

*Transforming the health of Louisiana's communities, one person at a time.*



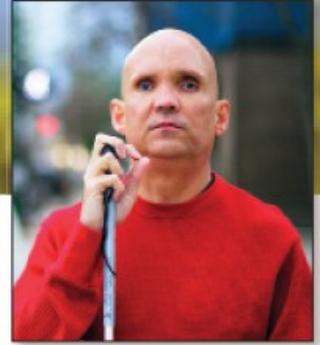
## **APPENDIX A**

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PART I MANDATORY  
REQUIREMENTS

## **PART I MANDATORY REQUIREMENTS**



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## SECTION A

***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.***

Louisiana Healthcare Connections, Inc. (LHCC) has completed and signed RFP Appendix #A, Proposal Certification Statement, acknowledging that LHCC has read and understands all requirements and specifications of the RFP. The signed Certification Statement can be found on the following page.

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## 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)

<b>Date</b>	September 22, 2014
<b>Official Contact Name</b>	Jamie Schlottman, Plan President & CEO
<b>Email Address</b>	<a href="mailto:jschlottman@centene.com">jschlottman@centene.com</a>
<b>Fax Number with Area Code</b>	(866) 700-6765
<b>Telephone Number</b>	(225) 201-8477
<b>Street Address</b>	8585 Archives Avenue, 3 <sup>rd</sup> Floor
<b>City, State, and Zip</b>	Baton Rouge, LA 70809

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:** Jamie Schlottman

**Title:** Plan President and CEO

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***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.)***

Please see the following page for Louisiana Healthcare Connections' signed statement guaranteeing that there will be no conflict of interest or violation of the Ethics Code if Louisiana Healthcare Connections is awarded a contract.

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**Re: Ethical Limitations Provisions**

Louisiana Healthcare Connections guarantees there will be no conflict or violation of the Ethics Code if Louisiana Healthcare Connections should be awarded a Managed Care Contract to provide specified health care services statewide for Medicaid recipients enrolled in the Bayou Health Program in the State of Louisiana.

Signed,



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Jamie Schlottman  
Chief Executive Officer and Plan President  
Louisiana Healthcare Connections

September 22, 2014

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Date

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***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.)***

Louisiana Healthcare Connections, Inc. (LHCC) was approved as a Health Maintenance Organization in the State of Louisiana by the Department of Insurance on September 10, 2010 to operate as an MCO. Please see the following pages for Louisiana Healthcare Connections' Certificate of Authority and Certification Letter.

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LOUISIANA DEPARTMENT OF INSURANCE  
JAMES J. DONELON  
COMMISSIONER

*September 13, 2010*

*Mr. Errol King  
450 Laurel St.,  
Chase Tower North, 20<sup>th</sup> Floor  
Baton Rouge, LA 70801*

*RE: Louisiana Healthcare Connections, Inc.*

*Dear Mr. King:*

*This letter is to officially notify you that the application for Certificate of Authority as a health maintenance organization in the State of Louisiana for the above referenced company has been approved effective September 10, 2010.*

*Please note that the issuance of the Certificate of Authority is not intended as and should not be construed as an approval of any contract forms submitted in association with the application package. You will receive a separate notice regarding the forms as soon as they are in compliance with all applicable Louisiana laws.*

*The company is approved with a service area as indicated in the submitted application.*

*I am pleased that you have requested license in Louisiana and am confident that your company will recognize and be responsive to the laws of this State regulating the business of insurance.*

*I wish you success in the conduct of business in Louisiana and invite you to contact this Department should you have any questions or concerns.*

*Sincerely,*



*James J. Donelon  
Commissioner of Insurance  
State of Louisiana*

JD/cs

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***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.)***

Louisiana Healthcare Connections has no moral or religious objections to providing any services covered under Section 6 of the RFP. LHCC's signed attestation can be found on the following page.

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**Re: Moral or Religious Objections**

Louisiana Healthcare Connections has no moral or religious objections to providing any core benefits or services as described in Section 6 of the RFP.

Signed,



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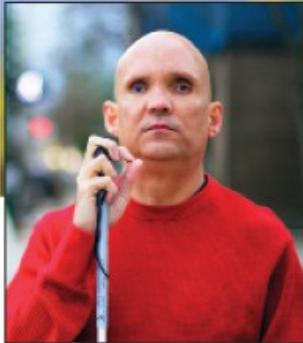
Jamie Schlottman  
Chief Executive Officer and Plan President  
Louisiana Healthcare Connections

September 22, 2014

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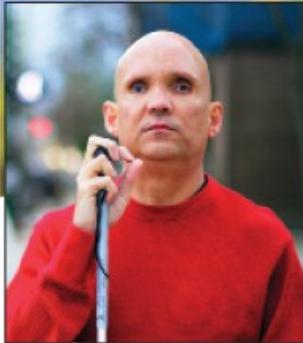
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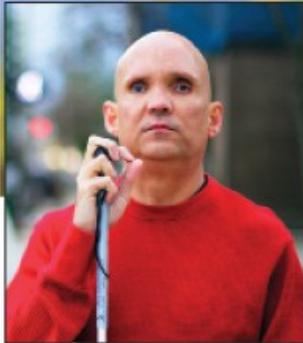
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