

Received
JUN 15 2020
WV Ethics Commission

West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: The Health Plan of WV Address: 1110 Main Street Wheeling, WV26003

Name of Authorized Agent: _____ Address: _____

Contract Number: SFY21 Managed Care Contract 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.

Skygen Dental, Superior Vision, Episource, eviCore

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: [Handwritten Signature]

Date Signed: 4/14/2020

Notary Verification

State of West Virginia, County of OHIO:

I, JEFFREY M. KNIGHT, 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 14th day of April, 2020.

[Handwritten Signature]

Notary Public's Signature



To be completed by State Agency:

Date Received by State Agency: 4/14/2020

Date submitted to Ethics Commission: JUN 12 2020

Governmental agency submitting Disclosure: DoA Purchasing

CMA 0511 BMS 20x10 PF: 718214

Revised June 8, 2018