

Sole Proprietorship

X Partnership

Corporation

## Commonwealth of Kentucky SOLICITATION

		Adden	da: No Ad	ldenda #:		
TITLE: Medicaid N	Managed Care Organization (MC)	O) - All Regions			7.	
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 Pr	ohibited: 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:					
Vendor Name:	UnitedHealthcare of Kentucky, Ltd.					
Phone Number:	502-318-0120					
Fax Number:	859-825-6173					
Email Address:	amy_johnston-little@uhc.com					
Ordering			Payment			
Address:	9100 Shelbyville Road		Address:	9100 Shelb	9100 Shelbyville Road	
City, State, Zip:	ity, State, Zip: Louisville, KY 40222		City, State, Zip:	Louisville,	Louisville, KY 40222	
Contact Name:	Amy Johnston Little		Contact Name:	Amy Johns	ston Little	
Contact Email:	amy_johnston-little@	uhc.com	Contact Email:	amy_johns	ton-little@uhc.com	
Contact Phone Number: 502-318-0120			Contact Phone Number: 502-318-0120			
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. My My FEIN# KRS 61.878(1)(a) Date 1/23/20

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