** Care is individual and our members' needs are unique, from prenatal care to LTSS. AmeriHealth Caritas provides "care in context," offering our members care according to their needs and what they value most. Understanding our members and their life circumstances is paramount. Our care managers work closely with our members to adapt care and support to an individual by providing person-centered care plans with active coaching models to support healthy outcomes.
- **Collaborative partnerships with the state, providers and community organizations.** AmeriHealth Caritas is a community partner, driven by creating stakeholder value versus shareholder profits. We work collaboratively with state, advocates, providers, caregivers, members and community partners to address the challenges of rising costs of care, remove barriers to accessibility and manage administrative complexities.
- **Holistic approach to care.** As a company whose sole focus is on serving less advantaged populations, AmeriHealth Caritas delivers person-centered, holistic population health management not only through traditional avenues, but as embedded partners in the communities we serve. Our approach to

care management addresses disabilities and chronic medical concerns by connecting our members to the right care at the right time. Using proven, data-driven identification techniques and engaging members where they live, work and learn, we are able to reduce emergency room (ER) utilization, increase home-based community services, reduce care gaps, decrease admissions, increase preventive services and get members the help they need.

- **Access to care when and where it is needed.** Access to care is fundamental in improving health outcomes. It is also one of the biggest challenges that the Medicaid population faces in receiving timely and quality healthcare. By putting people at the center of healthcare, understanding their needs and meeting them wherever they are, AmeriHealth Caritas enables and empowers access to care when and where it is needed. This includes tackling barriers to care access on multiple fronts. For example, we have been making efforts to touch every provider in Iowa, especially those providers in the northern and western part of the state.
- **Data-driven results and evidence-based outcomes.** At AmeriHealth Caritas, we measure success through the health of our members. Our goal is to improve the daily lives of moms, dads, kids and caregivers with quality, cost-effective managed care. As stewards of the less advantaged, we are committed to helping those who are in need and at risk by creating responsible solutions that prevent and address their most pressing healthcare needs.

Our proposed approach includes partnering with the Department of Human Services (DHS), developing strategic partnerships with institutional providers and community-based organizations, and building an accessible, flexible health system that meets the current and future needs of the Iowa Medicaid population. Our system of care is designed to provide the highest quality of care at maximum value for Iowa and the state's Medicaid members and providers.

AmeriHealth Caritas Iowa understands that at-risk populations have special needs that cannot be effectively addressed through traditional healthcare services. Our approach extends well beyond healthcare delivery and includes programs that have positive impacts on the overall well-being of each member. From work-skills training to job placement, we are forever inspired to help people realize better futures. AmeriHealth Caritas Iowa will continue this tradition and bring holistic, person-centered care to the state of Iowa.

AmeriHealth Caritas is genuinely excited and expertly suited to partner with DHS to execute the Iowa Medicaid modernization. Just as we have proven through our partnerships with other states, we are ready and equipped to engage and address the financial, socioeconomic and technical challenges that Iowa faces daily. By establishing footprints, putting feet on the street, coordinating with advocates and knocking on doors, we have earned a rich heritage of performance that is national in scope and local in feel.

Information Solutions overview

The AmeriHealth Caritas Information Solutions (IS) team has a long history of implementing and supporting the information and technology needs of Medicaid programs. IS has extensive experience managing the specific capabilities and capacities needed to support state Medicaid requirements.

IS' people, processes and technologies will provide a sound information systems implementation for Iowa Medicaid through:

- **People** — The IS team is a technically deep resource team with most members having over 10 years of experience working with Medicaid healthcare systems in its unique business environments. AmeriHealth Caritas employs 370 full-time IS associates and leverages existing strategic partnerships with vendors who provide additional technology support and expertise, as needed. These strategic

relationships allow AmeriHealth Caritas to scale based on business needs. IS staff is allocated across Production Support/Maintenance, Regulatory/Compliance, Enhancements and Strategic Initiatives departments. Typically, IS resources are not dedicated or trained for a specific affiliate, but are aligned by application group and areas of expertise. With a more flexible model and the opportunity to leverage standard capabilities, this ensures required resources are available to meet needs and processes across affiliates, where appropriate, improve our speed to market, avoid key person dependencies and provide individuals with greater personal development opportunities. Every health plan is assigned an IS business relationship manager, encounters associates and other aligned IS roles to ensure that system processes, driven by state-specific business rules, are quickly addressed by associates who know the market variables.

- **Process** — AmeriHealth Caritas is committed to maintaining high-quality, stable information and technology systems that meet the needs of the state, its members and its providers. Over time, those needs change, and AmeriHealth Caritas implements system changes (e.g., design and quality assurance testing) across all technology platforms and environments using Information Technology Infrastructure Library (ITIL) principles. Our dedicated team of ITIL practitioners ensures changes are aligned with business goals by leading and governing the processes, policies and procedures around the delivery of IS changes and enhancements.
- **Technology** — AmeriHealth Caritas leverages an industry-proven suite of best-in-class enterprise applications for the care management, core administration (e.g., claims and benefits), provider management and contact center domains. Assigned domain managers work with key stakeholders to ensure our platforms address near-term business needs, state requirements and compliance changes, as well as future strategic directions. All applications and infrastructure components are supported in accordance with software releases and hardware lifecycle schedules. Our Management Information System (MIS) is kept current and scalable through collaboration with state and federal agencies, evaluating vendor software, participating in user groups, performance monitoring and trend analyses.

3.2.5.1.4 Letters of reference from three (3) of the bidder's previous clients

Copies of three letters of reference are attached from:

- Pennsylvania Department of Human Services.
- Louisiana Department of Health and Hospitals.
- Michigan Department of Health and Human Services.

To further clarify and support our proposal, we have included additional references in Tab 5 of our response. These references and perspectives are from a variety of clients and partners, including provider organizations, a provider-sponsored health plan partner, advocacy groups and a state agency. The insight contained in these letters confirms we are the right partner for Iowa DHS and the Medicaid managed care program.



April 1, 2015

Ms. Carrie Lindgren
Iowa Issuing Officer
Hoover Building, 1st Floor
1305 East Walnut Street
Des Moines, Iowa 50309-0114

Dear Ms. Lindgren:

RE: Letter of Reference for Iowa High Quality Health Care Initiative RFP

It is my pleasure to offer this letter of reference in support of AmeriHealth Caritas' proposal to serve as a Medicaid Managed Organization for Iowa's managed care program. AmeriHealth Caritas operates Medicaid Managed Care health plans in four regions of Pennsylvania – Southeast Zone (Keystone First), Lehigh/Capital and New West Zones (AmeriHealth Caritas Pennsylvania) and the New East Zone (AmeriHealth Northeast) – encompassing over 512,000 TANF and SSI/ABD members in urban and rural Pennsylvania counties.

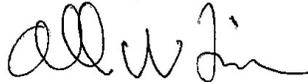
I have had 25 years of experience working AmeriHealth Caritas and have found that the company has been a wonderful partner to members, the provider community, and my team. The team is dedicated to improving the health status of entire communities, whether it is value-added services for the entire population or intensive care coordination for high-risk members. In particular, AmeriHealth Caritas contracts with some of the largest health systems in Philadelphia, Harrisburg, and Allentown offering its members a comprehensive provider network and access to care. AmeriHealth Caritas also received the best scores overall among health plans, including top scores for access to care and for member satisfaction based on 2014 data.

As Pennsylvania considers the path forward for Medicaid expansion, AmeriHealth Caritas has been an invaluable partner as we define our program. I believe their 30 years of experience, expertise and insight would be invaluable to the state of Iowa as you navigate the transition to a managed care system to achieve the goals of the High Quality Care Initiative.

Ms. Carrie Lindgren (2)

Should you have any further questions on AmeriHealth Caritas' operations in Pennsylvania, please do not hesitate to reach out to me.

Sincerely,



Allen W. Fisher
Division Director
Financial Analysis Division

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

April 8, 2015

Carrie Lindgren
Iowa Issuing Officer
Hoover Building, 1st Floor
1305 East Walnut Street
Des Moines, Iowa 50309-0114
Phone: 515-281-7556
Bidders4MED16009@dhs.state.ia.us

RE: Letter of Reference for Iowa High Quality Health Care Initiative RFP

On behalf of the Louisiana Department of Health and Hospitals (DHH), Bureau of Health Services Financing (BHSF) (Louisiana's single state Medicaid agency), I am pleased to offer this letter of reference in support of AmeriHealth Caritas' proposal to serve as a Medicaid Managed Organization for Iowa's managed care program. AmeriHealth Caritas Louisiana (ACLA) has been one of the statewide, risk-bearing Medicaid Managed Care organizations in Louisiana's Bayou Health program since the delivery model was launched on February 1, 2012. ACLA was recently selected as a successful bidder in the procurement of the managed care contracts in October 2014 and just began their fourth year of operation in Louisiana, currently serving over 150,000 TANF and ABD members.

In the areas of access, cost, and quality, ACLA's performance has been key in helping the Bayou Health program demonstrate early success. They have developed or tailored their programs to our members' needs, which vary significantly by geographic region within the state. For example, ACLA's Care Management team currently has a pilot program in the Baton Rouge market focusing on direct contact with high-risk members in their home and community settings to ensure the best possible outcomes. ACLA also has a Community Education team spread across the state who have helped to connect members with appropriate care (i.e. missed preventative care & redirection of high ER utilization).

ACLA has effectively implemented targeted programs to address quality and cost of care. In 2014, they demonstrated a reduction of 30-day hospital readmissions by 17 percent for members with asthma or other chronic health problems by proactively engaging members, providers and pharmacists. Through investments in their BrightStart care management program targeting pregnant women and babies, they have also experienced a reduction in NICU days by over 8 percent in 2014.

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"An Equal Opportunity Employer"

Lindgren, Carrie
AmeriHealth Caritas Letter of Reference
April 8, 2015 – Page 2

Though Behavioral Health services are currently carved-out of the managed care contracts in Louisiana, these services will be carved-in beginning December 1, 2015 and ACLA will have the opportunity to leverage the in-house expertise of PerformCare to develop a fully integrated solution for ACLA members.

ACLA's parent company, AmeriHealth Caritas, has extensive experience in providing health care solutions for Medicaid populations with differing demographics in both urban and rural areas and in diverse states and the District of Columbia. As a relative "late comer" to the managed care delivery model, Louisiana Medicaid has benefited from their lessons learned and the best practices in other states.

I believe their mission orientation and extensive expertise would be highly beneficial to the state of Iowa as it transitions to a managed health delivery system. We recommend AmeriHealth Caritas as a managed care partner. Similar to Iowa, their work in Louisiana aligned with the state's entry into managed care, and ACLA proved to be a valued partner to us in this transition.

