

Attachment B.11.n  
Verity

# Verity

- 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).**

Legal Name: Verity HealthNet, LLC.

Trade Name: Verity

Physical Address: 8490 Picardy Ave, Ste 600, Baton Rouge, LA 70809

Mailing: PO Box 83578, Baton Rouge, LA 70884-3578

Phone: 225-819-1135

- 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).**

Verity is structured as a limited liability company

Officers:

Joseph Bonsignore, President and 50% member

PO Box 83578, Baton Rouge, LA 70884-3578

Phone: 225-819-1135

Verity Health Accounts Management Services, Inc.

50% Member

8585 Picardy Avenue, Baton Rouge, LA 70809

Phone:225-237-1540

- 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.**

Health Professionals with at least 5% financial interest:

Verity Health Accounts Management Services, Inc. is wholly owned by General Health System located in Baton Rouge, Louisiana.

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

45-0510673

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.

Verity is a Louisiana based LLC and is domiciled in Louisiana

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.

Verity has not been engaged by DHH within the past 24 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.

There have been no mergers, acquisitions, or sales of the organization within the last ten years. No change of ownership is anticipated during the 12 months following the Proposal Due Date.

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.

No employee, agent, independent contractor or subcontractor of Verity has ever been convicted of, pled guilty to, or pled *nolo contendere* to any felony and/or any Medicaid or health care related offense or has ever 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.

There is no pending or recent litigation against Verity.

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.

Verity has not filed any 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 to Verity.

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.

This does not apply to Verity.

**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.**

- 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.**

Verity has two LLC members each of whom have a 50% interest

Joseph Bonsignore – 50% Member

Verity Account Mangement System – 50% Member

- 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.**
  - 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.**
  - 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.**

**Personnel Roster:**

**Joseph Bonsignore – President**

**Julie Morgan – Director of Client Services**

**Mary Jenkins- Director of Provider Relations**

**Shelia Blount- Client and Provider Services Support**

**A summary resume of key personnel is attached in a Word document**

**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.***

Excel document attached.

**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.**

Verity has not had any contract terminated or not renewed within the past five (5) years.

**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.**

**Verity has never sought nor is currently seeking NCQA or URAC accreditation status.**

**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.**

Not Applicable

**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.**

Not Applicable-none

**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.**

This does not apply to Verity.

**VERITY**  
**HealthNet**  
HEALTHCARE PROVIDER NETWORK

June 15, 2011

Wade Davenport  
Director, Strategic Sourcing  
WellCare Health Plans, Inc.  
8735 Henderson Road  
Renaissance Two  
Tampa, FL33634

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.

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

Sincerely,



Julie Morgan  
Director of Client Services  
Verity HealthNet

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)

**Ten Largest Verity Contracts in Last 5 years**

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)
Commerical	LSU System Health Plan	Access to Contracted Provider Network	July 2007 to Present	Jennifer Christian	(225) 578-7438	28,000	Commercial	Not Available	Per Employee Per Month	None
Commerical	Baton Rouge General Medical Center	Access to Contracted Provider Network	May 2002 to Present	Stacey Nolan	(225) 237-1555	3,800	Commercial	Not Available	Per Employee Per Month	None
Commerical	LSU Student Health Insurance	Access to Contracted Provider Network	Jan 2009 to Present	Shelby Conway	(225) 578-8410	2,500	Commercial	Not Available	Per Employee Per Month	None
Commerical	Lafayette General Medical Center	Access to Contracted Provider Network	Jan 2004 to Present	Don Authement	(337) 289-8624	2,100	Commercial	Not Available	Per Employee Per Month	None
Commerical	Louisiana Health Plan	Access to Contracted Provider Network	July 2005 to Present	Leah Barron	(225) 926-6717	1,700	Commercial	Not Available	Per Employee Per Month	None
Commerical	Assurant Health	Access to Contracted Provider Network	March 2006 to Present	Corinna Novak	(414) 299-6320	1,200	Commercial	Not Available	Per Employee Per Month	None
Commerical	Louisiana Police Jury Association	Access to Contracted Provider Network	Jan 2003 to Present	Yvette Murphy	(504) 888-3555	1,000	Commercial	Not Available	Per Employee Per Month	None
Commerical	Chitimacha Employee Health Plan	Access to Contracted Provider Network	Jan 2004 to Present	Charles Dupuy	(337) 923-4343	900	Commercial	Not Available	Per Employee Per Month	None
Commerical	Iberia Medical Center	Access to Contracted Provider Network	Jan 2004 to Present	Stephanie Kirk	(337) 374-7107	700	Commercial	Not Available	Per Employee Per Month	None
Commerical	IBEW Local 995	Access to Contracted Provider Network	Jan 2005 to Present	K.E. Russell	(225) 927-6340	650	Commercial	Not Available	Per Employee Per Month	None

## Verity HealthNet Resumes

<b>Name</b>	Joseph A. Bonsignore
<b>Company</b>	Verity HealthNet, LLC, Baton Rouge, LA
<b>Position</b>	President
<b>Term of Employment</b>	May 2002 to present
<b>Duties and Qualifications</b>	<ul style="list-style-type: none"> <li>• Responsible for initial start up of company</li> <li>• Responsible for strategic direction and goals of organization.</li> <li>• Responsible for implementation of all processes necessary to achieve overall goals of organization</li> <li>• Oversaw growth of company to current membership of 50,000</li> <li>• Oversaw financial growth of company, with 32 consecutive quarters of financial growth and profitability</li> </ul>

<b>Name</b>	Julie Morgan
<b>Company</b>	Verity HealthNet, LLC, Baton Rouge, LA
<b>Position</b>	Director of Client Services
<b>Term of Employment</b>	May 2002 to present
<b>Duties and Qualifications</b>	<ul style="list-style-type: none"> <li>• Oversees interaction between client and Verity data systems and maintains responsibility of managing the relationship with Verity clients.</li> <li>• Implemented and Oversees procedures to implement and maintain necessary provider data elements</li> <li>• Maintains individual provider data demographics as necessary to ensure accurate contracted provider information</li> <li>• Ensures other departments are collecting data as necessary for client systems to ensure accurate provider claim payments.</li> </ul>

<b>Name</b>	Mary Jenkins
<b>Company</b>	Verity HealthNet, LLC, Baton Rouge, LA
<b>Position</b>	Director of Provider Relations
<b>Term of Employment</b>	May 2002 to present
<b>Duties and Qualifications</b>	<ul style="list-style-type: none"> <li>• Responsible for implementation and management of provider contracting strategy</li> <li>• Responsible for receipt and maintenance of all necessary provider contracts and documentation</li> <li>• Coordinates with other departments to provide necessary data to ensure accurate and timely provider demographic information .</li> </ul>