

Attachment B.11.i  
Outcomes



June 9, 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.

Outcomes Health Information Solutions, LLC (“OHIS”) has no parent organization. Please accept this correspondence as the required statement that OHIS, a proposed subcontractor for WellCare’s Medicaid managed care business in the State of Louisiana, will unconditionally guarantee performance of each and every obligation, warranty, covenant, term and condition undertaken by OHIS in any resulting contract with WellCare relating to the RFP.

Sincerely,

Jeffrey R. Jones  
Chief Compliance Officer & General Counsel  
Outcomes Health Information Solutions, LLC

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).

Outcomes Health Information Solutions, LLC  
d/b/a: Outcomes Health

Headquarters:  
13010 Morris Road, Building Two  
Alpharetta, GA 30004  
678-942-2289

Parent: None

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).

Outcomes Health is a Virginia limited liability company.

Officers & Directors:

|  |   |
|--|---|
| Wanda Kochhar (Chairperson)  | 2408 Old Lynchburg Road<br>Charlottesville, VA 22903    |
| Anil Kochhar (Director)  | 2408 Old Lynchburg Road<br>Charlottesville, VA 22903    |
| Gary Velasquez (CEO & Director)  | 13010 Morris Road, Building Two<br>Alpharetta, GA 30004 |
| Neil Fianzaich (Director)  | 13010 Morris Road, Building Two<br>Alpharetta, GA 30004 |
| Dr. Meredith Mathews (Director)  | 13010 Morris Road, Building Two<br>Alpharetta, GA 30004 |
| Jeffrey Jones (Secretary, Chief Compliance Officer, and General Counsel) | 13010 Morris Road, Building Two<br>Alpharetta, GA 30004 |
| Dr. Hassan Rifaat (COO)  | 13010 Morris Road, Building Two<br>Alpharetta, GA 30004 |
| Doug Duskin (CFO)  | 13010 Morris Road, Building Two<br>Alpharetta, GA 30004 |
| Bob Glass (Chief Information Officer)                                    | 13010 Morris Road, Building Two<br>Alpharetta, GA 30004 |
| William Robinson (Sr. Vice President of Human Resources)                 | 13010 Morris Road, Building Two<br>Alpharetta, GA 30004 |

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.**

Wanda Kochhar (equity interest held through Kochhar Holdings, Inc.)

Anil Kochhar (equity interest held through Kochhar Holdings, Inc.)

Gary Velasquez (directly held equity interest)

Chris Yindra (directly held equity interest)

- 4. Provide your federal taxpayer identification number and Louisiana taxpayer identification number.**

Federal: 26-1648874

LA: 26-1648874

- 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.**

Outcomes Health is incorporated and domiciled in Virginia. We are registered to do business in numerous states, including DE, KS, MA, ND, NJ, NM, PA, TX, VA, WA, GA, FL, and KY. We are willing to register in LA.

- 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.**

Not applicable.

- 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.**

Outcomes Health merged with two separate companies in 2008 (ODIS, LLC and SiRR, LLC). In the process, we reorganized from a subchapter S corporation (formerly Outcomes, Inc.) to a limited liability company, and moved from North Carolina to Virginia.

- 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.**

Outcomes Health performs industry standard background screens on all employees. To the best of our knowledge, no employee, agent, independent

contractor, or subcontractor has ever been convicted of, pled guilty to, or pled nolo contendere to any felony or any Medicaid or healthcare related offense, or been debarred or suspended by any federal or state governmental body.

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.

Pending:

- *Dean & Company Strategy Consultants, Inc. v. Outcomes Health Information Solutions, LLC* (Fairfax County, VA, Case No. 2011-00810). Dean & Company filed this contract dispute against Outcomes alleging breach of contract with damages of \$891,415.49. The plaintiff performed limited services for the Company and subsequently submitted a proposal for more extensive services. Outcomes never accepted the proposal, nor accepted any further services, but the plaintiff began submitting invoices anyway. The case is not expected to go to trial.

