

2.9.1 Mandatory Qualifications

2.9.1.1 Meet the federal definition of an MCO, as defined in 42 C.F.R. §438.2;

Humana affirms and certifies that it meets the definition of an MCO, as defined in 42 C.F.R. §438.2.

- Humana attests that it meets the advance directives requirements.
- Humana attests that it makes the services it provides to its Medicaid enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid beneficiaries within the area served by the entity. Please refer to our network submission in section 2.10.7 for proof of progress toward and capacity to achieve network adequacy.
- Humana attests that it meets the solvency standards of §438.116. Please refer to Attachment 2.9.1.5-C for a copy of the State Certification issued by the Louisiana Department of Insurance (LDI) that confirms Humana Health Benefit Plan of Louisiana, Inc. is in compliance with the state's solvency requirements.

2.9.1.2 Have the capacity and willingness to perform all functions in this RFP and in the Model Contract;

Humana certifies it has the capacity and willingness to perform all functions in the Louisiana Medicaid RFP and in the Model Contract.

Medicaid Experience

Our national experience includes working with Medicaid beneficiaries through Medicaid Managed Care and Managed Long-term Services and Supports programs, Dual Demonstrations, Medicare Advantage (MA), and Dual Eligible Special Needs Plan (D-SNP). Humana has served Medicaid populations continuously for more than two decades, and currently manages Medicaid benefits for nearly [REDACTED] members.

Louisiana Presence

Humana first started business in Louisiana in [REDACTED]. We have a strong local presence in the state with [REDACTED] full-time associates working in our [REDACTED] Louisiana locations.

Louisiana Membership

Humana has the largest MA plan in the state and currently serves more than [REDACTED] enrollees across our MA, D-SNP, Prescription Drug Plan, Commercial Medical, and TRICARE lines of business.

Louisiana Network

Humana maintains a strong network in Louisiana with more than [REDACTED] providers. We currently have [REDACTED] provider groups in Medicare Advantage Value-Based Payment arrangements that include more than [REDACTED] providers and serve [REDACTED] enrollees.

2.9.1.3 Not be an excluded individual or entity as described in 42 C.F.R. §438.808(b);

Humana certifies it is not an excluded entity as described in 42 C.F.R. §438.808(b).

2.9.1.4 License/certificate of authority issued by LDI to operate as Medicaid risk bearing "prepaid entity";

Please refer to Attachment 2.9.1.5-A for Humana's Certificate of Authority and Attachment 2.9.1.5-B for a Certificate of Compliance issued by LDI. Both documents certify that Humana Health Benefit Plan of Louisiana, Inc. has complied with all requirements and is approved to operate as a Medicaid risk bearing "prepaid entity" in the state of Louisiana.

2.9.1.5 Comply with all Louisiana Department of Insurance applicable standards;

Humana certifies its compliance with all LDI applicable standards. Please refer to Attachment 2.9.1.5-A for Humana's Certificate of Authority and Attachment 2.9.1.5-B for a Certificate of Compliance issued by LDI, which indicates that Humana complied with all LDI requirements to obtain the license. In addition, please refer to Attachment 2.9.1.5-C for a copy of the State Certification issued by LDI that confirms Humana is in compliance with the state's solvency requirements.

2.9.1.6 Minimum of five (5) years of experience as an MCO for a Medicaid managed care program;

Humana certifies that it has a minimum of five years of experience as an MCO for a Medicaid managed care program. Please refer to Table 2.9.1.6-A below for further details.



Table 2.9.1.6-A: Humana’s MCO Experience

Medicaid Program Name	Contract Duration
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

2.9.1.7 Within last thirty-six (36) months, been engaged in a contract or awarded a new contract as a Medicaid MCO in a state with a Medicaid population equal to or greater than that of Louisiana; and

Humana started coordinating care for Florida Medicaid enrollees in 1997 through a Medicaid HMO plan. In 2013, Humana was selected to serve as an MCO for the MMA program. Humana has also participated in Florida’s Medicaid Long-Term Services and Supports programs continuously since 2007. We began by serving as an MCO in the Florida Nursing Home Diversion program for Florida’s frail and elderly population and have continued since 2013 in the fully capitated LTC program.

In April 2018, Humana was awarded a Comprehensive Medicaid contract for the Florida Statewide Medicaid Managed Care (SMMC) program in all 11 regions. The Florida SMMC program includes the MMA and LTC plans. We currently serve more than [REDACTED] MMA enrollees, including TANF, CHIP, ABD, and dual-eligible populations. In addition, Humana provides managed long-term services and supports for ABD and dual-eligible populations to approximately [REDACTED] enrollees in the LTC program.

2.9.1.8 Have its principal place of business be located inside the continental United States.

Please see below for the principal place of business for Humana’s legal entity (Proposer):
 Humana Health Benefit Plan of Louisiana, Inc.
 One Galleria Blvd, Suite 1200
 Metairie, Louisiana 70001

Please see below for the corporate headquarters address for Humana Inc. (ultimate parent):
 Humana Inc.
 500 West Main Street
 Louisville, Kentucky 40202