

Attachment B.11.a
CareCentrix

1. Indicate your organization's legal name, trade name, dba, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization's ultimate parent (e.g. publicly traded corporation).

CareCentrix, Inc
323 Pitkin Street, 111 Founders Plaza
East Hartford, CT 06108
860-528-4038

2. Describe your organization's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable).

Corporation

3. Provide the name and address of any health professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest. N/A
4. Provide your federal taxpayer identification number and Louisiana taxpayer identification number.

CareCentrix TIN 11-3454103

5. Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provide the name and address of the local representative; if none, so state.

Delaware

6. If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.

N/A - CareCentrix has not been engaged by DHH within the past twenty-four months.

7. Provide a statement of whether there have been any mergers, acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details. If any change of ownership

is anticipated during the 12 months following the Proposal Due Date of 6/24/2011, describe the circumstances of such change and indicate when the change is likely to occur. Include your organization's parent organization, affiliates, and subsidiaries.

In December 2010, CareCentrix acquired Sleep Management Solutions (SMS), a leading sleep management company that provides a home-based testing alternative to the standard outpatient sleep center through their Home Sleep Testing (HST) devices. This acquisition expands our home-based health care offerings into the growing area of sleep diagnostics and therapy management. No change of ownership anticipated in the next 12 months following the proposal due date of 6/24/2011.

8. Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to, or pled nolo contendere to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses. Include your organization's parent organization, affiliates, and subsidiaries.

Neither CareCentrix nor its employees have been convicted of, pled, pled guilty to, or pled nolo contendere to any felony and/or any Medicaid or health care related offense or have been debarred or suspended by any federal or state governmental body to the best of our knowledge. CareCentrix conducts periodic exclusion checks against its contractors and subcontractors and is not aware of any such exclusion.

9. Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality physical or behavioral health services. You do not need to report workers' compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation. Include your organization's parent organization, affiliates, and subsidiaries.

While under previous ownership, a provider instituted an arbitration process against CareCentrix and its then parent in connection with certain denied claims. CareCentrix' former parent settled the matter prior to the arbitration hearing. CareCentrix is involved from time to time with certain employee matters.

No actions are currently pending and no previous action has been material.

- 10. Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. Include your organization's parent organization, affiliates, and subsidiaries.**

No, CareCentrix has not filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors.

11. If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report.

N/A

12. Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the organization, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Organization, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Organization's performance in a contract/Agreement under this RFP. Include your organization's parent organization, affiliates, and subsidiaries.

N/A – CareCentrix has not been involved with any SEC investigations, civil, or criminal involving over the past 10 years.

13. If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner.

CareCentrix became a stand alone company in September 2008; please see attached financial statements for 2009 and 2010. – financial statements

- a. Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.

Please see signed and authorized attached letter.

14. Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting

the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority.

- a. **Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience.**

Christine M. Feeny, RN - Vice President Account Management
As VP of Account Management, Chris Feeny is responsible for overseeing all functions of account management and the account management team. This team is responsible for oversight of contract development, service delivery, network adequacy and performance guarantees; profit and loss responsibility for all budgetary goals. Chris joined the company in 1987 and has held a variety of clinical, operational and account management positions. She has been the account manager for CareCentrix' largest customer since 1997. Chris began her career as a medical-surgical nurse prior to her career in home health and account management. She obtained her RN degree from St. Joseph's Hospital.

- b. **If any of your personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number.**

N/A

- c. **For key positions/employees which are not full time provide justification as to why the position is not full time. Include a description of their other duties and the amount of time allocated to each.**

N/A

15. **Identify (IN THE ATTACHED EXCEL DOCUMENT), all of your organization's publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the Organization's ten largest (as measured by number of enrollees)**

managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence. Include your organization's parent organization, affiliates, and subsidiaries.

PLEASE COMPLETE THIS QUESTION IN THE ATTACHED EXCEL DOCUMENT.

Please see the attached excel spreadsheet.

