Commonwealth of Kentucky
SOLICITATION

Addenda: No **Addenda #:**

TITLE: Medicaid Managed Care Organization (MCO) - All Regions		
Date Issued: 1/10/20 **Record Date:** 2020-01-10	**Solicitation Closes Date:** 2/7/20 **Time:** 15:30	**Solicitation No:** RFP 758 2000000202
Online Bidding Prohibited: Yes		
For Information Call: Amy Monroe 502-564-4510	**Bid Receiving Location:** Finance - Office of Procurement Services Bid Clerk 702 Capitol Ave, Capitol Annex Room 095 Frankfort KY 40601	

Vendor Customer Number: KS0004502

Vendor Name: Molina Healthcare of Kentucky, Inc.

Phone Number: 562-980-3834

Fax Number: 562-951-1505

Email Address: Dwayne.Sansone@molinahealthcare.com

Ordering	**Payment**
Address: 312 S. Fourth Street, Suite 700	**Address:** 312 S. Fourth Street, Suite 700
City, State, Zip: Louisville, KY 40202	**City, State, Zip:** Louisville, KY 40202
Contact Name: Dwayne Sansone	**Contact Name:** Dwayne Sansone
Contact Email: Dwayne.Sansone@molinahealthcare.com	**Contact Email:** Dwayne.Sansone@molinahealthcare.com
Contact Phone Number: 562-980-3834	**Contact Phone Number:** 562-980-3834

Ownership Type

__ Sole Proprietorship __ Partnership X Corporation __ Other_____

SIGNATURE OF AUTHORIZED AGENT IS REQUIRED UNLESS RESPONSE IS SUBMITTED ELECTRONICALLY. FAILURE TO SIGN SHALL RENDER THE BID INVALID.

Signature X Dwayne Sansone **FEIN#** KRS 61.878(1)(a) **Date** 01-29-2020

All offers subject to all terms and conditions contained in this solicitation.