

Attachment G.1.d
Attestation of Provider Network Submission (RFP Appendix MM)



Attestation of Provider Network Submission

For GSA A, B and C

WellCare Health Plans, Inc.
The WellCare Group of Companies

Date: June 27, 2011

I, Jesse Thomas, as President, South Division for WellCare of Louisiana, Inc., do hereby attest that the information provided concerning our proposed network (letters of intent and/or subcontracts) is (are) accurate, true, and complete.

I attest that the necessary information for these providers will be loaded into our organization's system prior to providing services to Louisiana Medicaid/CHIP members. Additionally, I attest that the following requirements will be met:

- All subcontracts and amendments will utilize a model sub contract approved by DHH, or any modifications to the model subcontract have been approved by DHH prior to execution,
- All subcontracts will be properly signed, dated and executed by both parties, and
- All provider files will contain information regarding hospital privileges (if appropriate) and a list of group practice members.

In addition to the services provided through its subcontracted network, WellCare of Louisiana, Inc. will provide access to core benefits and services consistent with the Contract with DHH.

I understand that should DHH determine at a later date that the submitted information is inaccurate, untrue, or incomplete, WellCare of Louisiana, Inc. may be subject to sanctions and/or fines as outlined in the Contract with DHH.


Signature/Title President, South Division

6-27-11
Date