Should you have any further questions on AmeriHealth Caritas' operations in Louisiana, please do not hesitate to contact me. I can be reached by phone at 225-342-3032 or via e-mail at ruth.kennedy@la.gov.

Sincerely,



J. Ruth Kennedy
Medicaid Director



STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

April 20, 2015

Carrie Lindgren
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Phone: 515-281-7556
Bidders4MED16009@dhs.state.ia.us

RE: Letter of Reference for Iowa High Quality Health Care Initiative RFP

Dear Ms. Lindgren:

On behalf of the Michigan Department of Health and Human Services (MDHHS) it is my pleasure to offer this letter of reference in support of AmeriHealth Caritas' proposal to serve as a Medicaid Managed Organization for Iowa's managed care program. Blue Cross Complete (BCC), a division of Blue Care Network HMO, has been partners with the MDHHS in serving the Medicaid managed care program in their service areas for the past seven years and the Healthy Michigan Plan (HMP) since April 1, 2014. During this time, BCC has successfully demonstrated a positive working relationship with MDHHS as well as achieving compliance with program requirements and regulations for the Medicaid managed care program. They provide medical services to over 83,000 Medicaid beneficiaries in groups such as the Aged, Blind and Disabled (ABD), Temporary Assistance to Needy Families (TANF) and children with special health care needs, residing in Livingston, Washtenaw and Wayne counties.

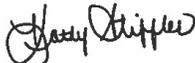
In 2013, Blue Cross Complete launched a new operating plan with AmeriHealth Caritas and successfully implemented Healthy Michigan Plan, the state's expansion program in 2014. In addition to providing TPA services and other operation support to Blue Cross Complete, AmeriHealth Caritas provides PBM to the plan through its PerformRx product.

Apart from supporting the Medicaid population in the state through its collaboration with Blue Cross Complete, AmeriHealth Caritas was one of the successful bidders selected by the state to administer the Duals Demonstration programs in Wayne and Macomb service areas anticipated to launch this year. They have been very cooperative as the state works through the details of the Demonstration and have collaborated closely with MDHHS to meet our citizens' needs to ensure a robust launch and enrollment.

AmeriHealth Caritas has extensive experience and knowledge of the Medicaid market assisting members across various categories of aid. They have been a great asset to Blue Cross Complete and I believe they would be a great partner to the state of Iowa as it transitions to a Medicaid managed care system.

I look forward to answering any questions you or your team may have about AmeriHealth Caritas in the State of Michigan.

Sincerely,



Kathy Stiffler, Director
Bureau of Medicaid Care Management and Quality Assurance
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3.2.5.1.5 Description of experience managing subcontractors

AmeriHealth Caritas Iowa understands that accountability for the completion of a function or responsibility, even when performed by a subcontractor, remains with AmeriHealth Caritas Iowa. Our subcontractor oversight program is designed to ensure that all subcontractors are qualified to perform the delegated services, that they remain qualified throughout the term of the Contract, and that they perform their responsibilities in accordance with the terms of their agreement and the requirements of Iowa. Below, we have outlined our experience managing subcontractors.

Management administrative services

AmeriHealth Caritas Iowa will subcontract certain services with its affiliate AmeriHealth Caritas Services LLC to meet the needs of our members in Iowa. Key work will be delegated from the Call Center, Claims Services, Corporate Services (e.g., Compliance, Finance, Human Resources, Legal, Information Solutions and Marketing), Operations and Corporate Medical Management.

AmeriHealth Caritas rigorously monitors key performance indicators specific to each health plan with results reported to management at the health plan and AmeriHealth Caritas Services weekly and monthly. The reporting frequency is determined by the nature of the specific performance metrics. Detailed operational reports reflect standard performance metrics including, but not limited to: customer quality, first call resolution and service levels (speed to answer and abandonment rates); complaints, grievances and appeals resolution timeliness and quality; claims processing accuracy and timeliness; eligibility and enrollment accuracy and timeliness; and encounter data acceptance and completeness. In addition to standard performance metrics, those requirements unique to the Iowa High Quality Healthcare Initiative will be incorporated in the Contract between AmeriHealth Caritas Iowa and AmeriHealth Caritas Services.

In addition to performance metrics monitoring, AmeriHealth Caritas Services meets bi-weekly with each health plan through health plan business oversight (PBO) meetings to track and if necessary escalate operational issues through to resolution and to discuss business process improvement initiatives. First-alert meetings are also held to address critical issues that may arise outside of the regularly scheduled PBO meetings. Quarterly Market President meetings are also convened to discuss performance metrics and trends to ensure compliance with contractual requirements, internal service level requirements and performance improvement outcomes.

Any performance issues identified through metrics reporting and/or performance management meetings are tracked via an issues tracking database to track timeliness of issues resolution, identify trends, and ensure an accounting of all issues and their resolution outcomes.

Oversight of this subcontracted relationship is also carried out by the local compliance officer, who will be responsible for auditing and monitoring AmeriHealth Caritas Iowa's performance (and necessarily AmeriHealth Caritas Services' performance) against the requirements of our Contract with DHS. The auditing and monitoring of AmeriHealth Caritas Services will thus be a matter of measuring Contract compliance. We have successfully deployed this model in our other managed care lines of business across the AmeriHealth Caritas enterprise.

We understand that accountability for the completion of a function or responsibility, even when performed by a subcontractor, remains with us. Our subcontractor oversight programs are designed to ensure that all subcontractors are qualified to perform the delegated services, that they remain qualified throughout the term of the Contract, and that they perform their responsibilities in accordance with the terms of their agreement and the requirements of the Medicaid program(s) they have been contracted to support.

Key performance indicators and contractual metrics are reviewed monthly by the AmeriHealth Caritas Operating Committee, which reports directly to the chief executive officer (CEO). The Operating Committee is a cross-functional team representing all departmental functions that meets weekly to review all operating reports. If nonperformance is identified, an action plan will be reviewed with the Operating Committee and executed immediately. If an issue related to time-to-pay for claims is identified, the Operating Committee will immediately address this issue by identifying the “root cause” and execute a corrective action plan. Nonperformance issues, although very infrequent, are identified and addressed quickly due to AmeriHealth Caritas’ robust performance oversight.

Pharmacy benefits management

As sister companies within AmeriHealth Caritas, both AmeriHealth Caritas Iowa and PerformRx will be wholly owned by the same company. PerformRx was created as an operating division of AmeriHealth Caritas in 1999 to furnish pharmacy benefits management (PBM) services to our Pennsylvania Medicaid managed care plans, and it has grown to provide comprehensive PBM services within and outside the family of companies. PerformRx provides PBM services to all of the Medicaid managed care plans within AmeriHealth Caritas where pharmacy is not managed by the state, to our Medicare plans (D-SNP and dual demonstration plans) and to non-affiliated, government-sponsored and commercial health plans across the country.

AmeriHealth Caritas Iowa will subcontract PBM services to PerformRx to continue the partnership that has positively impacted our members’ well-being. Key work that will be delegated includes, but is not limited to, member and provider pharmacy contact center, drug therapy management, clinical programs, formulary management, rebate management, pharmacy claims processing, prior authorization, compliance oversight and pharmacy network management.

AmeriHealth Caritas Iowa is committed to complying with all relevant laws, regulations and contractual requirements, and ensuring that our subcontractors, including PerformRx, are compliant. AmeriHealth Caritas Iowa will implement our strong corporate subcontractor oversight program and will monitor and evaluate PerformRx’s performance. Our proven oversight program ensures compliance with external accrediting bodies, as well as with any state, federal and Contract requirements. Additionally, AmeriHealth Caritas Iowa will monitor all subcontractor performance, leveraging a continuous quality improvement methodology as relevant for each function. This methodology relies on components including initial and ongoing delegation audits, review of performance on key performance indicators, and follow-up and investigation into quality-of-care issues and member grievances. Performance will be trended over time to identify unfavorable trends in a timely manner so that course corrections can be initiated before performance falls below regulatory and contractual standards.

Our current draft plan is a comprehensive approach to meet both members’ and Iowa’s needs. We are prepared to submit our oversight plan to DHS for approval and will partner with you to ensure our monitoring plan meets the state’s needs.

Our monitoring plan includes:

- AmeriHealth Caritas’ Delegation Oversight team will monitor performance on Contract standards monthly. In addition, Delegation Oversight will complete an annual audit of PerformRx on behalf of all AmeriHealth Caritas health plans, for compliance, Contract and regulatory items.
- Regional pharmacy directors also support oversight of PerformRx through bi-weekly (at a minimum) reviews to discuss issues, concerns, regulatory and compliance changes, and any other processing issues identified that need resolution. The pharmacy directors work with PerformRx in reference to

state audits, onsite visits and/or onsite audits via desktop and any other benefit-related items. They also monitor Contract compliance.

- The AmeriHealth Caritas Iowa market president will meet with PerformRx monthly to discuss higher-level items and health plan-specific initiatives.
- AmeriHealth Caritas Iowa will complete a quarterly drug utilization review (DUR) to evaluate trends and spend.
- AmeriHealth Caritas Iowa's Compliance staff will hold monthly compliance meetings to address regulatory, state and Contract items. We will also have clinical meetings to review formulary processing with the PerformRx clinical pharmacists assigned to AmeriHealth Caritas Iowa.
- AmeriHealth Caritas Iowa will hold quarterly pharmacy summits to address pharmacy concerns, governance and initiatives/projects for efficiencies, enhancements and better business planning.
- PerformRx will support statutory reporting for and work with AmeriHealth Caritas Iowa directly for resolutions, data anomalies and pharmacy issues as they pertain to state reporting.

AmeriHealth Caritas Iowa holds performance guarantees with PerformRx to ensure a consistent quality delivery of all services. PerformRx will provide AmeriHealth Caritas Iowa with a monthly report on actual performance metrics against the guarantees to identify any areas of nonperformance. Any penalties are paid quarterly.

Performance guarantees include, but are not limited to:

- Claims processing timeliness.
- Systems availability.
- Eligibility accuracy load based on data provided by the plan.
- Network access requirements.
- State reporting requirements.
- Prior authorization turnaround time.
- Call Center average speed of answer.

Clinical subcontractors

AmeriHealth Caritas Iowa has extensive experience managing clinical subcontractors to whom we delegate administrative services. These services typically include provider contracting, credentialing, claims processing and other related financial services, and utilization management. The subcontractors we manage include:

- Vision (routine/eyewear only, and comprehensive eye medical/surgical).
- Dental.
- 24/7 Nurse Call Line.
- Non-emergent medical transportation.

