

Georgia Department of Community Health
Request to Amend an Existing Contract
Submit original completed form to Contracts Administration, 40th Floor

ORIGINAL
RECEIVED

2013 MAY 16 P 5:08

#16
COMMUNITY HEALTH
ADMINISTRATION

(CONTRACTS ADMINISTRATION USE ONLY)

DATE RECEIVED

0654
CONTRACT NUMBER

AMENDMENT NUMBER

Contract Information (To be completed by Requesting Division)

Contract Title: Amended and Restated Contract Between The Georgia Department of Community Health and WellCare of Georgia, Inc.-Contract No. 0654

Contractor Name: WellCare of Georgia, Inc., Care Management Organization

Division: Medicaid

Program: Georgia Families

Person Initiating the Request (Project Leader): Lynnette R. Rhodes **Phone No.:** 404-656-7513

Contract Specialist/Manager: Pam Gordon

Beginning Date: July 1, 2013

Ending Date: June 30, 2016

ARRA Funds attached: Yes _____ No XX (If yes, complete the Contracts Administration ARRA Checklist)

Amount of this Amendment: Unknown/Capitation Rates

Additional Approval Requirements:

CMS Needed: Yes XX No _____

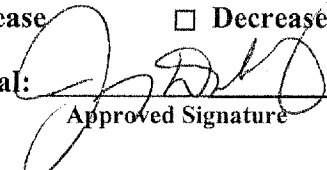
GTA Needed: Yes _____ No XX

Description of Changes (Please be specific with regard to changes in responsibilities or deliverables. Attach additional pages if necessary) *PLEASE PROVIDE CHANGES ELECTRONICALLY, IF AVAILABLE

Please amend contract #0654 to add two (2) additional options to renew. This will extend the contract until June 30, 2016.

Change in Cost of Contract: _____ Increase Decrease

Division Director, Office Head or Executive Director Approval:


Approved Signature

My signature certifies that the execution of this amendment furthers the mission of DCH and that funds are available in the current budget.

Request to Amend Existing Contract (cont'd)

CONTRACT # _____ AMENDMENT # _____

Amend TO ADD OPTIONS

Budget Office Use ONLY

Date Received 5/16/13 Org. Code for Contract _____ Budget Year 2013

Budgeted for fiscal year: _____ Funding Percentage: _____

Project/Grant: _____

\$ Amount: 0 _____

State: _____

Program Area: _____

Federal: _____

Account: _____

ICTF: _____

Fund: _____

If ICTF: Match _____

Sub-class: _____

Other: _____

Total Contract \$ (including prior amendments AND this request) _____

Budget approves and releases for encumbrances.

APPROVAL: [Signature] _____

DATE: 5/16/13

Financial Services Office Use ONLY

Amount Encumbered \$ _____ Date Encumbered: / /

Purchasing Officer Signature _____



RECEIVED
GA DEPT COMMUNITY HEALTH
PROCUREMENT SERVICES

2013 MAY 16 AM 10:28

CONTRACT ASSESSMENT REPORT

Contract Number:	0654	Effective Date:	7/1/2012	Expiration Date:	6/30/2013
Description:	WellCare of Georgia, Inc., Managed Care Contract				
Supplier:					

Delivery	Did Not Meet	Met	Exceeds	Not Applicable
a. Delivery made in accordance with requirement	<input type="checkbox"/>	XX	<input type="checkbox"/>	<input type="checkbox"/>
b. Time of delivery appropriate	<input type="checkbox"/>	XX	<input type="checkbox"/>	<input type="checkbox"/>
c. Delivery made to correct destination	<input type="checkbox"/>	XX	<input type="checkbox"/>	<input type="checkbox"/>
d. Proper method of delivery used	<input type="checkbox"/>	XX	<input type="checkbox"/>	<input type="checkbox"/>
e. Authorized delivery	<input type="checkbox"/>	XX	<input type="checkbox"/>	<input type="checkbox"/>
f. Product arrived in good condition	<input type="checkbox"/>	XX	<input type="checkbox"/>	<input type="checkbox"/>
Quality	Did Not Meet	Met	Exceeds	Not Applicable
a. Met specifications	<input type="checkbox"/>	XX	<input type="checkbox"/>	<input type="checkbox"/>
b. Any and all substitutes authorized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XX
c. Satisfactory workmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XX
d. State property left in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XX
e. Material Safety Data Sheets provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XX
Other	Did Not Meet	Met	Exceeds	Not Applicable
a. Invoice matched purchase order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XX
b. Weight received in compliance with invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XX
c. Correct quantity shipped and received	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	XX
d. Customer service	<input type="checkbox"/>	XX	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

State Entity:	APO/CLPO Signature:	Date:
JCH	Paul M. Federico	5/8/13