CONTRACT DECLARATIONS AND EXECUTION

REP#	Contract#
RFP MED 16-009	MBD-16-021
Title of Confract	
lowa Health Link	

This Contract must be signed by all parties before the Contractor provides any Deliverables. The Agency is not obligated to make payment for any Deliverables provided by or on behalf of the Contractor before the Contract is signed by all parties. This Contract is entered into by the following parties:

Agency of the State (hereafter: Agency)
Iowa Department of Human Services
100 Army Post Road
Des Moines, IA 50315
Contractor (Deleaner Contractor)
WellCare of Iowa Inc.

Start Date: 1/1/2016	End Date of Base Term of Contract: 12/31/2018 End Date of Contract: 12/31/2018
Possible Extension(s): This Contract may be extended	for two (2) one-year terms.
Contractor a Business Associate? Yes	Contract Warranty Period (hereafter "Warranty Period"): The term of this Contract, including any extensions.
Contract Include Sharing SSA Data? No	Contract Payments include Federal Funds? Yes
Contractor subject to Iowa Code Chapter 8F? No	Contract Contingent on Approval of Another
Contractor a Qualified Service Organization? Yes	Agency: Yes Which Agency? CMS

This Contract consists of the above information, the attached General Terms for Services Contracts, Special Terms, and all Special Contract Attachments. In consideration of the mutual covenants in this Contract and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into this Contract and have caused their duly authorized representatives to execute this Contract.

Well Care of Lowa, due 1911 1911 1911 1911 1911 1911 1911 19
Signature of Authorized Representative:
Tavul Keynolds
Date: 10 - 9 - 15 0
Printed Name: DAVIO REYNOLOS
Title: SENIOR VICE PRESIDENT

Iowa Department of Human Services
Signature of Authorized Representative:
CM Palmer
Date:
10-9-15
Printed Name: Charles Palmer
Title: Director