- 16. Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/non-renewal, the parties involved, and provide the address and telephone number of the client. Include your organization's parent organization, affiliates, and subsidiaries.**

Pacificare

5757 Plaza MS CA124-0132

Cypress, CA 90630

<http://www.pacificare.com/>

Centene –Peach State Health Plan

3200 Highlands Parkway SE, Suite 300

Smyrna, GA 30082

678.556.2425

<http://www.pshpgeorgia.com/>

Terminated 5/31

- a. **If the contract was terminated/non-renewed, based on your organization's performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. Include your organization's parent organization, affiliates, and subsidiaries.**

Contracts term periods expired and parties were unable to agree on pricing and mutually agreed to discontinue the relationships.

17. **As applicable, provide (in table format) the Organization's current ratings as well as ratings for each of the past three years from each of the following:**

N/A – CareCentrix is a privately held company.

- a. **AM Best Company (financial strengths ratings);**
- b. **TheStreet.com, Inc. (safety ratings); and**
- c. **Standard & Poor's (long-term insurer financial strength.**

18. **For any of your organization's contracts to provide physical health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract? If yes:**

- a. **Provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control.**

The first event is related to electronic transactions with our providers. CareCentrix has developed a comprehensive strategy to expand current technology. This will provide an easy to use provider enrollment process so that providers may transition from paper checks to electronic transfer and the develop end date for this process is 8/15/2011

The second event is related to Centene contracted turnaround time for authorizations. Multiple system enhancements along with business team realignment will be implementing by 6/30/11 to comply with this requirement

- b. Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. **Corrective Action Plan structured and addressed**
- c. Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage). **NO**
- d. Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? Include your organization's parent organization, affiliates, and subsidiaries. **No administrative hearing or litigation**

19. Indicate whether your organization has ever sought, or is currently seeking, National Committee for Quality Assurance (NCQA) or American Accreditation HealthCare Commission (URAC) accreditation status. If it has or is, indicate current NCQA or URAC accreditation status and accreditation term effective dates if applicable.

CareCentrix utilization management program is accredited by URAC. CareCentrix was last surveyed in 2009 and awarded full accreditation from November 1, 2009 through November 1, 2012.

Further, CareCentrix ensures that only Medicaid and Medicare certified providers service Managed Medicaid and Medicare Advantage members. See attached URAC Certifications.

20. Have you ever had your accreditation status (e.g., NCQA, URAC,) in any state for any product line adjusted down, suspended, or revoked? If so, identify the state and product line and provide an explanation. Include your organization's parent organization, affiliates, and subsidiaries.

No, CareCentrix has never had URAC accreditation status in any state for any product line adjusted down, suspended, or revoked.

21. If you are NCQA accredited in any state for any product line, include a copy of the applicable NCQA health plan report cards for your organization. Include your organization's parent organization, affiliates, and subsidiaries.

N/A

22. Provide (as an attachment) a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item #15 above that had the largest number of enrollees as of January 1, 2011. Provide the

entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (including your organization's parent organization, affiliates, and subsidiaries) in response to the report.

N/A

23. Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and subsidiaries.

N/A

24. Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item #12 above. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. Include your organization's parent company, affiliates and subsidiaries.

Please provide a statement.

N/A – CareCentrix has not been the subject of a criminal or civil investigation by a state or federal agency other than investigations within the past five (5) years.



June 13, 2011

Wade Davenport
Director, Strategic Sourcing
WellCare Health Plans, Inc.
8735 Henderson Road
Renaissance Two
Tampa, FL 33634

Dear Mr. Davenport:

We understand that the Louisiana Department of Health and Hospitals (“DHH”) is soliciting competitive proposals for managed care services through Medicaid Coordinated Care Network Request for Proposals (RFP # 305PUR-DHHRFP-CCN-P-MVA) (the “RFP”), and that WellCare Health Plans, Inc., through certain affiliates (“WellCare”), intends to respond to the RFP.

We also understand that, pursuant to the RFP Proposal Submission and Evaluation Requirements, Part II, Item B.7, WellCare is required to submit from the parent organization of each major subcontractor a statement that the parent organization will guarantee performance by the subcontractor.

Please accept this correspondence as the required statement that CareCentrix Holdings, Inc. parent organization of CareCentrix, Inc. a proposed subcontractor for WellCare’s Medicaid managed care business in the State of Louisiana, will unconditionally guarantee performance by CareCentrix, Inc. of each and every obligation, warranty, covenant, term and condition of the contract.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric S. Reimer".