Resolved:

- *Barnes et al v. Wanda Monical Kochhar, Outcomes, Inc. and Precision Abstractions, Inc.* (Mecklenburg County, NC, Case No. 03 CVS 19274). Derivative lawsuit fully resolved by confidential settlement, without admission of guilt by either party.
- *Creditors Adjustment Bureau, Inc. v. Outcomes, Inc. et al* (Los Angeles County, CA, Case No. LC0722829). Small contract dispute fully resolved by confidential settlement without admission of guilt by either party. Dismissed with prejudice in 2006.
- *Waluk v. Outcomes, Inc. et al* (U.S. District Court for the Middle District of Florida, Tampa Division, Case No. 8:06-CV-02017-JDW-MSS). Waluk filed a FCRA employment dispute based on her allegation that Outcomes failed to compensate her for overtime hours. The matter settled at nuisance value in a confidential settlement without admission of guilt by either party.
- *Outcomes, Inc. v. Quinn* (Fulton County, GA, Case No. 2008-CV-145587). Outcomes filed this suit against its former employee, Tracey Quinn, for misappropriation of confidential documents and fraud. The Company obtained a temporary restraining order against Quinn, along

with a default judgment on the Company's claims.

- *Quinn et al v. Outcomes, Inc.* (U.S. District Court for the Northern District of Georgia, Atlanta Division, Case No. 1:08-CV-0220-JEC). Ms. Quinn filed claims against Outcomes based on alleged tortious interference with contracts and defamation. Outcomes filed various counterclaims. Outcomes prevailed in its claims and Quinn's claims were dismissed with prejudice.

- 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.**

Neither Outcomes Health nor any 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.

- 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.**

Not applicable.

- 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.**

Not applicable.

- 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.**

Not applicable.

- 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.**

Not applicable.

**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.**

Gary Velasquez, CEO

Gary Velasquez has more than 30 years of experience in healthcare services. Prior to Outcomes Health, he was Chief Executive Officer of Synarc, a specialty Contract Research Organization. He was also a senior executive at Health Net, Inc., a large publicly traded healthcare services company. In this role, Mr. Velasquez was responsible for more than 10 operating subsidiaries in addition to directing Health Net's Information Systems and New Venture divisions. Prior to Health Net, he held various operational, financial and technology roles with Managed Health Network (now a Health Net subsidiary), Equicor and PacifiCare Health Systems.

Doug Duskin, CFO

Doug Duskin joined Outcomes Health in December 2010 with more than 20 years of broad-based financial experience. Prior to joining Outcomes Health, Mr. Duskin was CFO of Recall North America, a leading document management company. While serving as CFO at Recall, a division of Brambles Industries, Mr. Duskin led the Finance Department, a \$300 million revenue organization providing services in Canada, Mexico and the United States, by aligning the business to drive partnerships with sales and operations ensuring data and metrics-based decisions. Prior to Recall, Mr. Duskin held significant financial leadership roles at Brambles Industries throughout his eight years of employment, including Vice President of Finance and Controller of CHEP USA. Prior to joining Brambles Industries, Mr. Duskin was Vice President of Corporate Finance for GWB USA Inc., a UK based private equity firm, and Manager of SEC Services Group with PriceWaterhouseCoopers.

Mr. Duskin is an Atlanta native and received his Masters of Business Administration from Goizueta Business School at Emory University and a

bachelor's in Business Administration and Accounting from Terry College of Business at the University of Georgia.

Jeffrey Jones, Chief Compliance Officer & General Counsel

Jeffrey Jones is an attorney with trial and appellate experience in a variety of disputes ranging from employment matters to complex international contract disputes. He has years of transactional experience exceeding \$8 billion within the healthcare industry. He is responsible for ensuring privacy and security compliance, managing nationwide contracts and intellectual property, mitigating all manner of risks facing the company, and advising the Board of Directors.

Hassan Rifaat, M.D., Sr. Vice President and Chief Operating Officer

Dr. Rifaat has over 20 years of experience with leading national healthcare organizations. Prior to joining Outcomes Health, he served as Senior Vice President at Coventry Health Care where he managed seven health plans with over 1,500 employees in 11 states. Dr. Rifaat has also held several senior executive positions at Humana, Inc., where he served as Regional CEO over Illinois and the Southeast, Market President for Louisiana, and Director of Clinical Innovation. He was also Vice President of Marketing and Sales for HealthMarket, Inc., and held executive level positions at Alignis, Oxford Health Plans, and Texas Health Innovators. Dr. Rifaat manages the day-to-day operational and clinical activities including planning, design and process improvement.

One or more project managers would also be assigned, along with other personnel.

