

FINANCE AND ADMINISTRATION CABINET
 OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE
 CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601
 TELEPHONE: 502-564-2874 (FAX: 502-564-1055)

SUBCONTRACTOR REPORT FORM

Notice: Vendors/Contractors are required to report all subcontracts valued at \$500,000 or more (Note: information is not required for contracts below the second tier). The subcontracts reported on this form must be for a specific line item(s) of work on a contract/project your firm has with the Commonwealth of Kentucky, i.e., you should not report contracts your firm has with a company to clean your office building, to provide security for your office, to routinely service your vehicles or equipment, to upgrade your warehouse, etc. Type or print legibly. Do not use pencil; use black or dark blue ink. A substitute or alternate version of this form will not be accepted or processed. Incomplete forms will not be processed.

- 1) Business Name (REQUIRED): Molina Healthcare of Kentucky, Inc.
- 2) Solicitation or Contract Number (REQUIRED): RFP 758 2000000202
- 3) Project Name or Contract Description: Medicaid Managed Care Organization (MCO) - All Regions
- 4) Indicate if your company has entered into agreements with subcontractors valued at \$500,000 or more (check one):
 - Our company has not entered into agreements with subcontractors valued at \$500,000 or more (skip section 5 and complete section 6).
 - Our company has entered into agreements with subcontractors valued at \$500,000 or more (complete section 5 and section 6).
- 5) Provide subcontract information as follows (attach Additional Reporting Sheets if necessary):

Name of Subcontractor	Contact Person	Telephone Number (including area code)	Street Address, City, State and Zip Code	Subcontract Amount
Avesis Third Party Administrators, Inc.	Amanda Batzold	410-413-9072	10324 S. Dolfield Road Owings Mills MD 21117	\$50,000,000
CVS Health	Robert Kovalchik	614-319-3586	One CVS Drive Woonsocket, Rhode Island 02895	\$300,000,000
Lucina Analytics	Kevin Bramer	440-384-0507	4801 Olympia Park Plaza, Suite 4800 Louisville, KY 40241	\$750,000
March Vision Care Group, Inc.	Ann Ritchey	310-216-2300	6701 Center Drive West, Suite 790 Los Angeles, CA 90045	\$10,000,000

6) Certification: I certify that the information contained in this report and any Additional Reporting Sheets or other attachments, is true and accurate to the best of my knowledge and belief. Further, I am authorized to sign this form on behalf of the company. If necessary, the company will update this report should it enter into additional subcontracts valued at \$500,000 or more.

Dwayne Sansone, CEO, Molina Healthcare of Kentucky, Inc.

Printed Name and Title of Certifying Official



Signature of Certifying Official (must be an official or manager)

01-29-2020

Date