We use subcontractors who are commonly used by our affiliates to increase our leverage and ability to hold the subcontractor to performance standards. As part of the contract finalization process, we conduct an onsite audit of the subcontractor's records using comprehensive assessment tools that combine National Committee for Quality Assurance (NCQA) health plan accreditation standards, industry

performance levels and Iowa-specific requirements. The scope of the audit is determined by the functions we are delegating, but typically include a review of credentialing files, policies and procedures, relevant workflows, and claims payment and encounter processing, as applicable. The results of the audit are compiled and presented to management and the relevant quality committees. If a subcontractor does not meet our requirements, we will either select a different subcontractor or educate the subcontractor and implement an action plan.

All partnerships are supported by a written contract that includes a detailed delegation agreement reflecting NCQA requirements. Our contracts include language that allows us to place subcontractors on a corrective action plan, and if performance does not improve, the contract allows us to terminate the subcontractor.

Our oversight activities are guided and supported by a corporate delegation oversight policy maintained by our corporate Quality department.

We have staff dedicated to subcontractor oversight, including a full-time specialist, who will monitor subcontractors' performance against documented performance standards each month. These standards include timely claims payment, encounters processing and call center performance. At a minimum, we require performance consistent with industry standards. Below are examples of typical performance standards.

Activity	Standards
Claims processing	
Claims financial accuracy.	≥ 98%
Claims processing accuracy.	≥ 98%
Clean claims processed within 20 business days.	≥ 90%
Clean claims processed within 60 calendar days.	≥ 99%
Process 100% of all other claims within 90 days of date of receipt.	100%
Report of summary data, including claims payment activity and reasons for claims denials.	Monthly
Call Center management	
Service level calculated with this equation: $((T-(A+B)/T)*100)$ where T = all calls that enter queue, A = calls that are answered after 30 seconds, B = calls that are abandoned after 30 seconds.	≤ 80%
Average speed of answer.	85% ≤ 20 seconds
Blocked call rate.	≤1%
Average hold time.	≤2 minutes
Call resolution (same-day response).	98%
Provider complaint acknowledgment within two (2) business days.	98%

Activity	Standards
Provider complaint resolution within 30 calendar days.	98%
Average response to email inquiries from the health plan within two (2) business days.	98%
Account administration	
Electronic eligibility online within two (2) business days.	98%
Provider Web Portal availability.	98%
Credentialing.	
Complete provider credentialing within 30 calendar days of receipt of complete application.	90%
Complete provider credentialing within 45 calendar days of receipt of complete application.	100%
Compliance with 36-month recredentialing cycle.	95%
Utilization Management	
Regular prior authorizations processed within seven (7) calendar days of the request for service.	100%
Expedited prior authorization requests processed within three (3) business days of the request for service.	100%

Most subcontractor performance metrics are tracked monthly (the remainder are tracked quarterly) and are compiled into a report presented to the Quality committee(s). We review month-over-month results to identify performance trends and quickly address any deficiencies. When a subcontractor has a significant or persistent failure to meet agreed-on performance standards, we seek out the root cause and implement a corrective action plan. We require a subcontractor to meet the performance standard for three (3) consecutive months before closing the corrective action plan. A subcontractor who continues to miss performance standards may be terminated for cause and may be subject to financial penalties.

Annually, we audit all subcontractors to ensure that their credentialing, utilization management, and other business processes and procedures are continuing to meet AmeriHealth Caritas and state requirements. The results of these audits are compiled and submitted to the appropriate Quality committee(s), along with any recommendations.

Payment integrity

All prospective payment integrity subcontractors go through a formal RFP process with guidance from AmeriHealth Caritas' Sourcing department.

This process includes the following steps:

- RFPs are sent out to potential subcontractors and include any RFP statement-of-work goals and objectives.

- Potential subcontractors are required to submit references from other clients as part of their RFP response.
- Each potential subcontractor is also required to do an onsite presentation.
- A scorecard based on key functions is prepared and weighted for all potential subcontractors who submitted an RFP to aid in the final selection process.

Once a subcontractor is hired, AmeriHealth Caritas performs a full health plan implementation process and supplies each subcontractor with all internal and state required reports to track and monitor provided services.

Subcontractor implementation

- Weekly and ad-hoc meetings are held to review project plan of implementation and discuss any current or potential concerns.

Edit approval/health plan savings and recoveries

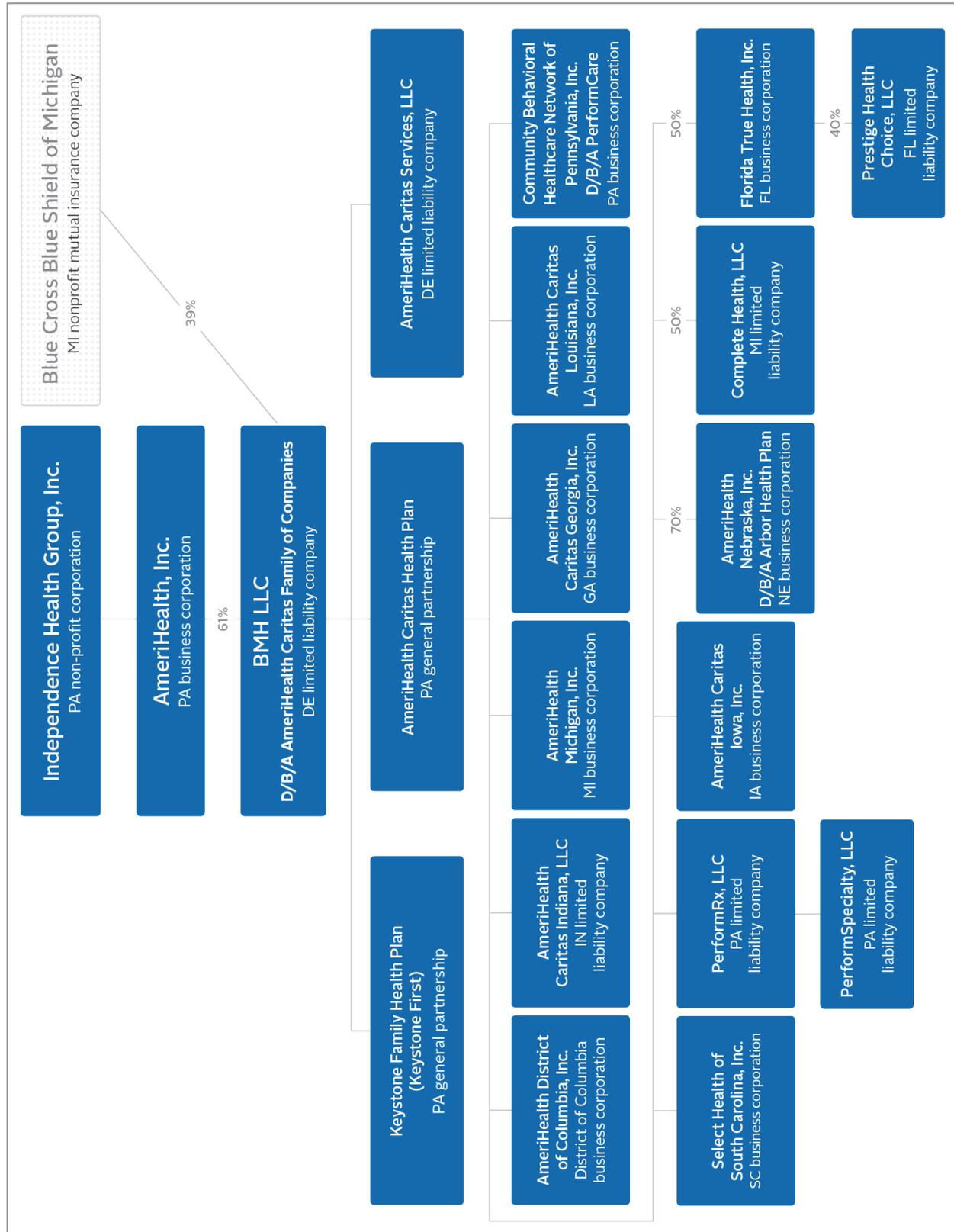
- Edit review and approval with health plan.
 - All plans approve edits prior to going live with a subcontractor.
- Tracking of all projects and outcomes is completed through weekly reports sent to both the health plan and the subcontractor.

Performance tracking

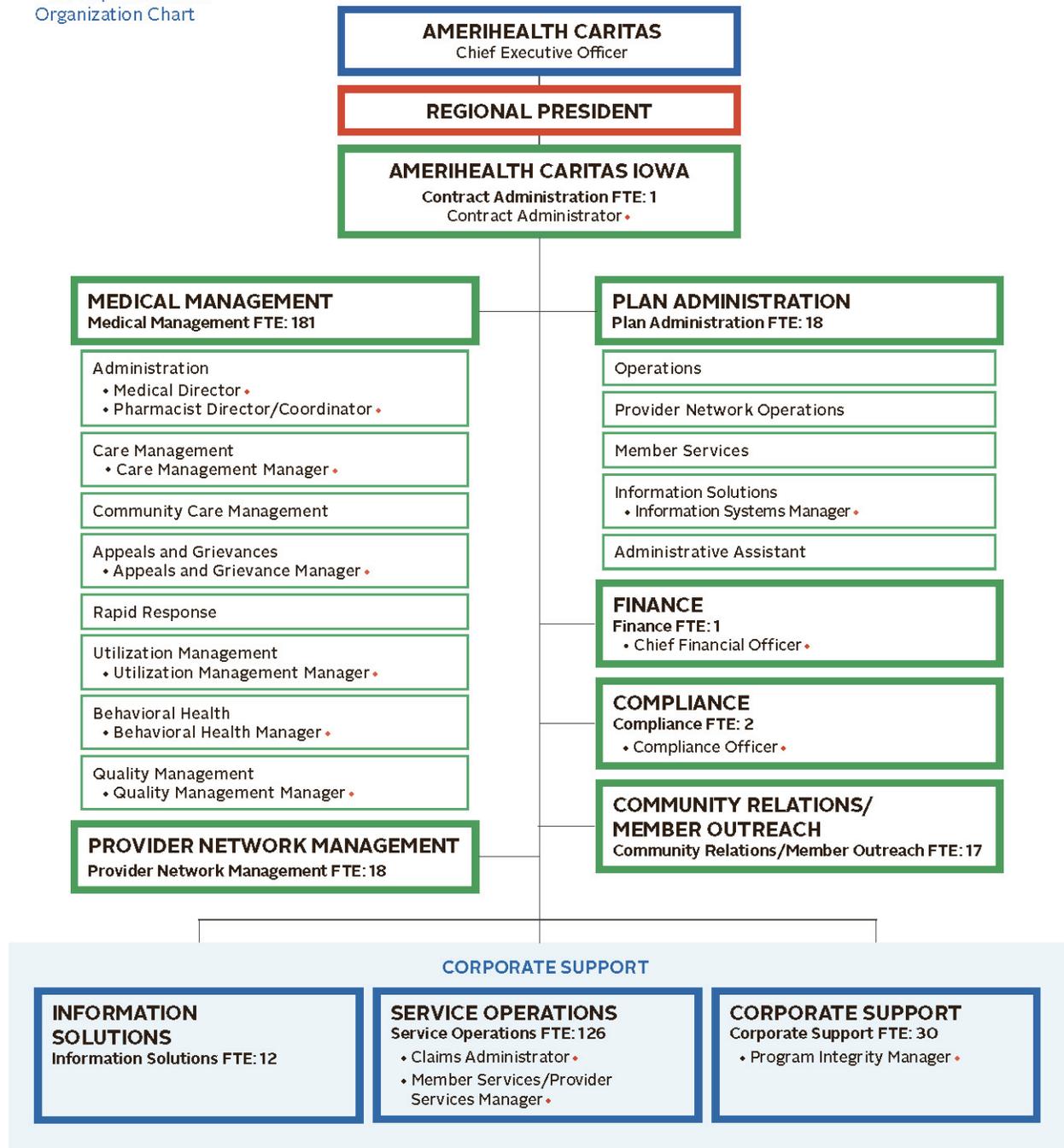
- Subcontractor performance is monitored through weekly and/or monthly meetings and quarterly reviews to discuss and review all payment integrity issues, projects, edit developments and potential service expansion.