Eric S. Reimer
Chief Executive Officer
CareCentrix, Inc.

Below please list all of your organization's publicly funded managed care contracts for Medicaid/CHIP and/or other low income individuals within the last five (5) years

| Type of Publicly Funded Managed Care Contract (ex; Medicare, Medicaid, CHIP, SCHIP, and/or other low income individuals) | Trade Name | Description of Scope of Work | Duration of Contract | Contact Name | Contact Phone Number | Number of Members | Population Types (ex: TANF, ABD, Duals, CHIP) | Annual Contract Payments | Type of Payment (ex: Capitated or Other) | Role of any additional subcontractor (if any) |
|--|-----------------|---|--|------------------|----------------------|-------------------|---|--------------------------|--|---|
| Medicare, Medicaid, SCHIP | WellCare Florid | Durable Medical Equipment, Home Health, Home Infusion | Evergreen | Anna Pinera | 800-960-2530 x3259 | 490,957 | TANF, ABD, Duals, CHIP | 11,178,000 | CAP/FFS | Home Health Provider DME Supplier |
| Medicare, Medicaid, SCHIP | Lovelace | Durable Medical Equipment, Home Health, Home Infusion | 9 | John Cruickshank | 505-727-5259 | 208,216 | TANF, ABD, Duals, CHIP | Confidential | FFS | |
| Medicare, Medicaid, SCHIP | Centene | Durable Medical Equipment, Home Health, Home Infusion | GA - 4 MA - 2 FL - 2 MS - 1 SC - 2 | | | 484,040 | TANF, ABD, Duals, CHIP | Confidential | FFS | |
| VSHP | VSHP | Durable Medical Equipment | 3 year | Steve Kerr | 423-535-8207 | 455,560 | TANF, ABD, Duals, CHIP | Confidential | FFS | |

Below please list all of your organization's 10 largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low income individuals within the last five (5) years.

| Type of Managed Care Contract | Trade Name | Description of Scope of Work | Duration of Contract | Contact Name | Contact Phone Number | Number of Members | Population Types (ex: TANF, ABD, Duals, CHIP) | Annual Contract Payments | Type of Payment (ex: Capitated or Other) | Role of any additional subcontractor (if any) |
|-------------------------------|------------|---|----------------------|------------------|----------------------|-------------------|---|--------------------------|--|---|
| Cigna/GW | N/A | Durable Medical Equipment, Home Health, Home Infusion | 8 year | Anita Manely | 303-729-8513 | 11,434,153 | Commerical | Confidential | CAP/FFS | Home Health Provider DME Supplier |
| BCBSFL | N/A | Durable Medical Equipment, Home Health, Home Infusion | 7 year | Howard Rochay | (904) 905-0948 | 4,000,000 | Commerical | Confidential | FFS | |
| HealthNet | N/A | Durable Medical Equipment, Home Health, Home Infusion | 1 year | Monina Alvarenga | 626-683-6261 | 582,686 | Commerical | Confidential | FFS | |
| First Health/Coventry | N/A | Durable Medical Equipment, Home Health | Evergreen | Anita Morin | 301-581-5675 | 1,074,036 | Commerical | Confidential | FFS | |
| Humana | N/A | Durable Medical Equipment, Home Health, Home Infusion | 3 | Stacia Coates | 502-476-9157 | 7,846,529 | Commerical | Confidential | FFS | |

CareCentrix Holdings, Inc. and Subsidiaries

**Consolidated Financial Statements
January 3, 2010 and December 28, 2008**

Report of Independent Auditors

To the Board of Directors of
CareCentrix Holdings, Inc.

