

**LOUISIANA COORDINATED CARE NETWORK PROGRAM
CCN-P PROPOSAL SUBMISSION AND EVALUATION REQUIREMENTS
RFP # 305PUR-DHHRFP-CCN-P-MVA**

**PROPOSER
NAME**

WellCare of Louisiana, Inc.

THE PROPOSER MUST COMPLETE THIS FORM AND SUBMIT WITH THEIR PROPOSAL.

PART ONE: MANDATORY REQUIREMENTS

The Proposer should address ALL Mandatory Requirements section items and should provide, in sequence, the information and documentation as required (referenced with the associated item references).

The DHH Division of Contracts and Procurement Support will review all general mandatory requirements.

The DHH Division of Contracts and Procurement Support will also review the proposal to determine if the Mandatory Requirement Items (below) are met and mark each with included or not included.

Any contract resulting from this RFP process shall incorporate by reference the respective proposal responses to all items below as a part of said Contract (Refer to Section §21 of RFP).

The Proposer should adhere to the specification outlined in Section §21 of the RFP in responding to this RFP. The Proposer should complete all columns marked in **ORANGE ONLY**.

NOTICE: In addition to these requirements, DHH will also evaluate compliance with ALL other RFP provisions.

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)	PART ONE: MANDATORY REQUIREMENT ITEMS	For State Use Only	
			INCLUDED/NOT INCLUDED	DHH COMMENTS
Section A Page 1	All	<p>A.1</p> <p>Provide the Proposal Certification Statement (RFP Appendix # A) completed and signed, in the space provided, by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract.</p> <p>The Proposer must sign the Proposal Certification Statement without exception or qualification.</p>		
Section A Page 4	All	<p>A.2</p> <p>Provide a statement signed by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract guaranteeing that there will be no conflict or violation of the Ethics Code if the Proposer is awarded a contract. Ethics issues are interpreted by the Louisiana Board of Ethics.</p>		

Section A: Mandatory Requirements

A.1

Provide the Proposal Certification Statement (RFP Appendix # A) completed and signed, in the space provided, by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract.

The Proposer must sign the Proposal Certification Statement without exception or qualification.

Following is completed and signed Proposal Certification Statement.

**CNC-P PROPOSAL CERTIFICATION STATEMENT
RFP # 305PUR-DHHRFP-CCN-P-MVA**

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Proposals (RFP), including appendices and attachments.

OFFICIAL CONTACT: DHH requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. Identify the Contact name and fill in the information below: (Type or Print Clearly)

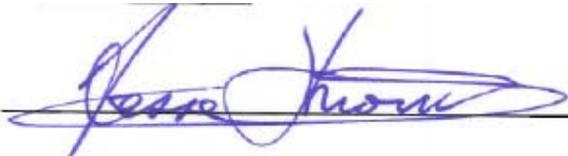
Date	June 27, 2011
Official Contact Name	Jesse Thomas
Email Address	Jesse.Thomas@wellcare.com
Fax Number with Area Code	(813) 283-3494
Telephone Number	770-913-2185
Street Address	211 Perimeter Ctr Ste 800
City, State, and Zip	Atlanta GA 30346

Proposer certifies that the above information is true and grants permission to DHH to contact the above named person or otherwise verify the information I have provided.

By its submission of this proposal and authorized signature below, proposer certifies that:

1. The information contained in its response to this RFP is accurate;
2. Proposer accepts the procedures, evaluation criteria, contract terms and conditions, and all other administrative requirements set forth in this RFP;
3. Proposer accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this RFP;
4. Proposer's quote is valid for at least 120 days from the date of proposal's signature below;
5. Proposer understands that if selected as the successful Proposer, he/she will have seven (7) business days from the date of delivery of initial contract in which to complete contract negotiations, if any, and execute the final contract document. DHH has the option to waive this deadline if actions or inactions by the Department cause the delay.
6. Proposer certifies, by signing and submitting a proposal for \$25,000 or more, that their company, any subcontractors, or principals are not suspended or debarred by the

General Services Administration (GSA) in accordance with the requirements in OMB Circular A-133. (A list of parties who have been suspended or debarred can be viewed via the internet at www.epls.gov).

Authorized Signature:  _____

Typed or Printed Name: Jesse Thomas

Title: President, South Division

Company Name: WellCare of Louisiana, Inc.

A.2

Provide a statement signed by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract guaranteeing that there will be no conflict or violation of the Ethics Code if the Proposer is awarded a contract. Ethics issues are interpreted by the Louisiana Board of Ethics.

Following is WellCare's attestation of adherence to Louisiana Ethics Code as interpreted by the Louisiana Board of Ethics.

Jesse Thomas
President, South Division

June 27, 2011

Ruth Kennedy
Medicaid Deputy Director
Louisiana Department of Health and Hospitals
Bureau of Health Services Financing
628 North 4th Street
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Attestation of Adherence to Louisiana Ethics Code

Dear Ms. Kennedy:

Please accept this communication as WellCare of Louisiana, Inc.'s ("WellCare of Louisiana") guarantee that there will be no conflict or violation of the Ethics Code if WellCare of Louisiana is awarded a contract. The company will fully adhere to all provisions of the Louisiana Code of Ethics Law and associated sub-titles inclusive of Title 42, Chapter 15. We will provide services delineated under the Louisiana Department of Health and Hospitals Coordinated Care Network - Prepaid Program, in accordance with all local, state, and federal laws and provide the necessary internal controls to guard against operating in any manner that creates a potential conflict of interest or violation.

WellCare Health Plans, Inc., the parent company of WellCare of Louisiana, maintains an enterprise-wide Corporate Compliance Department which will be fully engaged to routinely audit the subsidiary for compliance with program integrity requirements.

Sincerely,



Jesse Thomas
President, South Division