Document ID: RFP 758 2000000202





Commonwealth of Kentucky SOLICITATION MODIFICATION

	Adden	da: Yes Ad	ldenda #: 2	
TITLE: Medicaid Managed Care Organization (MCO) - All Regions				
Date Issued: 1/27/20 Record Date: 2020-01-27	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				

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

Other

Signature X/

Sole Proprietorship

Partnership

 \underline{X} Corporation

FEIN# \overline{KRS} 61.878(1)(a)

Date 01-29-2020

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