



Commonwealth of Kentucky SOLICITATION MODIFICATION

Addenda: Yes

Addenda #: 2

TITLE: Medicaid Managed Care Organization (MCO) - All Regions		
Date Issued: 1/27/20	Solicitation Closes Date: 2/7/20	Solicitation No: RFP 758 2000000202
Record Date: 2020-01-27	Time: 15:30	
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: KY0024756		
Vendor Name: Passport Health Plan, Inc.		
Phone Number: (502) 585-8352		
Fax Number: (502) 585-7985		
Email Address: Scott.Bowers@passporthealthplan.com		
Ordering	Payment	
Address: 5100 Commerce Crossing Drive	Address: 5100 Commerce Crossing Drive	
City, State, Zip: Louisville, KY 40229	City, State, Zip: Louisville, KY 40229	
Contact Name: Scott Bowers	Contact Name: Scott Bowers	
Contact Email: Scott.Bowers@passporthealthplan.com	Contact Email: Scott.Bowers@passporthealthplan.com	
Contact Phone Number: (502) 585-8352	Contact Phone Number: (502) 585-8352	
Ownership Type		
<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.