<table>
<tr><th>Exhibit/ Attachment</th><th>Document</th><th>Change From</th><th>Change To</th></tr>
<tr><td>Exhibit E</td><td>RFP 305 PUR-DHHRFP-CCN-P-MVA</td><td>(12.11.2.1 Last sub-bullet of last bullet.)
A Provider Directory (also must be available in searchable format on-line).</td><td>(12.11.2.1 Last sub-bullet of last bullet.)
A Provider Directory <u>when specifically requested by the member</u> (also must be available in searchable format on-line).</td></tr>
<tr><td>Exhibit E, Attachment 3</td><td>RFP 305 PUR-DHHRFP-CCN-P-MVA</td><td>(Table and Notes on Page 1)
<table>
<tr><th>Contract Year</th><th>Anticipated Member Months</th><th></th><th>Average PMPM</th><th>Maximum Contract Amount</th></tr>
<tr><td>1 Jan-Jun</td><td>594,327</td><td></td><td>$172.04</td><td>$102,248,017</td></tr>
<tr><td>1 Jul-Dec</td><td>969,768</td><td>*</td><td>$165.67</td><td>$160,661,465</td></tr>
<tr><td>2</td><td>1,968,629</td><td>**</td><td>$165.67</td><td>$326,142,773</td></tr>
<tr><td>3</td><td>1,998,158</td><td>**</td><td>$165.67</td><td>$331,034,915</td></tr>
<tr><td></td><td></td><td></td><td>Total</td><td>$920,087,169</td></tr>
</table>
* Based on projected Bayou Health enrollment for this period of 910,000. Assumes enrollment increase for the entire period.
** Based on projected Bayou Health enrollment for this period 1.5% over previous period. Assumes enrollment increase for the entire period.</td><td>(Replace Table and Notes on Page 1)
<table>
<tr><th>Contract Year</th><th>Anticipated Member Months</th><th>Average PMPM</th><th>Maximum Contract Amount</th></tr>
<tr><td>1 Feb-Jul[1]</td><td></td><td></td><td>$97,768,548</td></tr>
<tr><td>1 Aug-Jan[2]</td><td>969,768</td><td>$164.68</td><td>$159,701,394</td></tr>
<tr><td>2[3]</td><td>1,968,629</td><td>$164.68</td><td>$324,193,830</td></tr>
<tr><td>3[4]</td><td>1,998,158</td><td>$164.68</td><td>$329,056,738</td></tr>
<tr><td></td><td></td><td>Total</td><td>$910,720,510</td></tr>
</table>
[1] Maximum Contract Amount reflects actual payments for this period.

[2] Anticipated Member Months uses 7/12/2012 enrollment plus 7,000 for each month of this period.

[3] Anticipated Member Months uses 101.5% of the sum of 7/12/2012 enrollment and 7,000 for each month of Contract Year 2.

[4] Contract Year 3 Anticipated Member Months is 101.5% of Contract Year 2 Anticipated Member Months.</td></tr>
<tr><td>Exhibit E, Appendix G</td><td>RFP 305 PUR-DHHRFP-CCN-P-MVA</td><td>(Letter from Mercer to Ruth Kennedy dated “July 11, 2012” and entitled “REVISED Louisiana BAYOU HEALTH Plans – Prepaid Program Rate Development and Actuarial Certification for the period July 1 through December 31, 2012.”)</td><td>(Letter from Mercer to Madeline McAndrew dated “September 14, 2012” and entitled “REVISED Louisiana BAYOU HEALTH Plans – Prepaid Program Rate Development and Actuarial Certification for the period August 1 through December 31, 2012.” See attached.)</td></tr>
</table>

Exhibit/ Attachment	Document	Change From	Change To
Exhibit E	RFP 305 PUR-DHHRFP-CCN-P-MVA	15.5.1. In accordance with 42 CFR §455.1(a)(1) and §455.17, the CCN shall be responsible for promptly reporting suspected fraud, abuse, waste and neglect information to the state's Office of Inspector General Medicaid Fraud Control Unit (MFCU), and DHH within five (5) business days of discovery, taking prompt corrective actions and cooperating with DHH in its investigation of the matter(s). Additionally, the CCN shall notify DHH within three (3) business days of the time it receives notice that action is being taken against the CCN or CCN employee, network providers contractor or contractor employee or under the provisions of Section 1128(a) or (b) of the Social Security Act (42 U.S.C. §1320a-7) or any contractor which could result in exclusion, debarment, or suspension of the CCN or a contractor from the Medicaid or CHIP program, or any program listed in Executive Order 12549.	15.5.1. In accordance with 42 CFR §455.1(a)(1) and §455.17, the CCN shall be responsible for promptly reporting suspected fraud, abuse, waste and neglect information to the state's Office of ~~Inspector~~ Attorney General Medicaid Fraud Control Unit (MFCU), and DHH within five (5) business days of discovery, taking prompt corrective actions and cooperating with DHH in its investigation of the matter(s). Additionally, the CCN shall notify DHH within three (3) business days of the time it receives notice that action is being taken against the CCN or CCN employee, network providers contractor or contractor employee or under the provisions of Section 1128(a) or (b) of the Social Security Act (42 U.S.C. §1320a-7) or any contractor which could result in exclusion, debarment, or suspension of the CCN or a contractor from the Medicaid or CHIP program, or any program listed in Executive Order 12549.