

West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Contracting Business Entity: The Health Plan of West Virginia, Inc. Address: 1110 Main Street
Wheeling, West Virginia 26003

Authorized Agent: James Pennington Address: _____

Contract Number: Bms 185743B Contract Description: Medicaid Managed Care

Governmental agency awarding contract: DHHR

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

1. Subcontractors or other entities performing work or service under the Contract

Check here if none, otherwise list entity/individual names below.

Scion Dental
Superior Vision

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

Check here if none, otherwise list entity/individual names below.

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.

Signature: [Signature] Date Signed: 3/9/18

Notary Verification

State of WEST VIRGINIA, County of OHIO

I, James Pennington, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 9th day of MARCH, 2018.

[Signature]
Notary Public's Signature

To be completed by State Agency:
Date Received by State Agency: 3/9/18
Date submitted to Ethics Commission: BA APR 12 2018
Governmental agency submitting Disclosure: WV DDA

CMA BMS185743B PF: 230613

