



## Commonwealth of Kentucky SOLICITATION

Addenda: No                      Addenda #:

<b>TITLE:</b> Medicaid Managed Care Organization (MCO) - All Regions		
<b>Date Issued:</b> 1/10/20 <b>Record Date:</b> 2020-01-10	<b>Solicitation Closes</b> <b>Date:</b> 2/7/20 <b>Time:</b> 15:30	<b>Solicitation No:</b> RFP      758      2000000202
<b>Online Bidding Prohibited:</b> Yes		
<b>For Information Call:</b> Amy Monroe 502-564-4510		<b>Bid Receiving Location:</b> Finance - Office of Procurement Services Bid Clerk 702 Capitol Ave, Capitol Annex Room 095  Frankfort                                      KY                                      40601
<b>Vendor Customer Number:</b> KY0024756		
<b>Vendor Name:</b> Passport Health Plan, Inc.		
<b>Phone Number:</b> (502) 585-8352		
<b>Fax Number:</b> (502) 585-7985		
<b>Email Address:</b> Scott.Bowers@passporthealthplan.com		
<b>Ordering</b>		<b>Payment</b>
<b>Address:</b> 5100 Commerce Crossing Drive		<b>Address:</b> 5100 Commerce Crossing Drive
<b>City, State, Zip:</b> Louisville, KY 40229		<b>City, State, Zip:</b> Louisville, KY 40229
<b>Contact Name:</b> Scott Bowers		<b>Contact Name:</b> Scott Bowers
<b>Contact Email:</b> Scott.Bowers@passporthealthplan.com		<b>Contact Email:</b> Scott.Bowers@passporthealthplan.com
<b>Contact Phone Number:</b> (502) 585-8352		<b>Contact Phone Number:</b> (502) 585-8352
<b>Ownership Type</b>		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other		

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

Signature X       FEIN# **KRS 61.878(1)(a)** Date 02-03-2020

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



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**Line Items**

**Commodity Group:**      Default

Line	CL Description	Quantity	UOM	Unit Cost	Line Total or Contract Amnt
1	Managed Care Services	0.00000	EA		

Comm Code	Comm Description	Manufacturer	Model #	Manuf Part #
95856	Health Care Management Services (Including Managed Care Serv			

**Extended Description**

Provided managed care services for Kentucky Medicaid recipients.

Capitated Rates contained in the contract are set by the Department within the actuarially sound range developed by the Department's Actuarial Contractor. These rates are subject to final approval by CMS. Therefore, cost will not be a factor in the evaluation and award of any resulting contracts.

Sample rates and rate books are included as Attachment E, Exhibits 1-3 of this RFP. These rates are provided as an example of the process. Actual rates will be developed and made available to successful Contractors during the review and acceptance of the contract.

<b>Shipping Information</b>	<b>Billing Information</b>
CHFS DMS Division of Fiscal Management  275 E Main Street 6W-C  Frankfort                      KY                      40621	CHFS DMS Division of Fiscal Management dms.invoice@ky.gov 275 E Main Street 6W-C  Frankfort                      KY                      40621



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### Submission Checklist

*The following items will be required to be submitted with bid:*

#### Item