

Attachment B.11.k  
Relay Health

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).
  - a. RelayHealth, a division of McKesson Technologies Inc. is a wholly-owned subsidiary of McKesson Corporation, a publicly-traded corporation (NYSE: MCK).
  - b. RelayHealth Headquarters, 1145 Sanctuary Parkway, Alpharetta, GA 30009. General Phone Number: 770-237-4300. RelayHealth's President is Jim Bodenbender.
  - c. The parent company is McKesson Corporation, One Post Street, San Francisco, CA 94104. General Phone Number: 415-983-8300. McKesson's CEO is John Hammergren.
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).
  - a. RelayHealth, a division of McKesson Technologies Inc. is a C corporation and a wholly-owned subsidiary of McKesson Corporation, a publicly-traded corporation (NYSE: MCK).
  - b. RelayHealth Headquarters, 1145 Sanctuary Parkway, Alpharetta, GA 30009. General Phone Number: 770-237-4300. RelayHealth's President is Jim Bodenbender.
  - c. McKesson Corporation, One Post Street, San Francisco, CA 94104. General Phone Number: 415-983-8300. McKesson's CEO is John Hammergren.
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.

RelayHealth is not aware of any health professional with at least a five percent (5%) financial interest in McKesson.

The following table sets forth information regarding ownership of the Company's outstanding common stock by any entity or person, to the extent known by RelayHealth or ascertainable from public filings, to be the beneficial owner of more than five percent of the outstanding shares of common stock of McKesson.

Name of Beneficial Owner	Percent of Class*
Wellington Management Company, LLP	9.4 <sup>(1)</sup>
BlackRock, Inc.	7.4 <sup>(2)</sup>

\* Based on 259,946,481 shares of common stock outstanding as of June 1, 2010.

(1) This information is based upon a Schedule 13G/A filed with the SEC on February 12, 2010 by Wellington Management Company, LLP, which reports shared voting power with respect to 12,230,401 shares and shared dispositive power with respect to 24,543,069 shares.

(2) This information is based upon a Schedule 13G filed with the SEC on January 29, 2010 by BlackRock, Inc., which reports sole voting and dispositive power with respect to 19,331,081 shares.

4. Provide your federal taxpayer identification number and Louisiana taxpayer identification number.  
McKesson's Federal Tax ID is 58-1651222
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.  
McKesson Technologies Inc., is incorporated in Delaware and domiciled in Georgia. McKesson Technologies Inc. is a wholly-owned subsidiary of McKesson Corporation. McKesson Technologies Inc. is registered in all 50 states and Puerto Rico. There is no local representative.
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

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. A copy of the FY 2000 – 2011 Annual Reports on the McKesson website at [www.mckesson.com](http://www.mckesson.com). This is the best source for any past and recent mergers and acquisitions. McKesson is not aware of any anticipated change in ownership.

7. 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. As a publicly traded company, information about McKesson, including information about debarment or suspensions is available in the annual and quarterly reports that are filed with the Securities and Exchange Commission. At this time, we are not aware of any current or pending actions that could materially impact RelayHealth's ability to meet the terms and scope of services requested. All McKesson new hires must complete our background check comprising verification of previous employment and education, criminal history check, drug screen and, in some instances, credit checks (when working in a accounting/finance position). The background check is completed after the candidate is offered the job, but the candidate cannot start in a McKesson position until he or she successfully passes the background check. If the candidate fails the background check, the job offer is rescinded.
8. 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. As a publicly traded company, information about McKesson, including information about material litigation or regulatory investigations is available in the annual and quarterly reports that are filed with the Securities and Exchange Commission. At this time, we are not aware of any current or pending actions that could materially impact RelayHealth's ability to meet the terms and scope of services requested.

9. 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. As a publicly traded company, information about McKesson, including information about any bankruptcy or insolvency proceeding involving McKesson is available in the annual and quarterly reports that are filed with the Securities and Exchange Commission. At this time, we are not aware of any current or pending actions that could materially impact RelayHealth's ability to meet the terms and scope of services requested.
10. 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.

McKesson's FY 2011 Form 10-K Annual Report (04/01/10 – 03/31/11) and additional SEC filings may be accessed online from the *Investors* link at [www.mckesson.com](http://www.mckesson.com). In an effort to be environmentally friendly, the Annual Report is provided online.