In our opinion, the accompanying consolidated balance sheets and the related consolidated statements of operations, of changes in shareholders' equity, and of cash flows present fairly, in all material respects, the financial position of CareCentrix Holdings, Inc. and subsidiaries (the "Company") at January 3, 2010 and December 28, 2008, and the results of their operations and their cash flows for the fiscal year ended January 3, 2010 and for the period from September 25, 2008 through December 28, 2008 in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

PricewaterhouseCoopers LLP

March 26, 2010

CARECENTRIX HOLDINGS, INC. AND SUBSIDIARIES
CONSOLIDATED BALANCE SHEETS
(In thousands, except share and per share amounts)

| | January 3, 2010 | December 28, 2008 |
|---|-----------------|-------------------|
| ASSETS | | |
| Current assets: | | |
| Cash | \$ 7,778 | \$ 11,020 |
| Accounts receivable- billed | 46,444 | 31,898 |
| Accounts receivable- unbilled | 43,509 | 25,045 |
| Total accounts receivable | 89,953 | 56,943 |
| Allowance for doubtful accounts | (4,818) | (942) |
| Net accounts receivable | 85,135 | 56,001 |
| Deferred tax assets | 885 | - |
| Prepaid expenses and other current assets | 3,230 | 2,095 |
| Total current assets | 97,028 | 69,116 |
| Fixed assets, net | 13,878 | 12,502 |
| Intangible assets, net | 60,877 | 64,593 |
| Goodwill | 73,044 | 73,447 |
| Other assets | 2,493 | 2,116 |
| Total assets | \$ 247,320 | \$ 221,774 |
| LIABILITIES AND SHAREHOLDERS' EQUITY | | |
| Current liabilities: | | |
| Current portion of long-term debt | \$ 4,774 | \$ 4,994 |
| Accounts payable | 21,342 | 11,778 |
| Cost of claims incurred but not reported | 40,237 | 25,448 |
| Due to Gentiva Health Services, Inc. | 257 | 2,148 |
| Deferred tax liabilities, net | - | 125 |
| Other accrued expenses | 11,641 | 7,269 |
| Total current liabilities | 78,251 | 51,762 |
| Deferred tax liabilities, net | 27,603 | 29,170 |
| Other long-term liabilities | 1,379 | 534 |
| Long-term debt | 53,232 | 58,006 |
| Total liabilities | 160,465 | 139,472 |
| Mandatorily redeemable preferred stock, Class A 12% cumulative, \$.01 par value; \$100 liquidation value; authorized 2,000,000 shares; issued and outstanding 761,596 shares and 756,000 shares at January 3, 2010 and December 28, 2008 respectively | 76,160 | 75,600 |
| Shareholders' equity: | | |
| Common stock, \$.01 par value; authorized 20,000,000 shares; issued and outstanding 8,666,745 shares and 8,400,000 shares at January 3, 2010 and December 28, 2008, respectively | 87 | 84 |
| Additional paid-in capital | 7,197 | 6,758 |
| Accumulated other comprehensive loss | (190) | - |
| Retained earnings (deficit) | 3,601 | (140) |
| Total shareholders' equity | 10,695 | 6,702 |
| Total liabilities and shareholders' equity | \$ 247,320 | \$ 221,774 |

See notes to consolidated financial statements.

CARECENTRIX HOLDINGS, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF OPERATIONS
(In Thousands)

| | <u>For the Fiscal Year Ended</u> <u>January 3, 2010</u> | <u>For the Period</u> <u>September 25, 2008</u> <u>through December 28, 2008</u> |
|--|--|--|
| Net revenues | \$ 386,847 | \$ 86,330 |
| Cost of services and goods sold | (317,498) | (70,347) |
| Selling, general and administrative expenses | (52,006) | (12,469) |
| Depreciation and amortization | (6,288) | (1,741) |
| Income from operations | <u>11,055</u> | <u>1,773</u> |
| Non operating income (expense) | | |
| Interest income | 221 | 28 |
| Interest expense | (5,402) | (1,962) |
| Income (loss) before income taxes | <u>5,874</u> | <u>(161)</u> |
| Income tax (expense) benefit | (2,133) | 21 |
| Net income (loss) | <u>\$ 3,741</u> | <u>\$ (140)</u> |

See notes to consolidated financial statements.

