

Revised Appendix KK

RFP# 305PUR-DHHRFP-BH-MCO-2014-MVA

LOUISIANA BAYOU HEALTH PROGRAM
MCO PROPOSAL SUBMISSION AND EVALUATION REQUIREMENTS
RFP #

PROPOSER NAME

UnitedHealthcare Community Plan

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

In responding to this RFP, the Proposer should adhere to the specifications outlined in Section §22 of the RFP. The proposal should address all requirements listed in this appendix and should provide, in sequence, the information and documentation as required.

The Proposer should complete only the first column of this form to provide an index referencing the location of your response to each item listed (page and section number). This completed form should be included as appendix A of your proposal. The DHH Proposal Review Team will review the proposer's response to the RFP as outlined in this evaluation tool. The review team will be comprised of state employees. DHH reserves the right, at its sole discretion, to conduct its own research and/or consult with contracted subject matter experts in order to verify and assess the information presented. **The review, including but not limited to, an assessment of the compliance with specifications and provisions of the RFP, the quality, feasibility, and reasonableness of the proposal, will be the basis for the scoring of the proposal.**

Any contract resulting from this RFP process shall incorporate by reference the respective proposal responses to all items as a part of said Contract (Refer to Section §22 of RFP).

NOTICE: The department reserves the right to conduct its own research and/or consult with contracted subject matter experts in order to verify and assess the information presented.

All Mandatory Requirements listed in Part I. **must** be included in the proposal. The DHH Division of Contracts and Procurement Support will review the proposal to determine if the Mandatory Requirement Items (below) are submitted and complete and mark each with included or not included.

Page # of Response In Proposal	PART I: MANDATORY REQUIREMENTS Any proposal submitted without all mandatory requirements will be disqualified from the evaluation process immediately.	Total Possible Points	Score	DHH Comments
1	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.	Included/ Not Included	N/A	
2	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. (See Section 22.4 of the RFP.)	Included/ Not Included	N/A	
3	A.3. Provide documentation showing that the Proposer has acquired a certificate of authority (COA) from the Louisiana Department of Insurance to establish and operate a MCO as defined in RS 22:1016 and in accordance with rules and regulations as defined by the Department of Health and Hospitals. (See Section 2.1.1.2 of the RFP.)	Included/ Not Included	N/A	
4	A.4. Provide either a statement of attestation that the Proposer has no moral or religious objections to providing any core benefits or services described in Section 6 of the RFP; or Submit a statement of any moral and religious objections to providing any core benefits or services described in Section 6 of the RFP. Describe, in as much detail as possible, all direct and related services that are objectionable. (continued on next page)	Included/ Not Included	N/A	

	<p>Provide a listing of the codes impacted including but not limited to CPT codes, HCPCS codes, diagnosis codes, revenue codes, modifier codes, etc. If none, so state. (See Section 2.4.3 of the RFP.)</p>			
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PART I: 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.

Our completed and signed Proposal Certification Statement follows this page.

CERTIFICATION STATEMENT

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

OFFICIAL CONTACT: The State 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:
(Print Clearly)

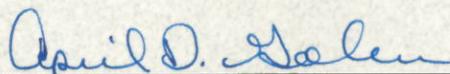
Date	September 15, 2014
Official Contact Name	April D. Golenor
Email Address	april_d_golenor@uhc.com
Fax Number with Area Code	(504) 849-3570
Telephone Number	(504) 849-3520
Street Address	3838 N Causeway Blvd., Suite 3225,
City, State, and Zip	Metairie, LA 70002

Proposer certifies that the above information is true and grants permission to the Department 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 complies with each of the mandatory requirements listed in the RFP and will meet or exceed the functional and technical requirements specified therein;
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 technical and cost proposals are valid for at least 120 days from the date of proposer's signature below;
5. Proposer understands that if selected as the successful Proposer, he/she will have 10 calendar days from the date of delivery of initial contract in which to complete contract negotiations, if any, and execute the final contract document. The Department 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 <https://www.sam.gov>).

Authorized Signature:



Original Signature Only: Electronic or Photocopy Signature are NOT Allowed

Print Name: April D. Golenor

Title: CEO/Plan President – UnitedHealthcare Community Plan

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. (See Section 22.4 of the RFP.)

Our signed Binding Statement follows this page.



