

VIA HAND DELIVERY

February 7, 2020

Commonwealth Buyer
Amy Monroe, CPPB
Commonwealth of Kentucky
Finance and Administration Cabinet
Office of Procurement Services
New Capitol Annex
702 Capitol Ave, RM 096
Frankfort, KY 40601

RE: MEDICAID MANAGED CARE ORGANIZATION (MCO) – All Regions
SOLICITATION NUMBER: RFP 758 200000202
Passport Health Plan, Inc., f/k/a Justify Holdings, Inc.

Dear Ms. Monroe,

Passport Health Plan, Inc., f/k/a Justify Holdings, Inc. (“Passport” or “Passport Health Plan”) is pleased to present our proposal for Medicaid Managed Care Organization (MCO) – All Regions.

- A. This Transmittal Letter is submitted on Passport Health Plan letterhead, notarized and signed by Scott A. Bowers, Chief Executive Officer (CEO) as an agent who is authorized to bind Passport Health Plan. In compliance with Section 60.6.A Transmittal Letter, this transmittal letter includes the following affirmations and sworn statements:
- i. I understand deviations are not allowed;
 - ii. I swear that, if awarded a contract as a result of this solicitation, Passport Health Plan 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;
 - iii. I swear pursuant to KRS 11A.040 that Passport Health Plan has not knowingly violated any provisions of the **Executive Branch Code of Ethics**;
 - iv. I swear that Passport Health Plan is in compliance with Prohibitions of Certain **Conflicts of Interest**;
 - v. In accordance with Federal Acquisition Regulation 52.209-5, **Certification Regarding Debarment, Suspension, and Proposed Debarment**, I certify that to the best of my knowledge and belief, Passport Health Plan 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.

vi. **RFP Contact Person Name:**

Scott A. Bowers
CEO, Passport Health Plan
Address: 5100 Commerce Crossings Drive, Louisville, Kentucky 40229
Office Telephone Number: (502) 585-8352
Fax Number: (502) 585-7985
Email address: Scott.Bowers@passporthealthplan.com

vii. **Day-to-day Operations Contact Person Name:**

Scott A. Bowers
CEO, Passport Health Plan
Address: 5100 Commerce Crossings Drive, Louisville, Kentucky 40229
Office Telephone Number: (502) 585-8352
Fax Number: (502) 585-7985
Email address: Scott.Bowers@passporthealthplan.com

viii. I confirm that the **thumb/flash drives** submitted have been properly scanned for infected viruses. The virus software and version used was CylancePROTECT 2.0.1540.8. Please see Exhibit A - 1_Flash Drive Certification Statement.

ix. Please see below for a list of Passport Health Plan's subcontractors' information including name of company, address, telephone number and contact name:

1. Avesis Third Party Administrators, Inc.
10400 N 25th Ave
Phoenix, AZ 85021
Dale Miracle
(410) 413-9314
2. Beacon Health Strategies, LLC
200 State Street, Suite 302
Boston, MA 02109
Brigid Adams Morgan
(781) 670-6967
3. Conduent Payment Integrity Solutions
510 West Parkland Drive
Sandy, UT 84070
Andrea Eder
(801) 562-6451
4. CVS/Caremark Pharmacy
One CVS Drive
Woonsocket, Rhode Island 02895
Larissa Swartz
(480) 261-0974

5. Evolent Health LLC
800 N. Glebe Rd., Suite 500
Arlington, VA 22203
Jonathan Weinberg
(571) 389-6056

6. Infomedia Group, Inc. d/b/a Carenet Healthcare Services
11845 IH 10 W, Suite 400
San Antonio, TX 78230
Joey Williams
(210) 595-2108

- B. I confirm that Passport Health Plan is not and has not been in violation of those certain statutes specified in KRS 45A.485 within the previous five (5) year period and that Passport Health Plan will be in continuous compliance with the provisions of those specified KRS Chapters for the duration of the contract.

- C. Passport Health Plan has previously submitted Revenue Form 10A100, Kentucky Tax Registration Application. Since initial filing, Passport has remained registered and in compliance with the sales and use tax filing and remittance requirements of KRS 139.540 and KRS 139.550. Passport will continue to remain registered and in compliance throughout the duration of the contract

- D. I confirm that Passport Health Plan is not a Foreign Entity. Passport Health Plan is a Kentucky Domestic Corporation. Please see Passport Health Plan's Articles of Incorporation and Articles of Amendment following this Transmittal Letter (Exhibit A – 2_Passport Health Plan Articles of Incorporation and Articles of Amendment).

Following this Transmittal Letter, our submission includes the following:

- E. Required Annual Affidavit and Other Affidavit(s) (Exhibit A – 3_1_Required Annual Affidavit and Other Affidavit(s) and Exhibit A – 3_2_Legal Statement Regarding Resident Bidder Status).

- F. Completed and signed face of the solicitation (Exhibit A – 4_1_Signed Face of Solicitation).

- G. Signed face of the latest addendums of the solicitation (Exhibit A – 4_2 Signed Face of Addendum).

- H. Completed EEO Forms I, II, and III (Exhibit A – 5_ EEO Form I, Exhibit A – 6_ EEO Form II, and Exhibit A – 7_ EEO Form III).

- I. Proposed Solution (Please see the 60.7 Proposed Solution Content tab for Passport Health Plan's response to the RFP requirements.)

J. Proof of ability to obtain performance bond in the amount of \$30,000,000 (Exhibit A – 8_Performance Bond Proof).

Passport Health Plan is declaring the inclusion of proprietary information in this response and has labeled each sheet containing such information as “Proprietary” pursuant to Sections 40.29 and 60.5. We are submitting this proprietary information under separate sealed cover marked “Proprietary Data”.

Sincerely,



Scott A. Bowers
CEO
Passport Health Plan

Commonwealth of Kentucky
County of Jefferson

On this, the 3rd day of January, 2020, before me a notary public, the undersigned officer, personally appeared, Scott A. Bowers, known to me (or satisfactorily proven) to be the person who name is subscribed to this instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.



Notary Public signature

Elizabeth Schell

Notary Public printed

ELIZABETH SCHELL
NOTARY PUBLIC
Kentucky, State At Large
My Commission Expires 5/11/2022