3.2.5.2.1 Tables of organization

The following tables depict our overall ownership structure and post-implementation organization for AmeriHealth Caritas Iowa.



Post-Implementation
Organization Chart



• Indicates required role

The specific staff that will provide services under the RFP is detailed in Section 2.9 of our response and is also provided below. Titles listed in bold indicate required positions.

Department/function	Title	Head-count	Staff location
Administration	Contract administrator	1	Local
Community Relations and Member Outreach			
Community Outreach	Director, Community Relations/Member Outreach	1	Local
Community Outreach	Manager, Community Relations/Outreach (Field)	1	Local
Community Outreach	Supervisors, Community Relations/Outreach (Field)	2	Local
Community Outreach	Community relations representatives	10	Local
Community Outreach	Marketing coordinators	3	Local
Subtotal Community Relations and Member Outreach		17	
Plan Administration			
Operations	Director, Plan Operations and Administration	1	Local
Operations	Facilities	1	Local
Provider Network Operations	Director, Local Operations/Provider Network Operations	1	Local
Provider Network Operations	Manager, Network Operations	1	Local
Provider Network Operations	Provider network analysts	5	Local
Provider Network Operations	Coordinators, Provider Operations	2	Local
Member Services	Director, Member Engagement	1	Local
Information Solutions	Information systems manager	1	Local
Information Solutions	Tech analyst	1	Local
Administrative Assistants	Administrative assistants	4	Local
Subtotal Plan Administration		18	
Medical Management			
Administration	Medical Director	1	Local

Department/function	Title	Head-count	Staff location
Pharmacy	Pharmacist director/coordinator	1	Local
Care Management	Director, Integrated Care Management	1	Local
Care Management	Care managers	26	Local
Care Management	Care connectors	12	Local
Care Management	Care management managers	2	Local
Care Management	Supervisors, Care Management	3	Local
Care Management (maternity)	Care managers	7	Local
Long-Term Care	Long-Term Care manager	1	Local
Community Care Management	Community program manager	1	Local
Community Care Management	Clinical educators	2	Local
Community Care Management (registered nurse)	Community Care Management care managers	2	Local
Community Care Management (Master of Social Work)	Community Care Management care managers	2	Local
Community Care Management	Community Care Management care connectors	6	Local
Community Care Management	Community Care Management coordinators	2	Local
Appeals and Grievances	Appeals and Grievances manager	1	Local
Appeals and Grievances (registered nurse)	Clinical care reviewers	2	Local
Appeals and Grievances	Appeals coordinators	5	Local
Rapid Response	Manager, Rapid Response	1	Local
Rapid Response	Supervisors, Rapid Response	2	Local
Rapid Response	Care connectors	10	Local
Rapid Response	Care managers	3	Local
Rapid Response, EPSDT	Care connectors	4	Local
Utilization Management	Medical directors, Utilization Management	2	Local
Utilization Management	Clinical care reviewers, Utilization Management	20	Local

Department/function	Title	Head-count	Staff location
Utilization Management	Utilization Management techs	6	Local
Utilization Management	Durable medical equipment (DME) specialists	6	Local
Utilization Management	Utilization Management managers	2	Local
Utilization Management	Supervisors, Utilization Management	4	Local
Behavioral Health	Behavioral Health manager	1	Local
Behavioral Health	Medical director	1	Local
Behavioral Health	Psychiatrist/psychologist advisor	1	Local
Behavioral Health	Utilization Management supervisors	2	Local
Behavioral Health	Utilization Management Clinical care reviewers	7	Local
Behavioral Health, After-Hours Clinical	Clinical care managers	3	Local
Behavioral Health	Care managers	6	Local
Behavioral Health	Care connectors	3	Local
Quality Management	Quality Management manager	1	Local
Quality Management	Quality Performance Management specialists, nonclinical	3	Local
Quality Management	Cultural linguistic appropriate services (CLAS) coordinator	1	Local
Quality Management	Community outreach solutions specialists	8	Local
Quality Management	Quality Management registered nurses (quality performance specialists-clinical)	2	Local
Quality Management	Clinical auditors	3	Local
Quality Management	Clinical trainers	2	Local
Subtotal Medical Management		181	
Provider Network			
Provider Network	Director, Provider Network Management	1	Local
Provider Network	Provider network account executives	8	Local

Department/function	Title	Head-count	Staff location
Provider Network	Provider communications specialist	1	Local
Provider Network	Managers, Provider Network Management	2	Local
Provider Network	Credentialing coordinators	6	Local
Subtotal Provider Network/Provider Network Operations		18	
Service Operations			
Service Operations (IS/operations)	Encounters analysts	2	Corporate
Service Operations (configuration and testing)	Analysts	9	Corporate
Service Operations (claims processing)	Claims administrator	1	Corporate
Service Operations (claims processing)	Claims examiners, claims research	40	Corporate
Service Operations (member-provider services)	Member Services/Provider Services managers	2	Corporate
Service Operations (member-provider services)	Customer service representatives	35	Corporate
Service Operations (provider claims services)	Customer service representatives	10	Corporate
Service Operations (provider maintenance)	Provider maintenance technicians	5	Corporate
Service Operations (enrollment and welcome calls)	Enrollment specialists/Customer service representatives	6	Corporate
Service Operations (cost containment)	Cost containment analyst	1	Corporate
Service Operations (other operations)	Invalid Provider Queue(IPQ) representatives and Quality Auditors	15	Corporate
Subtotal Service Operations		126	
Information Solutions			

Department/function	Title	Head-count	Staff location
Information Solutions	Apps, EDI, production control, desktop support, and business engagement specialists	12	Corporate
Subtotal Information Solutions		12	
Finance			
Finance	Chief financial officer	1	Local
Subtotal Finance		1	
Compliance			
Compliance	Compliance officer	1	Local
Compliance	Compliance/regulatory analyst specialist	1	Local
Subtotal Compliance		2	
Corporate support staff			
Corporate Finance	Accounting, Actuarial, Regulatory Reporting, Financial Services specialists	5	Corporate
Payment Integrity	Program integrity manager	1	Corporate
Payment Integrity	Investigator/recovery analysts/research and reporting analysts	6	Corporate
Medical Economics	Medical Economics analysts	4	Corporate
Marketing and Communications	Web designers/plan communications managers	2	Corporate
Integrated Document System	Coordinators, Mail Services	4	Corporate
Human Resources	Human Resources business partner	1	Local
Other Corporate		7	Corporate
Subtotal Corporate support staff		30	
Grand total		406	

3.2.5.2.2 Name and Credentials of Key Corporate Personnel

AmeriHealth Caritas Iowa is a wholly owned subsidiary of AmeriHealth Caritas Health Plan and a member of the AmeriHealth Caritas Family of Companies. All ownership within the family of companies (including ownership of AmeriHealth Caritas Iowa) is by a business entity. No individual holds an ownership interest in any portion of the AmeriHealth Caritas Family of Companies.

AmeriHealth Caritas Iowa is ultimately owned (through subsidiaries) by Independence Health Group Inc. (an affiliate of Independence Blue Cross) and Blue Cross Blue Shield of Michigan. See the above company organization chart for the identification of all entities with an ownership interest in AmeriHealth Caritas Iowa.

AmeriHealth Caritas Iowa's board of directors	AmeriHealth Caritas Iowa's executive officers
Russell Gianforcaro J. Michael Jernigan Steven H. Bohner	Russell Gianforcaro, President Steven H. Bohner, Treasurer Robert H. Gilman, Secretary

The resumes for Russell Gianforcaro, J. Michael Jernigan, Steven H. Bohner and Robert H. Gilman are available below.

RUSSELL R. GIANFORCARO

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EDUCATION

- Villanova University, Villanova, Pennsylvania
Bachelor of Science in Accountancy
- University of Pennsylvania, Wharton School
Executive Program
- Certified Public Accountant (Pennsylvania)

PROFESSIONAL EXPERIENCE

- **AMERIHEALTH CARITAS — Philadelphia, Pennsylvania**
Regional President — 2014 to Present
Responsible for the growth and operations of health plans in southeastern Pennsylvania, northeastern Pennsylvania, central/western Pennsylvania, the District of Columbia and New Jersey.
- **AMERIHEALTH CARITAS — Philadelphia, Pennsylvania**
Market President — 2012 to 2014
Responsible for the oversight and strategic direction of Keystone First health plan.
- **AMERIHEALTH CARITAS — Philadelphia, Pennsylvania**
Chief Accounting Officer — 2009 to 2012
Responsible for enterprise-wide financial and accounting oversight of AmeriHealth Caritas.
- **AMERIHEALTH CARITAS — Philadelphia, Pennsylvania**
Chief Financial Officer, Pennsylvania — 2006 to 2009
Responsible for managing the financial operations of health plans in Pennsylvania.
- **HEALTH PARTNERS PLANS, INC. — Philadelphia, Pennsylvania**
Corporate Controller — 1995 to 2006
Responsible for the accounting and financial oversight of the company.
- **TENET HEALTH SYSTEM, CITY AVENUE AND PARKVIEW HOSPITALS — Philadelphia, Pennsylvania**
Director of Finance/Controller — 1994 to 1995
Responsible for the overall financial reporting of the hospitals.
- **DELOITTE, Philadelphia, Pennsylvania**
Senior Auditor, Audit Manager — 1989 to 1994
Progressive, diversified accounting, auditing, consulting and financial reporting experience with predominantly healthcare and insurance clients.