- 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.**

Not applicable.

- 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.**

Not applicable.

- 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.***

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.
- 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.

This information is confidential.

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

Not applicable.

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.
  - b. Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed.
  - c. Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage).
  - 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.

Not applicable.

- 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.**

Not applicable.

- 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.

- 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.**

Not applicable.

- 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.**

Not applicable.

- 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.**

Outcomes Health has not had any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity at any time. Nor has the company received any letter of deficiency at any time. The company has no affiliates, subsidiaries, or parent.

- 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.**

Outcomes Health is not, and has never been, the subject of a criminal or civil investigation by a state or federal agency. The company has no affiliates, subsidiaries, or parent.



June 14, 2011

Sharon A. Nisbet, RN, BSN, CPHQ  
Senior Director, Medical Informatics  
Corporate Quality Improvement  
WellCare Health Plans, Inc.  
8735 Henderson Road  
Tampa, FL 33634

Dear Sharon:

Answer to #6 of the LA material Subcontractor Requirements – Outcomes

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.

We attest to the fact that we have not held a contract with DHH – LA.

Sincerely,

Hassan Rifaat  
Chief Operating Officer

June 18, 2011

Sharon A. Nisbet, RN, BSN, CPHQ  
Senior Director, Medical Informatics  
Corporate Quality Improvement  
8735 Henderson Rd.  
Tampa, FL 33634

Dear Sharon,

Answer to #15 of the LA Material Subcontractor Requirements - Outcomes

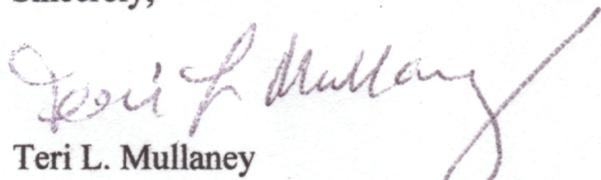
**OUTCOMES HEALTH INFORMATION SOLUTIONS  
CLIENT SUMMARY DATA BY CLIENT PRODUCT LINE  
CONFIDENTIAL INFORMATION**

| YEAR       | MANAGED MEDICAID,CHIP PLANS (#) | MANAGED MEDICAID,CHIP MEMBERS | MEDICARE ADVANTAGE PLANS (#) | MEDICARE ADVANTAGE MEMBERS | COMMERCIAL PLANS (#) | COMMERCIAL MEMBERS |
|------------|---------------------------------|-------------------------------|------------------------------|----------------------------|----------------------|--------------------|
| 2008       | 5                               | 4,644,000                     | 8                            | 2,536,266                  | 5                    | 18,261,325         |
| 2009       | 9                               | 7,906,886                     | 18                           | 2,880,594                  | 8                    | 22,244,761         |
| 2010       | 10                              | 7,948,186                     | 15                           | 2,729,337                  | 9                    | 22,555,262         |
| 2011 (YTD) | 9                               | 6,296,186                     | 14                           | 4,964,594                  | 10                   | 29,197,104         |

**Notes:**

- Data is for all services: HEDIS Services, Health Outcomes Studies, Revenue Management, and Health Advocacy Program.
- Membership is estimated, and based on published industry data for clients.
  - Commercial information was compiled from industry resource guides
  - Medicare Advantage and Managed Medicaid/CHIP information is compiled from State and CMS published datasets
- Dual eligible members with Medicare Advantage plan coverage were counted as Medicare Advantage members.
- The number of plans is based on parent company rollups. For example the 33 client plans in 2011 represent more than 100 individual health plans.

Sincerely,



Teri L. Mullaney  
Chief Business Development Officer



June 16, 2011

Sharon A. Nisbet, RN, BSN, CPHQ  
Senior Director, Medical Informatics  
Corporate Quality Improvement  
WellCare Health Plans, Inc.  
8735 Henderson Road  
Tampa, FL 33634

Dear Sharon:

Answer to #16 of the LA material Subcontractor Requirements – Outcomes

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/nonrenewal, the parties involved, and provide the address and telephone number of the client. Include your organization's parent organization, affiliates, and subsidiaries.

- 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.

**This information is not only considered confidential to our company, but it is also client protected information (bound by NDAs and NDA clauses within our MSAs).**

Sincerely,

Hassan Rifaat  
Chief Operating Officer