



Dwayne Sansone
Chief Executive Officer

Molina Healthcare of Kentucky, Inc.
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February 7, 2020

Ms. Amy Monroe, CPPB
Commonwealth of Kentucky
Finance and Administration Cabinet
Office of Procurement Services
New Capitol Annex
702 Capitol Ave. RM 095
Frankfort, KY 40601

RE: Medicaid Managed Care Organization (MCO) – All Regions
Request for Proposal (RFP) 758 2000000202

Dear Ms. Monroe:

Molina Healthcare of Kentucky, Inc. (Molina), a subsidiary of Molina Healthcare, Inc. (MHI), is pleased to submit our response to the Commonwealth of Kentucky's Request for Proposal (RFP) for Medicaid Managed Care Organization (MCO) - All Regions.

With the backing of MHI, an industry leader in providing healthcare services to nearly 3 million Medicaid Enrollees, we bring experience, dedication, and vision to address the healthcare needs of Kentuckians throughout the Commonwealth. We share the Department for Medicaid Services' desire to improve access to needed medical services, quality of care, satisfaction, and outcomes for enrolled individuals; and to improve efficiencies and cost effectiveness by providing a seamless, one-stop system of coordinated care services and supports.

In accordance with RFP Section 60.6 A., Transmittal Letter, Molina:

1. Understands that deviations are not allowed and confirms that its proposal does not contain any such deviations.
2. Swears it shall comply in full with all requirements of the Kentucky Civil Rights Act and shall submit all data required by KRS 45.560 to 45.640 if awarded a contract as a result of this solicitation.
3. Swears it has not knowingly violated any provisions of the Executive Branch Code of Ethics, pursuant to KRS 11A.040.
4. Swears it complies with Prohibitions of Certain Conflicts of Interest.
5. Certifies, in accordance with Federal Acquisition Regulation 52.209-5, Certification Regarding Debarment, Suspension, and Proposed Debarment, that to the best of its knowledge and belief, Molina and/or its principals are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any State or Federal agency.

Provides the name, address, telephone number, fax number, and email address of the contact person for this RFP as follows:

Dwayne Sansone
 Chief Executive Officer
 Molina Healthcare of Kentucky, Inc.
 312 S. Fourth Street, Suite 700
 Louisville, KY 40202
 Tel: 562-980-3834
 Fax: 562-951-1505
 E-mail: Dwayne.Sansone@molinahealthcare.com

Provides the name, address, telephone number, fax number, and email address of the contact person for day-to-day operations as follows:

Dwayne Sansone
 Chief Executive Officer
 Molina Healthcare of Kentucky, Inc.
 312 S. Fourth Street, Suite 700
 Louisville, KY 40202
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 Fax: 562-951-1505
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Certifies that the thumb/flash drives submitted have been properly scanned for infected viruses using Symantec Endpoint Protection – Virus and Spyware Protection, Version 14.2 RU1 build 3332, updated with the latest virus definitions as of the date of the scan.

6. Provides subcontractor information, including name of company, address, telephone number, and contact name, in Table A-1, below.

Table A-1. Molina Subcontractor Information

Subcontractor	Address	Telephone	Contact name
Avesis Third Party Administrators, Inc.	10324 S. Dolfield Road Owings Mills MD 21117	410-413-9072	Amanda Batzold
CVS Health	One CVS Drive Woonsocket, Rhode Island 02895	614-319-3586	Robert Kovalchik
Lucina Analytics	4801 Olympia Park Plaza, Suite 4800 Louisville, KY 40241	440-384-0507	Kevin Bramer
March Vision Care Group, Inc.	6701 Center Drive West, Suite 790 Los Angeles, CA 90045	310-216-2300	Ann Ritchey
Molina Healthcare, Inc.	200 Oceangate, Suite 100 Long Beach, CA 90802	888-562-5442 x114374	Elizabeth Lau

Pursuant to RFP Section 40.29, Vendor Response and Proprietary Information, Molina declares the inclusion of materials that are confidential, proprietary, and/or trade secrets, and which have been placed in the sealed portion of the proposal titled Proprietary Information and Data. These materials include individual personnel data, customer references, selected financial data, formulae, and/or financial audits. The materials are confidentially maintained and are only disclosed on an as needed basis. Disclosure of these materials would permit an unfair advantage to Molina’s competitors. Furthermore, these materials are exempt from public disclosure pursuant to the exemptions found in the Kentucky Open Records Act, including KRS 61.878(1)(a), KRS 61.878(1)(c) and KRS 61.878(1)(o). A table containing Molina’s Confidential and Proprietary Information and Data immediately follows this Transmittal Letter.

At the core of our mission is a commitment to treat all Enrollees like extended family. Molina looks forward to providing the most outstanding care possible to Enrollees throughout Kentucky, helping the Department to continually enhance its Medicaid managed care system with a focus on quality goals and improving health outcomes. With Medicaid at the heart of our focus on government programs, Molina looks forward to collaborating with the Department, other MCOs, and state agency partners to implement targeted approaches that, efficiently and effectively, improve Enrollee health.

Sincerely,



Dwayne Sansone
Chief Executive Officer
Molina Healthcare of Kentucky, Inc.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of Los Angeles

On January 29, 2020 before me, L.M. Martinez Magana, Notary Public
(insert name and title of the officer)

personally appeared Dwayne Sansone,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature  (Seal)