PROFESSIONAL AND PERSONAL ACTIVITIES

- Member of the PICPA and AICPA
- Member of the Board of Directors of the Eastern Delaware County YMCA

J. Michael Jernigan

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Regional President

Responsible for growth and operations of AmeriHealth Caritas Family of Companies business covering multiple states. Strategic growth and successful implementation of new business is a critical focus of this new responsibility.

Summary

Visionary healthcare executive with strong people skills, seeking opportunity to provide strategic direction to a mission focused health insurer. The right opportunity will allow me to utilize team building skills to focus on expanding health insurance coverage in growth market in collaboration with business customers, providers and consumers.

Personally committed to community service, I have participated with many community organizations with missions consistent with helping people get care, stay well and build healthy communities.

Lead a health plan executive team for past 15 years focused on customer service, quality improvement and strategic growth through collaboration with providers.

- **2010-Present AmeriHealth Caritas Family of Companies**

Regional President

Responsible for growth and operations of AmeriHealth Caritas Family of Companies business covering multiple states. Strategic growth and successful implementation of new business is a critical focus of this new responsibility.

- **1995-2010 Select Health of South Carolina, Inc., Wholly-owned subsidiary of AmeriHealth Mercy**

President and Chief Executive Officer

Founded Select Health in September of 1995 and received a license from the South Carolina Department of Insurance to operate as a domestic HMO in February of 1996. Contracted with the South Carolina Department of Health and Human Services on August 1, 1996, the company began enrolling members effective December of 1996.

Lead a successful transition when Select Health was acquired by AmeriHealth Caritas in September of 1999. As a member of the AmeriHealth Caritas Family of Companies, Select Health has grown to 215,000 members, while maintaining its commitment to enrollees and providers. Recognized as one of the best places to work in South Carolina for 2008, 2009, and again in 2010 by the SC Chamber of Commerce, Select Health has established a reputation for commitment to excellence.

Our recent independent satisfaction survey for adult enrollees places Select Health in the 90th percentile or above, for all categories of measured results.

- **1993-1995 Ultramedix Health Care Systems, Inc.**

Treasurer and Senior VP of Development

Founded Ultramedix with two physicians and a business colleague in 1993. At the time, Ultramedix was a prepaid health plan serving 15,000 Medicaid members in the north Florida market. Evaluated expansion opportunities into other states for Ultramedix and determined that South Carolina offered the best opportunity. When Ultramedix indicated that they were unwilling to pursue the SC opportunity, I resigned and moved to South Carolina to start Select Health.

- **1989-1993 Centurion Hospital of Carrollwood**

Associate Administrator and CFO

Responsible for all aspects of financial operations, including networking, contracting, physician recruiting, purchasing, TQM and operations. Worked with various managed care programs, including prepaid health plans providing services to Medicaid recipients.

- **1985-1988 Forum Health Investors**

Vice President of Finance

Started a hospital management company with former Operations Director of Southern Health Services and grew company to eight hospitals, owned or managed.

- **1983-1985 Sunbelt Healthcare**

Corporate Controller

Joined the former CFO of Southern Health Services in management and operation of two community hospitals.

- **1981-1983 Health Group**

Regional Controller

Provided financial operations support for hospitals owned and operated by the company, which was the successor to Southern Health Services.

- **1979-1981 Arthur Young and Company**

Senior Auditor

Involved with the financial audits of hospitals and nursing homes, including Beverly Enterprises and Southern Health Services.

- **1977-1979 Peat, Marwick, Mitchell and Co.**

Senior Auditor

Involved with the audits of various public companies and hospitals in South Carolina.

Education

- **1976 Clemson University, Bachelor of Science**

Recipient of Scholarship from Society of CPA

Various Executive leadership training programs including Harvard and the Kellogg School of Business

Steven Bohner

STEVEN H. BOHNER, CPA

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EDUCATION:

December 1989

Davis and Elkins College, Magna Cum Laude Elkins, WV
BS: Accounting and Finance Minor: Political Science
Overall GPA: 3.87/4.00

CERTIFICATION:

Successfully completed the Certified Public Accountant examination and is licensed in the state of Pennsylvania. Member of PICPA and AICPA.

COMPUTER SKILLS:

Proficient in the use of Microsoft Office and PeopleSoft.

PROFESSIONAL EXPERIENCE:

September 1992 to Present

THE AMERIHEALTH CARITAS FAMILY OF COMPANIES:

Senior Vice President, Finance and Chief Financial Officer	09/2009 to Present
Interim Chief Financial Officer and Chief Accounting Officer	03/2009 to 09/2009
Vice President, Finance	2001 to 03/2009
Director, Accounting	1998 to 2001
Accounting Manager	1994 to 1998
Senior Accountant	1992 to 1994

Since joining the Finance Department in 1992, I have taken on increasingly responsible roles and am currently the Senior Vice President, Finance and Chief Financial Officer of this national managed care company. During my tenure, the Company has grown from one product line and 50,000 members in one state, to five product lines and almost 7 million members in 16 states and the District of Columbia. Additionally, revenue has grown from \$275 million to over \$6.0 billion.

Senior Vice President, Finance and Chief Financial Officer

- Responsible for leading the finance department including oversight of finance units in South Carolina, Indiana, Pennsylvania, Florida, Louisiana and Nebraska.
- Provided strategic financial oversight to the most recent three-year strategic plan process.
- Led efforts to secure additional lines of credit with financial institutions.
- Oversees financial evaluation of potential business expansion.
- Communicate and consult with senior leadership on the overall financial performance of the organization.
- Serve as key financial liaison to Partner CFO's.
- Provides support in managing the Audit Committee and participate as a member of the Investment Committee, Pension Committee and 401(K) Committee.
- Enhanced communication of actuarial reports to local office leaders that led to a better understanding of financial results.
- Led financial due diligence on recent acquisition of AmeriHealth Mercy Family of Companies.

Steven H. Bohner, CPA
Page 2

Vice President, Finance

- Led completion of annual corporate budget of over \$3 billion, that includes multiple corporate entities operating in 13 states with over 2,500 employees
- Played integral role in development of strategic and annual operating goals for the company.
- Managed team responsible for financial review of new business opportunities and led development of financial model for corporate decision-making.
- Played an integral role in the due diligence of the acquisition of our Behavior Health product.
- Oversaw the corporate treasury function and coordinated daily monitoring of cash flow.
- Oversaw monthly financial statement close and presented financial results to senior management.
- Reduced the financial close process by two business days to meet partner requirements.
- Participated in the following Partnership Board Committees: Audit Committee, Investment Committee, Pension Committee, and 401(K) Committee.
- Served as lead with external auditors with respect to annual and statutory audits.
- Responsible for oversight in implementing the following financial software packages: budget, cost accounting, and financial reporting.

Director, Accounting

- Coordinated monthly financial statement close and presented statements to senior finance management.
- Oversaw cost accounting department, which developed pricing for contractual work, identified trends in unit costs, and evaluated financial impact of new products.
- Directed timely billing and collection of consulting and management agreements.
- Supervised successful general ledger conversion to PeopleSoft.
- Interpreted complex financial issues and condensed information into concise, easy to understand summaries.
- Oversaw timely filing of monthly, quarterly, and annual DOI financial reports.
- Served as liaison with external auditors with respect to annual and statutory audits.
- Supervised, trained and evaluated professional accounting staff of eight.

January 1990
To September 1992

RIMMER & COMPANY

(A local public accounting firm.)

Senior Accountant

- Performed audits, reviews, and compilations for corporations and partnerships.
- Prepared corporation, partnership, trust and individual tax returns.
- Developed financial statements from client's records utilizing spreadsheets and various financial reporting computer packages.

Robert H. Gilman

Home: Confidential & Not for Public Disclosure

Work: 200 Stevens Drive
Philadelphia, PA 19113
(215) 937-8560 Phone
(215) 937-5353 Fax
rgilman@amerihealthcaritas.com

Experience: 1993-Present **AmeriHealth Caritas Family of Companies** Philadelphia, PA
Senior Vice President, Legal Affairs and General Counsel

General Counsel of national managed healthcare organization specializing in providing accessible healthcare coverage and services through government-sponsored programs to low-income and disabled populations.

1984-1993 **Reed Smith LLP** Philadelphia, PA
Associate Counsel

Associate in the healthcare and business departments of national law firm. Provided legal advice and representation in healthcare, insurance and commercial matters.

1980-1981 **Hospital University of Pennsylvania** Philadelphia, PA
Hospital Management

Reporting to Chief Operating Officer, supported hospital operational departments in developing and analyzing methods for improved quality and efficiency.

1974-1978 **Institute of the Pennsylvania Hospital** Philadelphia, PA
Program Development

Assisted in the development and operation of start-up partial hospitalization program for young adults. Worked in a variety of therapeutic milieus in support of behavioral health programs.

Education: **Juris Doctor** **1984**

University of Pennsylvania School of Law

Masters Business Administration 1981

Wharton School at University of Pennsylvania

Bachelor of Arts **1974**

University of Pennsylvania

Affiliations: Admitted to the Pennsylvania Bar

3.2.5.2.3 Information about Key Project Personnel

AmeriHealth Caritas Iowa will not be submitting key personnel names to Iowa at this present time. Based upon the criteria within the RFP SOW, names and information for key staff persons will be provided to the state in the timeframe designated.

3.2.5.4 Termination, Litigation and Investigation

List any contract for services that the bidder has had that was terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the contract provisions.

As stated, AmeriHealth Caritas Iowa is a subsidiary of AmeriHealth Caritas Health Plan and a member of the AmeriHealth Caritas Family of Companies. The family of companies is organized under the parent organization BMH LLC (which operates as the AmeriHealth Caritas Family of Companies). BMH LLC is in turn owned through subsidiaries by Independence Health Group, Inc. Independence Health Group is a holding company system whose subsidiaries include insurers and other managed care entities that offer a variety of commercial insurance products.

