

2.10.2.4 Proposer Reference Contact Information

2.10.2.4.1 The Proposer shall provide contact information (name, title, phone number and email) for the lead state program manager in each state, including Louisiana, if applicable, with which its organization has had a Medicaid managed care contract for comparable services within the past three (3) years.

2.10.2.4.2 For each reference, the Proposer should provide a brief description of the types and numbers of individuals served, the Proposer’s key responsibilities under the state contract(s), and any compliance actions taken by the state, including but not limited to contract termination, corrective action plan, or monetary penalties.

Humana has unique expertise and capabilities to manage the populations and services covered in the Louisiana Medicaid managed care program. Our experience includes working with Medicaid and Children’s Health Insurance Program (CHIP) populations through Medicaid Managed Care (MMC) and Managed Long-Term Services and Supports (MLTSS) programs as well as CMS Financial Alignment Initiative Dual Demonstrations. Through these programs we serve the following populations: Temporary Assistance for Needy Families (TANF); CHIP; Affordable Care Act Medicaid Expansion; aged, blind, and disabled (ABD); and dual eligible. We currently manage Medicaid benefits for nearly 600,000 enrollees. Humana also serves Medicaid-eligible enrollees in Medicare Advantage (MA), MA Dual Eligible Special Needs Plans (D-SNP), and Medicare Part D Prescription Drug Plans (PDP).

Humana has served Medicaid populations continuously for more than two decades. Through these years of experience, we have developed significant expertise in integrating medical and behavioral health services to positively impact health outcomes. We understand these individuals, their needs, and how to optimize health and social outcomes to help enrollees achieve their personal well-being goals.

Please refer to Table 2.10.2.4-A for Humana’s MMC experience within the past three years.

Table 2.10.2.4-A: Humana Medicaid Managed Care Experience

Florida Statewide Medicaid Managed Care (SMMC)

<p><u>Contact Information</u> [Redacted] Florida Agency for Health Care Administration [Redacted]</p>	<p><u>Populations Served</u></p> <ul style="list-style-type: none"> • TANF • CHIP • ABD • Dual Eligible
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<p><u>Number of Enrollees Served</u> 434,901 (February 2019)</p>	<p><u>Compliance Actions</u> Please refer to Attachment 2.10.2.4-A for a listing and brief description of compliance actions for Florida SMMC.</p>
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Key Responsibilities
 Humana covers medical, behavioral, pharmacy, dental, LTSS, and transportation services for TANF, CHIP, ABD, and dual eligible individuals on a statewide basis. To help our enrollees manage conditions and receive appropriate care, we offer care coordination, disease management programs, utilization management, network management, and enrollee and provider call centers.

Kentucky Statewide Medicaid Managed Care

<p><u>Contact Information</u> [Redacted] Kentucky Department for Medicaid Services [Redacted]</p>	<p><u>Populations Served</u></p> <ul style="list-style-type: none"> • TANF • CHIP • Expansion • ABD • Dual Eligible
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<p><u>Number of Enrollees Served</u> 147,589 (December 2018)</p>	<p><u>Compliance Actions</u> Please refer to Attachment 2.10.2.4-A for a listing and brief description of compliance actions for Kentucky MMC.</p>
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Key Responsibilities
 Humana covers medical, behavioral, pharmacy, and dental services for TANF, ABD, and dual eligible Medicaid populations for the Commonwealth. We also offer care coordination, disease management programs, and utilization management to help our enrollees manage conditions and receive appropriate care. Humana also manages the provider network for this program. Humana serves as the prime contractor with the Commonwealth and operates in partnership with CareSource.

Illinois Medicare-Medicaid Alignment Initiative (MMAI)

<p><u>Contact Information</u> [Redacted] Illinois Department of Healthcare and Family Services [Redacted]</p>	<p><u>Populations Served</u></p> <ul style="list-style-type: none"> • ABD • Dual Eligible
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<p><u>Number of Enrollees Served</u> 7,673 (December 2018)</p>	<p><u>Compliance Actions</u> Please refer to Attachment 2.10.2.4-A for a listing and brief description of compliance actions for Illinois MMAI.</p>
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Key Responsibilities
 Humana covers medical, behavioral, pharmacy, LTSS, and transportation services across Medicare and Medicaid for ABD and dual eligible populations in the Greater Chicago Area. To help enrollees manage conditions and receive the most appropriate care, we offer care coordination, disease management programs, utilization management, network management, and enrollee and provider call centers.

Illinois Integrated Care Program (ICP)

<p>Contact Information [Redacted] Illinois Department of Healthcare and Family Services [Redacted]</p>	<p>Populations Served</p> <ul style="list-style-type: none"> • Non-Dual-Eligible Disabled
<p>Number of Enrollees Served 4,332 [December 2017 (end of contract)]</p>	<p>Compliance Actions Please refer to Attachment 2.10.2.4-A for a listing and brief description of compliance actions for Illinois ICP.</p>

Key Responsibilities
 Humana covered medical, behavioral, pharmacy, dental, LTSS, and transportation services for non-dual disabled populations in the Greater Chicago Area. To help our enrollees manage conditions and receive appropriate care, we offered care coordination, disease management programs, utilization management, network management, and enrollee and provider call centers. Humana operated this contract from February 2014 through December 2017.

Virginia Commonwealth Coordinated Care (CCC)

<p>Contact Information [Redacted] Virginia Department of Medical Assistance Services [Redacted]</p>	<p>Populations Served</p> <ul style="list-style-type: none"> • ABD • Dual Eligible
<p>Number of Enrollees Served 8,798 [December 2017 (end of contract)]</p>	<p>Compliance Actions Please refer to Attachment 2.10.2.4-A for a listing and brief description of compliance actions for Virginia CCC.</p>

Key Responsibilities
 Humana covered Medicaid and Medicare benefits – including medical, behavioral, pharmacy, LTSS, and transportation services – for ABD and dual eligible populations in all regions. To help our enrollees manage conditions and receive appropriate care, we offered care coordination, utilization management, disease management programs, network management, and enrollee and provider call centers. Humana operated this contract from April 2014 through December 2017.