

Attachment B.11.q  
Comprehensive Health Management

## **CHMI - Louisiana RFP**

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).

### **RESPONSE:**

**The legal name of CHMI is Comprehensive Health Management, Inc. CHMI does business under its legal name. The address (both physical and mailing) and phone number of its headquarters office is:**

**Comprehensive Health Management, Inc.  
8735 Henderson Road  
Tampa, FL 33634  
813-290-6200**

**CHMI, a Florida corporation, is a wholly owned indirect subsidiary of a publicly traded company, WellCare Health Plans, Inc. and is an affiliate of the Proposer, WellCare of Louisiana, Inc.**

**As an affiliate of the Proposer, CHMI's direct and indirect ownership is reflected in the WellCare Group of Companies organizational chart which is included with the Proposer's response as Exhibit A to question B.9.**

**In order to provide efficient services to its members, WellCare Health Plans, Inc. has consolidated its administrative functions into one management company, CHMI. On behalf of all WellCare subsidiaries and affiliates, CHMI employs all of the associates, holds leases to all real estate and/or office space, owns the personal property, and maintains the key administrative and management vendor contracts. CHMI's services are provided to WellCare's subsidiary health plans, including the Proposer, through a Management Services Agreement between CHMI and the health plan for which the services are being provided.**

**Pursuant to the Management Services Agreements, CHMI supervises and manages the day-to-day operations of the health plans, including but not limited to:**

- (i) **the provision of accounting and financial services;**
- (ii) **management of information and computer systems, including maintenance and upgrading of all such equipment;**
- (iii) **data processing;**

- (iv) design and administration of benefits;
- (v) adjudication and processing of claims;
- (vi) provision of customer service;
- (vii) provision of provider network credentialing services;
- (viii) coordination of communications to members and providers;
- (ix) provider network contracting and management;
- (x) product marketing services; and
- (xi) other services that are customarily associated with the provision of the foregoing and the operation of a health plan.

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).

**3. RESPONSE:**

**CHMI is a Florida corporation. The names, addresses, and telephone number of all officers and directors are listed in the table below:**

<b>Name</b>	<b>Title</b>	<b>Address &amp; Phone Number</b>
<b>Alec R. Cunningham</b>	<b>Director, Chief Executive Officer &amp; President</b>	<b>8735 Henderson Road Tampa, FL 33634 813-290-6200</b>
<b>Thomas L. Tran</b>	<b>Director, Chief Financial Officer, Sr. VP &amp; Treasurer</b>	<b>8735 Henderson Road Tampa, FL 33634 813-290-6200</b>
<b>Timothy S. Susanin</b>	<b>General Counsel, Sr. VP &amp; Secretary</b>	<b>8735 Henderson Road Tampa, FL 33634 813-290-6200</b>
<b>Maurice S. Hebert</b>	<b>Chief Accounting Officer &amp; Assistant Treasurer</b>	<b>8735 Henderson Road Tampa, FL 33634 813-290-6200</b>
<b>Walter W. Cooper</b>	<b>Director &amp; Chief Administrative Officer</b>	<b>8735 Henderson Road Tampa, FL 33634 813-290-6200</b>
<b>Scott D. Law</b>	<b>Sr. VP</b>	<b>8735 Henderson Road Tampa, FL 33634 813-290-6200</b>

4. 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.

**RESPONSE:**

**As noted previously, CHMI is an indirect wholly-owned subsidiary of a publicly traded company, WellCare Health Plans, Inc. None of CHMI's parent companies are health professionals. However, as a publicly traded organization, WellCare Health Plans, Inc. has many passive investors that do not exert control over any WellCare company.**

**Information regarding holders of 5% or more of the WellCare Health Plans, Inc. publicly traded stock is available in the WellCare Health Plans, Inc. Proxy Statement, Schedule 14A, as filed with the Securities and Exchange Commission on April 12, 2011.**

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

**RESPONSE:**

**CHMI's FEIN number is 59-3547616. CHMI files a LA corporate income tax return under LA revenue account # 3587482001.**

6. 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.

**RESPONSE:**

**CHMI is incorporated and commercially domiciled in Florida. As an affiliate of the Proposer, CHMI's in-state and out-of-state contacts would be the same as identified by the Proposer in Section B.1.**

7. Describe your organization's number of employees, client base, and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. Include your organization's parent organization, affiliates, and subsidiaries.

**RESPONSE:**

**As an affiliate of the Proposer, and the affiliate management services subcontractor for the Proposer, CHMI's response will be the same as the response provided by the Proposer in Section B.8**

8. If you have been engaged by DHH within the past twenty-four months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.

**RESPONSE:**

**CHMI has not been engaged by DHH within the past twenty-four months.**

9. Provide a narrative description of your proposed Louisiana Medicaid Coordinated Care Network project team, its members, and organizational structure including an organizational chart showing the Louisiana organizational structure, including staffing and functions performed at the local level. If proposing for more than one (1) GSA, include in your description and organizational chart if: 1) the team will be responsible for all GSAs or 2) if each GSA will differ provide details outlining the differences and how it will differ.

**RESPONSE:**

**As an affiliate of the Proposer, and the affiliate management services subcontractor for the Proposer, CHMI's response will be the same as the response provided by the Proposer in Section B.9**