There are 11 operating divisions within AmeriHealth Caritas that provide services under Medicaid managed care programs, including eight that operate as managed care organizations. While neither AmeriHealth Caritas Iowa nor its immediate owner (AmeriHealth Caritas Health Plan) has had a contract terminated for convenience, non-performance, non-allocation of funds or any other reason where termination occurred before completion of all contract obligations, PerformRx (a sister company of AmeriHealth Caritas Iowa) has had contracts terminated before the expiration of the term of the contract. PerformRx is AmeriHealth Caritas' pharmacy benefits management (PBM) company, which has been furnishing PBM services in the Medicaid managed care environment since 1999.

Independence Health Group (including its subsidiaries) does business in a highly regulated industry and issues commercial administrative service agreements and group benefit contracts to thousands of group-insured and group self-funded customers, and to hundreds of thousands of non-group members. During the normal course of business and as is customary in the industry, some group customers and some non-group members have not renewed their agreements/contracts at the end of their term, and/or have terminated their agreements/contracts during the term (off-anniversary) for various business reasons (e.g., premiums/fees, benefit coverage and cease business operations).

The following chart details the circumstances of PerformRx terminated contracts:

Contract Party (Client)	Reason for Nonrenewal or Termination	Termination Date
Humana AdvantageCare Plan, Inc. f/k/a Metcare Health Plans, Inc.	Humana acquired Metcare, a Medicare Part D plan for which PerformRx provided PBM services. PerformRx agreed to permit an early termination of the PBM agreement in order to permit Humana to consolidate the lives covered under the Medicare Part D plan with another of Humana's Part D products.	12/31/08
Optimum Healthcare	Client terminated PBM agreement in order to in-source pharmacy benefit administration.	12/31/08
Touchstone Health HMO, Inc.	Client exercised contractual no-cause termination right.	12/31/08
Carolina Crescent Health Plan, Inc.	No reason given by client.	6/30/09
Virginia Premier Health Plan, Inc.	No reason cited.	6/30/09
MDwise, Inc.	PBM contract terminated as a result of the state of Indiana carving out pharmacy from the Medicaid managed care program.	12/31/09
APS Healthcare	PBM agreement terminated as a result of the plan Sponsor's termination of all plan membership following state (Hawaii) determination to resume responsibility for management of behavioral health pharmacy benefit.	10/31/10
Vantage Health Plan	No cause specified.	12/31/14

List any occurrences where the bidder has either been subject to default or has received notice of default or failure to perform on a contract. Provide full details related to the default or notice of default including the other party's name, address, and telephone number.

Except for the single instance described below for PerformRx, AmeriHealth Caritas Iowa's sister company, no other member of AmeriHealth Caritas has either been subject to default or received a notice of default or failure to perform on a contract. AmeriHealth Caritas Iowa's parent company, Independence Health Group (including its subsidiaries other than AmeriHealth Caritas) has also not been subject to default, received a notice of default or failure to perform on a contract.

- In June 2014, PerformRx received a notice of contract breach from MDwise, Inc., in connection with PBM services that PerformRx had been delivering since January 2014 for MDwise's new healthcare exchange product. Limited deficiencies in PerformRx's implementation of this new product resulted in the following claim processing errors: preferred generic drugs and diabetic products were subject to deductibles in error; generic drugs were paying as brand drugs; co-insurance being erroneously charged to members; and issues linking member and case ID number (linking an individual member to family). Corrections of these issues had been occurring since shortly after plan implementation in

January, and had been substantially completed by the end of March. MDwise imposed contract-based financial penalties, and MDwise and PerformRx developed a corrective action plan for claims re-processing in September 2014, which was completed in December 2014. PerformRx continues to provide PBM services to MDwise under this contract.

Contact

Chris Callahan, Pharm.D.
Director of Pharmacy
MDwise, Inc.
1200 Madison Ave., Suite 400
Indianapolis, IN 46225
(317) 822-7427

List any damages, penalties, disincentives assessed, or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this RFP. Include the estimated cost of that incident to the bidder with the details of the occurrence.

AmeriHealth Caritas Iowa is a new company and it has not performed services similar to those contemplated by this RFP. AmeriHealth Caritas Iowa's immediate parent (AmeriHealth Caritas Health Plan) and certain other members of the AmeriHealth Caritas Family of Companies (AmeriHealth Caritas), as well as certain subsidiaries of AmeriHealth Caritas Iowa's parent company Independence Health Group, have had contract damages, penalties or disincentives assessed against them under contracts for services similar to those contemplated by this RFP. The following describes instances where certain members of AmeriHealth Caritas and certain subsidiaries of Independence Health Group have had damages, penalties or disincentives assessed against them under contracts for services under the federal healthcare programs.

Medicare

1. **QCC Insurance Company, Keystone Health Plan East, Inc. and AmeriHealth HMO, Inc.** In 2014, QCC Insurance Company, Keystone Health Plan East and AmeriHealth HMO paid to the Centers for Medicare and Medicaid Services ("CMS") a combined civil monetary penalty of \$50,000, imposed on QCC Insurance Company, Keystone Health Plan East and AmeriHealth HMO as a result of incorrectly processed enrollments and disenrollments in accordance with CMS requirements.
2. **Keystone Health Plan East.** In October 2013, Keystone Health Plan East paid to CMS a civil monetary penalty of \$47,945 as a result of listing the incorrect Part D prescription drug deductible on a 2013 Annual Notice of Change sent to certain Medicare Advantage members.

Medicaid/CHIP

Organization Trade Name: AmeriHealth Caritas Pennsylvania/AmeriHealth Northeast/Keystone First*

* AmeriHealth Caritas operates its Pennsylvania Medicaid plans (AmeriHealth Caritas Health Plan, AmeriHealth Northeast and Keystone First) pursuant to the contract between the Pennsylvania Department of Human Services (PADHS) and Vista Health Plan, Inc. (Vista). Vista is an indirect subsidiary of Independence Health Group, Inc., which is AmeriHealth Caritas' parent company. Vista is also subject to regulatory oversight by the Pennsylvania Department of Health for the Pennsylvania Medicaid plans.

Regulatory Agency: Pennsylvania Department of Human Services/Pennsylvania Department of Health, Medicaid Sanctions

1. For the months of May to November 2010, AmeriHealth Caritas Pennsylvania and Keystone First were each sanctioned a total of \$9,000 by the PADHS for noncompliance with the timeframe for mailing provider claim checks after the checks were printed. The operational issues leading to this sanction have been corrected by both AmeriHealth Caritas Pennsylvania and Keystone First. The sanction did not result in an administrative proceeding or litigation.
2. For the month of December 2012, AmeriHealth Caritas Pennsylvania incurred sanctions from the Pennsylvania Department of Human Services totaling \$13,333, and Keystone First incurred sanctions totaling \$8,000 for failure to comply the HealthChoices contract requirement pertaining to provider claims adjudication timeliness standards. The sanction did not result in an administrative proceeding or litigation.
3. For the month of December 2013, AmeriHealth Caritas Pennsylvania incurred sanctions from the Pennsylvania Department of Human Services totaling \$10,000, AmeriHealth Caritas Northeast incurred sanctions totaling \$6,000, and Keystone First incurred sanctions totaling \$8,000 for failure to comply with the HealthChoices contract requirements pertaining to provider claims adjudication timeliness standards. The sanction did not result in an administrative proceeding or litigation.
4. For the month of August 2014, AmeriHealth Caritas Northeast and Keystone First were each sanctioned \$1,000 for failure to comply with the HealthChoices contract requirements pertaining to provider claims adjudication timeliness standards. For the month of September 2014, AmeriHealth Caritas Pennsylvania incurred sanctions from the Pennsylvania Department of Human Services totaling \$1,333. The sanction did not result in an administrative proceeding or litigation.

Organization: Florida True Health

Regulatory Agency: Florida Agency for Health Care Administration, Medicaid.

Sanctions

1. In January 2014, liquidated damages in the amount of \$500 were imposed on Florida True Health by Florida Agency for Health Care Administration for failure to timely file an unaudited Child Health Check-Up program (CHCUP) report with the Florida Agency for Health Care Administration (AHCA). It was later determined that the CHCUP was in fact filed on time, but the report file was incorrectly named. The sanction did not result in an administrative proceeding or litigation.
2. In February 2014, liquidated damages in the amount of \$25,000 were imposed on Florida True Health by AHCA for failure to comply with the federal 80 percent participation rate requirement. Florida True Health submitted a CAP addressing the participation ratio, which AHCA accepted on February 20, 2014. The sanction did not result in an administrative proceeding or litigation.

Organization: AmeriHealth Caritas of Louisiana

Regulatory Agency: Louisiana Department of Health and Hospitals, Medicaid.

Sanctions

1. In May 2013, monetary penalties were assessed against AmeriHealth Caritas of Louisiana by the Louisiana Department of Health and Hospitals for non-compliance with contract requirements. \$170,000 was assessed for failure to meet pharmacy encounter claims submission requirements. \$240,000 was assessed for failure to meet encounter data submission requirements. The sanction did not result in an administrative proceeding or litigation.

Behavioral Health Managed Care

Organization: PerformCare for Pennsylvania

Regulatory Agency: Pennsylvania Department of Human Services, Medicaid Behavioral Health.

Withholds

1. In March 2015, monetary withhold in the amount of \$300,000 was assessed against PerformCare for Pennsylvania by the Tuscarora Managed Care Alliance, a Pennsylvania county-based oversight organization, for non-compliance with contract requirements. The withhold did not result in an administrative proceeding or litigation.

Pharmacy Benefit Management

Organization: PerformRx

Sanctions

1. In 2010, monetary penalties were assessed against PerformRx by Virginia Premier Health Plan, totaling \$40,645, for pricing guarantees reconciliation.
2. In 2010, monetary penalties were assessed against PerformRx by Carolina Crescent Health Plan, totaling \$2,284, for missed performance guarantees.
3. In 2013, monetary penalties were assessed against PerformRx by Essence Health Plan, totaling \$191,594, for pricing guarantees reconciliation.
4. In 2014, monetary penalties were assessed against PerformRx by South Country Health Plan, totaling \$6,000, for missed performance guarantees.
5. In 2014, monetary penalties were assessed against PerformRx by San Francisco Health Plan, totaling \$38,500, for missed performance guarantees.
6. In 2014, monetary penalties were assessed against PerformRx by Contra Costa Health Plan, totaling \$3,871, for missed performance guarantees.
7. In 2014, monetary penalties were assessed against PerformRx by MDwise Health Plan, totaling \$7,000, for missed performance guarantees.
8. In 2014, monetary penalties were assessed against PerformRx by Blue Cross Complete Health Plan, totaling \$8,000, for missed performance guarantees.