11. 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. As a publicly traded company, information about McKesson, including information about Securities Exchange Commission (SEC) investigations, civil or criminal, involving McKesson is available in the annual and quarterly reports that are filed with the Securities and Exchange Commission. At this time, we are not aware of any current or pending actions that could materially impact RelayHealth's ability to meet the terms and scope of services requested.
12. 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.
13. 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. **Bill Gaynor.**
- 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. **Bill Gaynor is presently Account Executive, Payor Services for RelayHealth Solutions. In this role, he is responsible for payor relationship management, account service, account satisfaction and account business development strategies. Gaynor joined McKesson in October 2009. Prior to McKesson, he held strategic account management and sales positions with industry-leading companies such as JPMorgan Chase, First Data and Oracle. He has more than 12 years experience designing, implementing and supporting enterprise information technology solutions for health care and financial services companies. He earned an M.B.A. concentrating on Information Systems and Business Technologies from Marymount University (Arlington, VA) and a Bachelor of Arts degree in International Business and Economics from American University (Washington, DC). He also is a certified Six Sigma Black Belt.**
  - 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**
14. 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. All customer information provided to RelayHealth, a division of McKesson Technologies Inc., and its affiliates ("RelayHealth") included the Customer's name and any contracting terms, are strictly protected by RelayHealth, unless both parties agree to disclose any information without legal requirement or previous written consent. Such rights and protections will also be granted to you.

*PLEASE COMPLETE THIS QUESTION IN THE ATTACHED EXCEL DOCUMENT.*

15. 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. This is confidential business information that McKesson will not disclose.
  - 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.
16. 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).

McKesson's financial strength is evidenced by a variety of factors, including the following:

- Fortune 14 company
- Investment quality ratings on the company's debt securities.
- Member of the S&P 500. The S&P 500 is a market-value weighted index. Companies selected for the S&P 500 represent a broad range of industry segments within the U.S. economy. Ownership of a company's outstanding common shares is carefully analyzed in order to screen out closely held companies. The trading volume of a company's stock is analyzed on a daily, monthly, and annual basis to ensure ample liquidity and efficient share pricing. Both the financial and operating condition of a company are rigorously analyzed. The goal is to add companies to the Index that are relatively stable and will keep turnover in the Index low. Companies in emerging industries and/or new industry groups - industry groups currently not represented in the Index - are candidates for the index as long as they meet the guidelines listed above.

17. 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: This is confidential business information that McKesson will not disclose.
- 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. Not Applicable.
  - Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. Not Applicable.
  - Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage). Not Applicable.
  - 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.
18. 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. These accreditations or certifications above do not apply to non-health plan organizations like McKesson and RelayHealth. EHNAC is the industry accreditation that RelayHealth maintains
19. 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. Not Applicable
20. 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
21. 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
22. 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. As a publicly traded company, information about McKesson, including information about both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against RelayHealth is available in the annual and quarterly reports that are filed with the Securities and Exchange

Commission. At this time, we are not aware of any current or pending actions that could materially impact RelayHealth's ability to meet the terms and scope of services requested.

23. 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. As a publicly traded company, information about McKesson, including information about whether there is currently or recently (within the past five (5) years) been a criminal or civil investigation by a state or federal agency other than investigations described in response to item #12 above is available in the annual and quarterly reports that are filed with the Securities and Exchange Commission. At this time, we are not aware of any current or pending actions that could materially impact RelayHealth's ability to meet the terms and scope of services requested.

RelayHealth  
1145 Sanctuary Parkway  
Alpharetta, GA 30005



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June 21, 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 each major subcontractor a statement that the organization will guarantee performance of the contract.

Please accept this correspondence as the required statement that McKesson Technologies, Inc. on behalf of RelayHealth, a division of McKesson Technologies, Inc. ("RelayHealth"), a proposed subcontractor for WellCare's Medicaid managed care business in the State of Louisiana, will guarantee performance by RelayHealth of each and every obligation, warranty, covenant, term and condition of the contract between WellCare and RelayHealth (the "Agreement"), provided, however, that the terms and conditions of the Agreement are not amended or altered by this guarantee.

Sincerely,

A handwritten signature in black ink that reads 'David F. Mason'.

David Mason  
SVP/GM RelayHealth Financial  
McKesson Technologies Inc.