CARECENTRIX HOLDINGS, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CHANGES IN SHAREHOLDERS' EQUITY
FOR THE PERIOD FROM SEPTEMBER 28, 2008 THROUGH
DECEMBER 28, 2008 AND THE FISCAL YEAR ENDED JANUARY 3, 2010
(In thousands, except share amounts)

| | Common Stock | | Additional Paid- in Capital | Retained Earnings (Deficit) | Accumulated Other Comprehensive Loss | Total |
|---|------------------|--------|--------------------------------|-----------------------------------|--|-----------|
| | Common Shares | Amount | | | | |
| Balance at September 25, 2008 | | \$ - | \$ - | \$ - | \$ - | \$ - |
| Net loss | - | - | - | (140) | - | (140) |
| Capitalization of CareCentrix Holdings, Inc (Sec Note 11) | 8,400,000 | 84 | 6,723 | - | - | 6,807 |
| Stock based compensation expense | - | - | 35 | - | - | 35 |
| Balance at December 28, 2008 | 8,400,000 | \$ 84 | \$ 6,758 | \$ (140) | \$ - | \$ 6,702 |
| Net income | - | - | - | 3,741 | - | 3,741 |
| Cash flow hedge (net of income tax benefit of \$122) | - | - | - | - | (190) | (190) |
| Total comprehensive income | - | - | - | 3,741 | (190) | 3,551 |
| Issuance of stock | 266,745 | 3 | 213 | - | - | 216 |
| Stock based compensation expense | - | - | 226 | - | - | 226 |
| Balance at January 3, 2010 | 8,666,745 | \$ 87 | \$ 7,197 | \$ 3,601 | \$ (190) | \$ 10,695 |

See notes to consolidated financial statements.

CARECENTRIX HOLDINGS, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CASH FLOWS
(In thousands)

| | For the Fiscal Year Ended January 3, 2010 | For the Period September 25, 2008 through December 28, 2008 |
|--|--|---|
| OPERATING ACTIVITIES: | | |
| Net income (loss) | \$ 3,741 | \$ (140) |
| Adjustments to reconcile net income (loss) to net cash provided by operating activities: | | |
| Depreciation and amortization | 6,288 | 1,741 |
| Amortization of debt issuance costs | 421 | 125 |
| Provision for doubtful accounts | 4,056 | 897 |
| Deferred income tax (expense) benefit | (2,096) | 25 |
| Stock based compensation expense | 226 | 35 |
| Changes in assets and liabilities, net of effects from acquisition: | | |
| Accounts receivable- billed | (14,726) | (29) |
| Accounts receivable- unbilled | (18,464) | (3,531) |
| Prepaid expenses and other current assets | (1,129) | (1,946) |
| Accounts payable | 9,564 | (1,196) |
| Cost of claims incurred but not reported | 14,789 | 6,578 |
| Other accrued expenses | 2,209 | 5,170 |
| Other, net | (748) | (595) |
| Net cash provided by operating activities | 4,131 | 7,134 |
| INVESTING ACTIVITIES: | | |
| Purchase of fixed assets | (3,948) | (957) |
| Acquisition of business, net of cash acquired | - | (88,417) |
| Net cash used by investing activities | (3,948) | (89,374) |
| FINANCING ACTIVITIES: | | |
| Proceeds from issuance of common stock | 216 | 4,700 |
| Cash deposits on unvested common stock options | 793 | - |
| Proceeds from issuance of preferred stock | 560 | 52,200 |
| Proceeds from issuance of long-term debt | - | 38,000 |
| Other debt repayments | (4,994) | - |
| Debt issuance costs | - | (1,640) |
| Net cash (used by) provided by financing activities | (3,425) | 93,260 |
| Net change in cash | (3,242) | 11,020 |
| Cash at beginning of period | 11,020 | - |
| Cash at end of period | \$ 7,778 | \$ 11,020 |
| SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION: | | |
| Income tax paid | \$ 4,223 | \$ 17 |
| Interest paid | \$ 5,512 | \$ - |
| SUPPLEMENTAL SCHEDULE OF NON CASH FINANCING ACTIVITIES: | | |
| Note payable issued in connection with the acquisition of CareCentrix | \$ - | \$ 25,000 |
| Common stock issued in connection with the acquisition of CareCentrix | \$ - | \$ 2,107 |
| Preferred stock issued in connection with the acquisition of CareCentrix | \$ - | \$ 23,400 |
| Deferred compensation in connection with acquisition of CareCentrix | \$ - | \$ 534 |

See notes to consolidated financial statements.