List and summarize any current pending or threatened litigation, administrative or regulatory proceedings, or similar matters related to the subject matter of the services sought in this RFP. Bidders may limit disclosure of these matters to a material threshold established by GAAP requirements.

In the course of ordinary business, AmeriHealth Caritas Iowa and its parent Independence Health Group are involved in and subject to claims, contractual disputes and other uncertainties. As reflected in our respective financial statements, neither AmeriHealth Caritas nor its parent Independence Health Group has current pending or threatened litigation, administrative or regulatory proceedings or similar matters that exceed the GAAP materiality threshold.

List any irregularities that have been discovered in any of the accounts maintained by the bidder on behalf of others. Describe the circumstances of irregularities or variances and detail how the issues were resolved.

AmeriHealth Caritas Iowa itself has never maintained accounts on behalf of others; accordingly, no irregularities could have occurred. No irregularities have been discovered by any other member of the AmeriHealth Caritas Family of Companies, or by Independence Health Group and its subsidiaries, in accounts maintained by any of them on behalf of others. Notwithstanding this, Independence Health Group as a service provider does business in a highly regulated industry; and in the ordinary course of business is subject to routine audits by auditors of self-funded (non-governmental) customers regarding the payment of claims for covered services under the terms of their administrative service agreements. Generally, it is Independence Health Group's policy to adjust/reprocess claims, in the normal course of business, for covered services appropriately identified by the auditors in claims audit reports for self-funded customers.

List any details of whether the bidder or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony. Staff providing services shall include anyone having contact with members or member data.

AmeriHealth Caritas Iowa has never had a founded child or dependent adult abuse report, nor has it ever been convicted of a felony. The same is true for the owners and subcontractors of AmeriHealth Caritas Iowa, all of which are business entities. To the best of AmeriHealth Caritas Iowa's knowledge, information and belief, none of the officers, primary partners or staff providing services of AmeriHealth Caritas Iowa, its owners and its subcontractors have ever had a founded child or dependent adult abuse report or been convicted of a felony. Based on our commitment to having a safe, healthy and productive environment for all staff, AmeriHealth Caritas Iowa requires every candidate to undergo a pre-employment screening in accordance with the Pre- and Post-Employment Screening Policy (Policy No. 115.139), which encompasses an all-inclusive background check. Unfavorable results will result in withdrawal of any employment offer or termination of employment if already employed.

Attachments

Any attachments that the Bidder deems necessary to further clarify or support its proposal may be placed behind this Tab.

Letters of reference and support

To further clarify and support our proposal, we are providing additional references and perspectives from a variety of clients and partners, including provider organizations, a provider-sponsored health plan, advocacy groups and a state agency. The insight contained in these letters confirms we are the right partner for Iowa DHS and the future of the Medicaid managed care program.

Additional references found below are provided by:

- IowaHealth+.
- Passport Health Plan.
- Children's Hospital of Philadelphia (CHOP).
- Geisinger Health System.
- District of Columbia Primary Care Association (DCPCA).
- Area Agencies on Aging Association of Michigan (AAAAM).
- George Washington University.
- South Carolina Department of Health and Human Services.

iowahealth+

April 17, 2015

Ms. Carrie Lindgren
Hoover State Office Building, 1st Floor
1305 East Walnut Street
Des Moines, IA 50319-0114

Dear Ms. Lindgren:

IowaHealth+ is pleased to submit this letter supporting AmeriHealth Caritas Iowa's (AmeriHealth) proposal to the Iowa Department of Human Services for their Iowa High Quality Healthcare Initiative. IowaHealth+ greatly appreciates AmeriHealth's vision for working in partnership with Iowa's providers to improve the quality of care delivered to the Medicaid populations and values your support of the patient-centered health home model and need to invest in the primary care delivery system. We also want to recognize AmeriHealth's understanding and willingness to work to streamline processes and protocols in order to assist providers in Iowa in efficiently and effectively delivering care to patients (i.e. prior authorization processes, data, reporting, and analytic platforms, etc.).

The goals of IowaHealth+ are to focus resources intended to improve the health outcomes and reduce the health care costs of the populations it serves through the use of patient-centered care. IowaHealth+ was formed to be the vehicle for Iowa FQHCs to participate as a primary care provider led Accountable Care Organization (ACO) for the Iowa Health and Wellness Plan population, which has helped organize and position the FQHCs to participate in a very unique way in the Iowa High Quality Healthcare Initiative. Iowa FQHCs have a long history and commitment to serving vulnerable populations in the state inclusive of Medicaid populations. The Medicaid population constitutes just over 40% of the patients served by the FQHCs in IowaHealth+. The FQHCs have had a long-standing and healthy relationship with Iowa Medicaid Enterprise and look forward to developing meaningful relationships with the Managed Care Organizations (MCOs) selected to serve our state.

If AmeriHealth is selected as one of the MCOs that will be serving Iowa's Medicaid populations, IowaHealth+ and its members are interested in continuing to explore potential collaborations and partnerships that result in high quality, accessible, and effective services to these populations. We share their commitment to team-based and highly coordinated care and the need to continue to expand innovative delivery and payment models in Iowa. And, we are supportive of working with them to better understand the impact that social determinants of health have on the Medicaid population as well as devising strategies to address these significant issues.

Specifically, we would like to further develop the following possible areas for collaboration depending on the priorities of the state and AmeriHealth:

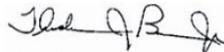
- Primary care provider-centric payment models designed to support patient centered health home development and quality measures
- Resources to support IowaHealth+ in assisting patients in completing initial health screenings and health risk assessments

iowahealth+

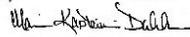
- Support for embedded care coordination resources within the IowaHealth+ FQHCs
- Shared savings and other value-based payment models that support infrastructure investments at the provider level
- Initiatives designed to better integrate behavioral health and primary care inclusive of same day billing for behavioral health and medical services and support for behavioral health consultant and tele health delivery models
- Delegation of credentialing responsibilities to IowaHealth+
- Partnering to provide practice transformation support to providers to encourage health home (in the broad sense) development

Thank you for your consideration of this letter and feel free to contact us should you have any questions.

Sincerely,



Theodore J. Boesen, Jr.
CEO
IowaHealth+



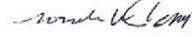
Mari Kaptain-Dahlen
Chief Executive Officer



Jennifer Lightbody
Chief Executive Officer



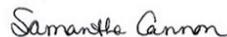
Julie Woodyard
Executive Director



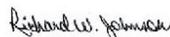
Ronald W. Kemp
Chief Executive Officer



Community Health Centers of Southern Iowa



Samantha Cannon
Chief Executive Officer



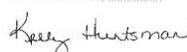
Richard W. Johnson
Chief Executive Officer



Cecelia Creighton
Executive Director



Nancy Dykstra
Executive Director



Kelly Huntsman
Chief Executive Officer



5100 COMMERCE CROSSINGS DRIVE
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April 15, 2015

Carrie Lindgren
Iowa Issuing Officer
Hoover Building, 1st Floor
1305 East Walnut Street
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Phone: 515-281-7556
Bidders4MED16009@dhs.state.ia.us

Dear Ms. Lingren:

On behalf of Passport Health Plan, it is my pleasure to offer this letter of reference in support of AmeriHealth Caritas' proposal to serve as a Medicaid Managed Organization for Iowa's managed care program. Passport Health Plan, Kentucky's only nonprofit community-based, provider-sponsored health plan, has been administering Medicaid benefits in the state since 1997. In my role as Chief Executive Officer, I have had over four years of experience working with AmeriHealth Caritas and have found that the company has been a great partner in supporting our mission to provide Medicaid managed care services to over 250,000 ABD, TANF, CHIP, and Foster Care members in urban and rural Kentucky counties.

AmeriHealth Caritas has been our partner in supporting the operations of our program since the very beginning when Kentucky began transitioning to Medicaid managed care in November 1997. Their dedicated and knowledgeable team assisted with the implementation activities and collaborated with our owners to support our vision of providing superior health care. Similar to Iowa, Kentucky was new at establishing a managed care delivery model for all categories of aid and Passport Health Plan benefited from having AmeriHealth Caritas as a partner during this transition. Additionally, when Kentucky transitioned to a competitive bid for the Medicaid managed care program in 2011, AmeriHealth Caritas provided support services to position Passport Health Plan for a win against publicly-traded competitors who were more focused on the needs of their shareholders vs. the needs of the Medicaid members and the providers who served them.

Over the past 18 years, AmeriHealth Caritas has been a valued partner to Passport Health Plan in serving Kentucky's Medicaid population. I believe that their knowledge and expertise of providing health care solutions to Medicaid populations across various categories of aid and demographics in urban and rural settings would be invaluable to the state of Iowa as you navigate the transition to a managed care system.

Should you have any further questions on AmeriHealth Caritas' operations in Kentucky, please do not hesitate to contact me.

Sincerely,



Mark B. Carter
Chief Executive Officer
Passport Health Plan
5100 Commerce Crossings Drive
Louisville, KY 40229
(502) 585-8316
mark.carter@passporthealthplan.com

The Children's Hospital of Philadelphia

34th Street & Civic Center
Boulevard
Philadelphia, PA 19104-4399
215-590-1000

Thomas J. Todorow
Executive Vice President and
Chief Financial Officer
267-426-6908
Fax 267-426-6990
todorow@email.chop.edu

April 14, 2015

Carrie Lindgren
Iowa Issuing Officer
Hoover Building, 1st Floor
1305 East Walnut Street
Des Moines, Iowa 50309-0114
Phone: 515-281-7556
Bidders4MED16009@dhs.state.ia.us

RE: Letter of Reference for Iowa High Quality Health Care Initiative RFP

I am writing this letter of reference in support of AmeriHealth Caritas' proposal to serve as a Medicaid Managed Care Organization for Iowa's Managed Care Program. AmeriHealth Caritas operates Medicaid Managed Care health plans in four regions of Pennsylvania – Southeast Zone (Keystone First), Lehigh/Capital and New West Zones (AmeriHealth Caritas Pennsylvania) and the New East Zone (AmeriHealth Northeast) – encompassing over 512,000 TANF and SSI/ABD members in urban and rural Pennsylvania counties.

I have been the Chief Financial Officer at The Children's Hospital of Philadelphia (CHOP) for the past 14 years. CHOP has been through a number of contracting cycles during that period with AmeriHealth. Although negotiations with providers and managed care organizations sometimes get contentious, CHOP has found AmeriHealth to be fair in the conduct of its business. This applies to all aspects of their operations including: contracting, medical management, membership services and payments.