**STATEMENT OF GUARANTEE REGARDING
COMPLIANCE WITH ETHICS CODE**

September 11, 2014

Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
P.O. Box 1526
Baton Rouge, LA 70821-1526

Dear Ms. Fuentes:

Per the instructions specified in RFP # 305PUR-DHHRFP-BH-MCO-2014-MVA, the undersigned, as Plan President of the Proposer, UnitedHealthcare of Louisiana, Inc., d/b/a UnitedHealthcare Community Plan, being duly empowered to bind the Proposer to the provisions of this RFP and any resulting contract, guarantees that there will be no conflict or violation of the Ethics Code if the Proposer is awarded a contract by the Department of Health and Hospitals to provide healthcare services to Medicaid enrollees in Louisiana.

Sincerely,

A handwritten signature in blue ink that reads "April D. Golenor". The signature is fluid and cursive.

April D. Golenor
CEO/Plan President
UnitedHealthcare Community Plan

A.3. Provide documentation showing that the Proposer has acquired a certificate of authority (COA) from the Louisiana Department of Insurance to establish and operate a MCO as defined in RS 22:1016 and in accordance with rules and regulations as defined by the Department of Health and Hospitals. (See Section 2.1.1.2 of the RFP.)

Our Certificate of Authority from the Louisiana Department of Insurance follows this page.

State of



Louisiana

JAMES J. DONELON

COMMISSIONER OF INSURANCE

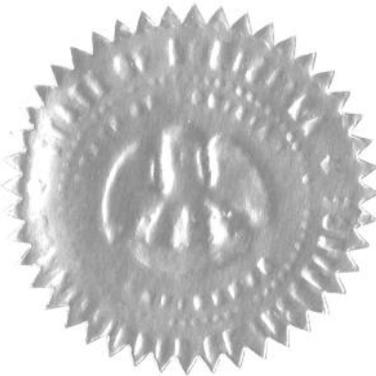
I, THE UNDERSIGNED COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA,

DO HEREBY CERTIFY THAT

UnitedHealthcare of Louisiana, Inc.

*has complied with all requirements and is hereby licensed to act as a
HEALTH MAINTENANCE ORGANIZATION
in the State of Louisiana*

*This license shall remain in effect until canceled, suspended, revoked or the renewal thereof
refused.*



Given Under my signature, authenticated with the impress of my

Seal of office, at the City of Baton Rouge, this, 2nd day of

June A.D. 2010


James J. Donelon
Commissioner of Insurance



James J. Donelon

COMMISSIONER OF INSURANCE

*I, THE UNDERSIGNED COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA, DO
HEREBY CERTIFY THAT*

*A certified copy of the Amendment to the Amended and Restated Articles of
Incorporation of UnitedHealthcare of Louisiana, Inc. a Health Maintenance
Organization organized under the laws of the State of Louisiana, domiciled at Baton
Rouge, Louisiana, Parish of East Baton Rouge, being by act before Rebecca L.
Lietzau for the State of Louisiana on the 19th day of March, 2010 and recorded in
the Original Book of the Clerk of Court of the Parish of East Baton Rouge, the 1st
day of June, 2010, was filed in this office at 10:00am on the 2nd day of June, 2010.*

*Given Under my signature, authenticated with the impress of my
Seal of office, at the City of Baton Rouge, this, 2nd day of June,
A..D. 2010*


James J. Donelon
Commissioner of Insurance

A.4. Provide either a statement of attestation that the Proposer has no moral or religious objections to providing any core benefits or services described in Section 6 of the RFP; or

Submit a statement of any moral and religious objections to providing any core benefits or services described in Section 6 of the RFP. Describe, in as much detail as possible, all direct and related services that are objectionable.

Provide a listing of the codes impacted including but not limited to CPT codes, HCPCS codes, diagnosis codes, revenue codes, modifier codes, etc. If none, so state. (See Section 2.4.3 of the RFP.)

Our Statement of No Moral Objection follows this page.



**STATEMENT OF GUARANTEE REGARDING
COMPLIANCE WITH ETHICS CODE**

September 11, 2014

Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
P.O. Box 1526
Baton Rouge, LA 70821-1526

Dear Ms. Fuentes:

Per the instructions specified in RFP # 305PUR-DHHRFP-BH-MCO-2014-MVA, the undersigned, as Plan President of the Proposer, UnitedHealthcare of Louisiana, Inc., d/b/a UnitedHealthcare Community Plan, hereby attests that the Proposer has no moral or religious objections to providing any core benefits or services described in Section 6 of the RFP.

Sincerely,

A handwritten signature in blue ink that reads 'April D. Golenor'.

April D. Golenor
CEO/Plan President
UnitedHealthcare Community Plan