As of today, AmeriHealth Caritas has over 50,000 members assigned to our physician groups. The team is dedicated to improving the health status of the members we serve together. In particular, AmeriHealth Caritas has partnered with our organization on many initiatives including reducing preventable admissions and unnecessary emergency room utilization, family planning services, and coordinating care for our asthmatic and high risk pediatric membership.

Should you have any further questions on AmeriHealth Caritas' operations in Pennsylvania, please do not hesitate to reach out to me.

Sincerely,



Thomas J. Todorow
Executive Vice President and Chief Financial Officer
The Children's Hospital of Philadelphia

Third Party Contracting
M.C. 49-74
100 North Academy Avenue
Danville, PA 17822
570 214 8792 Tel
570 271 5842 Fax

David J. Friel
Vice President

GEISINGER
HEALTH SYSTEM

April 21, 2015

AmeriHealth Caritas
8040 Carlson Road
Suite 500
Harrisburg, PA 17112

To Whom It May Concern:

Re: Letter of Recommendation

It is my pleasure to recommend the Medicaid Managed Care expertise of AmeriHealth Caritas. AmeriHealth Caritas possesses the resources to successfully implement and sustain hospitals and integrated health systems.

Geisinger's health system and health plan are nationally recognized for integration, quality and service. Our physician-led system is comprised of more than 21,000 employees, including a 1,100-member multi-specialty group practice, eight hospital campuses, two research centers and a 467,000-member health plan -- making Geisinger a major contributor to the economic as well as medical health of the region.

Geisinger Health System is an integrated health services organization widely recognized for innovative delivery of health care, including the use of the electronic health record and the development of advanced care models such as ProvenHealth Navigator® and ProvenCare®. As one of the nation's largest rural health services organizations, Geisinger serves more than 2.6 million residents throughout 44 counties in central and northeast Pennsylvania.

Geisinger Health System has had a relationship with AmeriHealth Caritas for 2 years treating AmeriHealth Medicaid members.

AmeriHealth Caritas's goal is to develop strategic partnerships and build accessible, flexible health systems across the nation. Moving forward - as health care evolves - they will continue keep pace and ensure the greatest level of care at maximum value for members, providers, and governments.

As a partner, AmeriHealth Caritas exceeds expectations every day. This is accomplished through:

Personal support: AmeriHealth Caritas is an industry expert in provider network relations and management, giving providers the tools they need to deliver high quality, patient-centered care. Thirty years of experience drive their ongoing commitment to improving health care delivery and management. AmeriHealth Caritas values partnership and collaboration, and they are committed to supporting facilities and practices. With the resources provided by AmeriHealth, providers can focus on what's most important—our patients.

Claims processing: Geisinger's claims are processed in a timely and efficient manner. AmeriHealth Caritas accepts claims via electronic data interchange (EDI), and can pay through electronic funds transfer (EFT). A provider only needs secure Web access to file claims and receive payment electronically.

W W W . G E I S I N G E R . O R G

Practice management: AmeriHealth Caritas understands that a successful managed care program depends on a true collaboration with all providers of care. Providers can count on AmeriHealth Caritas to:

- Ensure access for members through robust provider networks and telemedicine strategies for rural populations.
- Collaborate closely with hospitals, primary care physicians (PCPs), specialists and other providers.
- Deliver value by conveying the information needed to improve patient care.
- Offer shared-savings incentives that promote better outcomes and accountable care.

Quality of care: AmeriHealth Caritas's goal is to streamline processes and help patients better manage their symptoms, stay well, and out of costly emergency rooms.

Every day, AmeriHealth Caritas puts care at the heart of their work. They truly live up to their mission: To help people get care, stay well, and build healthy communities, all while maintaining their special concern for those who are poor. AmeriHealth Caritas is an industry leader with whom we are proud to partner.

Sincerely



David J. Friel



April 21, 2015

Carrie Lindgren
Iowa Issuing Officer
Hoover Building, 1st Floor
1305 East Walnut Street
Des Moines, Iowa 50309-0114
Phone: 515-281-7556
Bidders4MED16009@dhs.state.ia.us

RE: Letter of Reference for Iowa High Quality Health Care Initiative RFP

Dear Ms. Lingren,

It is my pleasure to offer this letter of reference in support of AmeriHealth Caritas' proposal to serve as a Medicaid Managed Organization for Iowa's managed care program. AmeriHealth District of Columbia operates a plan in the District of Columbia serving more than 105,000 residents.

I have had nearly two years of experience working with AmeriHealth District of Columbia and have found that the company has been a wonderful partner to members, the provider community, and my organization. In particular, AmeriHealth District of Columbia has invested in the community by establishing a member wellness center, brought innovative member engagement approaches to include the use of community health workers, a phone app and using a Member Wellness Advisory Council to fully incorporate member feedback in the development of strategies. A notable accomplishment is the reduction of 30-day hospital readmissions by 14.8 percent in 2014 for members with asthma or other chronic health problems. Lastly, they effectively partner with community-based organization to focus on upstream interventions and prevention.

As the District implements its strategies to improve population health and create sustained progress in areas of the city with health disparities, we look forward to work with AmeriHealth District of Columbia as an able partner. Should you have any further questions on AmeriHealth District of Columbia, please do not hesitate to reach out to me.

Sincerely,

Jacqueline D. Bowens
Chief Executive Officer

TAKING ACTION FOR A HEALTHIER COMMUNITY

1411 K STREET, NW, SUITE 300, WASHINGTON, DC 20005 ★ www.DCPCA.org



AREA AGENCIES ON AGING ASSOCIATION OF MICHIGAN
6105 W. ST. JOSEPH, SUITE 204, LANSING, MICHIGAN 48917

Ms. Carrie Lindgren
Iowa Issuing Officer
Hoover Building, 1st Floor
1305 East Walnut Street
Des Moines, Iowa 50309-0114

Ms. Lindgren:

I am writing to share the experience of the Area Agencies on Aging Association of Michigan (AAAAM) in collaborating with AmeriHealth Caritas. Specifically, we are partnering on a demonstration program in Michigan providing integrated care for people on both Medicare and Medicaid, known as MI Health Link.

As background, Area Agencies on Aging in Michigan are key players in the provision of Medicaid-funded home and community-based services through a 1915(c) waiver. That waiver served 14,000 adults in Michigan in FY 2014, most of whom were dually eligible for Medicare and Medicaid. AAAs serve as “waiver agents,” holding contracts with state to administer the waiver program in their regions. This includes providing care management services to participants, using nurses and social workers, and creating a broad pool of credentialed service providers who deliver 20 different services to adults 18 and older who meet a nursing home level-of-care.

Shortly after Michigan indicated its intention to pursue this innovation, AAAAM was contacted by AmeriHealth Caritas. We were delighted to learn that not only did AmeriHealth Caritas understand the resources and capabilities of the aging network, they were interested exploring a working relationship to provide the highest quality integrated health plan to older adults and people with disabilities.

Since that time, AmeriHealth leaders have worked hand-in-hand with us in crafting a comprehensive plan to serve the dual population, requiring dozens of meetings and hundreds of hours. AmeriHealth understands the contribution that community-based organizations can make in improving the health and well-being of the dual population. They understand the value of the person-centered approach embraced by the aging and disability worlds. They understand that Area Agencies on Aging and their hundreds of service providers are serving the duals population, and function as known and trusted organizations and professionals who understand the needs and wants of this group.

We look forward to working with AmeriHealth Caritas in the years ahead to make MI Health Link a successful initiative!

Sincerely,


Mary Ablan, MA, MSW
Executive Director

(517) 886-1029, fax (517) 886-1305, www.mi-seniors.net

**THE GEORGE
WASHINGTON
UNIVERSITY**
WASHINGTON, DC

Department of Health Policy and Management

April 22, 2015

Carrie Lindgren
Iowa Issuing Officer
Hoover Building, 1st Floor
1305 East Walnut Street
Des Moines, Iowa 50309-0114
Phone: 515-281-7556
Bidders4MED16009@dhs.state.ia.us

RE: Letter of Reference for Iowa High Quality Health Care Initiative RFP

Dear Ms. Lingren:

It is my pleasure to offer this letter of reference in support of AmeriHealth Caritas' proposal to serve as a Medicaid Managed Organization for Iowa's managed care program. AmeriHealth District of Columbia operates a plan in the District of Columbia serving more than 105,000 residents. The Plan has partnered with George Washington University on the project "AmeriHealth Asthma Tablets, An Evaluation of a Pilot to Reduce ER Visits and Hospitalizations for Medicaid Members."

The District of Columbia has a high asthma prevalence compared to communities of similar size across the country and AmeriHealth DC is committed to providing the best, evidenced based care for our asthmatic patients. The Asthma Tablet Program provides a valuable opportunity to pilot and evaluate a collaborative and community-based and accessible health benefit for our asthma patients.

AmeriHealth DC has also worked with the Breathe Easy Asthma Home Visiting Program, which is conducted by Breathe DC, a program that I manage for them. Our work with this program has helped more than 100 asthmatic children and their families mitigate environmental triggers such as smoking, and learn asthma control strategies to reduce and better manage attacks. I value the partnership with Amerihealth DC, and have been impressed with the commitment the organization has shown to providing what families need to maintain their wellness and to improve their health. Our partnership on the Asthma Tablet program the potential to close the gap in health outcomes that asthmatic patients experience as measured in their emergency room use and hospitalizations when compared with patients without asthma.

AmeriHealth DC is an able partner to focus on population health and address social determinants of health in order to achieve health equity. Should you have any further questions on AmeriHealth DC, please do not hesitate to reach out to me.

Sincerely,


Janet A. Phoenix, MD, MPH
Assistant Research Professor

Milken Institute School of Public Health
2175 K Street, NW | Suite 500 | Washington, DC 20037
t 202-994-4100

May 7, 2015

Carrie Lindgren
Iowa Issuing Officer
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1305 East Walnut Street
Des Moines, Iowa 50309-0114
Phone: 515-281-7556
Bidders4MED16009@dhs.state.ia.us

RE: Letter of Reference for Iowa High Quality Health Care Initiative RFP

Dear Ms. Lindgren:

On behalf of the South Carolina Department of Health and Human Services, I offer this letter of reference on behalf of AmeriHealth Caritas' proposal to serve as a Medicaid Managed Organization in your managed care program. Select Health of South Carolina ("Select Health") has been operating in the state since 1996 and serves over 340,000 ABD and TANF members throughout South Carolina.

Select Health and its parent company, AmeriHealth Caritas, is in good standing with the State of South Carolina and has proven itself capable of operating in a Medicaid managed care environment.

Sincerely,



Christian L. Soura
Director