



April 18, 2019

Teresa Bravo  
Louisiana Department of Health  
Bureau of Health Services Financing  
628 N 4th Street, 6th Floor  
Baton Rouge, Louisiana 70802

Re: Louisiana Department of Health Medicaid Request for Proposal (RFP)  
Request for Proposal # 3000011953

Dear Ms. Bravo:

Humana is pleased to submit our response to the Louisiana Department of Health's Medicaid RFP No. 3000011953 to provide healthcare services statewide to Medicaid enrollees participating in the Louisiana Medicaid Managed Care Program.

Humana has served Medicaid-eligible populations continuously for more than two decades through programs including Medicaid Managed Care, Medicaid Managed Long Term Services and Supports, Dual Eligible Integrated Care Demonstrations, Medicare Advantage (MA), and MA Dual Eligible Special Needs Plan. We are eager to extend our existing and long-standing Louisiana presence into Medicaid and look forward to developing a valuable partnership with the Department to achieve its Triple Aim to the benefit of those it serves.

Per section 2.3.3 of the RFP, we have included a signed copy of the board resolution in this tabbed section, which certifies that T. Alan Wheatley is an officer of and authorized to sign proposals or contracts on behalf of Humana Health Benefit Plan of Louisiana, Inc.

Please see below for the information requested in section 2.2.2 of the RFP.

**2.2.2.1 Location of administrative office with full time personnel;**

Humana Health Benefit Plan of Louisiana, Inc.  
One Galleria Boulevard, Suite 1200  
Metairie, Louisiana 70001

**2.2.2.2 Name and address of corporate principal office registered with the Louisiana Secretary of State, email address, website URL, and telephone number;**

- Name: Humana Health Benefit Plan of Louisiana, Inc.
- Address: One Galleria Boulevard, Suite 1200, Metairie, Louisiana 70001
- Email: [REDACTED]
- Website URL: Humana.com
- Telephone: [REDACTED]

**2.2.2.3 Name and address for the purpose of issuing checks and/or drafts;**

Humana Health Benefit Plan of Louisiana, Inc.  
P.O. Box 3288  
Milwaukee, Wisconsin 53201-3288

2.2.2.4 Any other name(s) under which the Proposer does, or has done within the last ten (10) years, business;

None.

2.2.2.5 Ownership status (whether the bidding organization is publicly traded or privately held). If privately held, a statement listing name(s) and address(es) of principal owners who hold five percent (5%) interest or more in the organization;

Humana Health Benefit Plan of Louisiana, Inc. is a privately held corporation.

Humana Insurance Company, located at 1100 Employers Boulevard, De Pere, Wisconsin 54115, is a privately held corporation, which owns 100% of the outstanding stock of Humana Health Benefit Plan of Louisiana, Inc.

CareNetwork, Inc., located at 500 West Main Street, Louisville, Kentucky 40202, owns 100% of the outstanding stock of Humana Insurance Company.

Humana Inc., the ultimate parent company of Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, and CareNetwork, Inc., is a publicly traded corporation with the corporate headquarters located at 500 West Main Street, Louisville, Kentucky 40202.

2.2.2.6 The type of legal entity (for example, corporation (profit or not for profit), limited partnership, general partnership, or trust), and the state where the entity is organized, including any parent organization;

Humana Health Benefit Plan of Louisiana, Inc. is a for profit corporation incorporated in the state of Louisiana.

Humana Insurance Company, the direct parent company of Humana Health Benefit Plan of Louisiana, Inc., is a for profit corporation incorporated in the state of Wisconsin.

CareNetwork, Inc., the direct parent company of Humana Insurance Company, is a for profit corporation incorporated in the state of Wisconsin.

Humana Inc., the ultimate parent company of Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, and CareNetwork, Inc. is a for profit corporation incorporated in the state of Delaware.

2.2.2.7 If out-of-state Proposer, name and address of local representative; if none, so state;

This is not applicable for Humana Health Benefit Plan of Louisiana, Inc. (principal place of business is One Galleria Blvd, Suite 1200, Metairie, Louisiana 70001).

Humana Inc., the ultimate parent company, is located at 500 West Main Street, Louisville, Kentucky 40202.

2.2.2.8 If any of the planned personnel is a current Louisiana state employee, or was employed by the State of Louisiana within the past two (2) years, provide a listing to include the employee name, state agency, and termination date, if applicable;

This is not applicable. None of Humana's planned personnel are current Louisiana state employees nor were employed by the state of Louisiana within the past two years.

2.2.2.9 Proposer's state and federal tax identification numbers, LaGov vendor number, and Louisiana Department of Revenue number, if available;

Please refer to the numbers below, which are applicable to Humana Health Benefit Plan of Louisiana, Inc.:

- State Tax Identification Number: 8643017-001
- Federal Tax Identification Number: 72-1279235
- LaGov vendor number: 0310165570
- Louisiana Department of Revenue: 8643017-001

2.2.2.10 A graphical summary of whether Proposer meets mandatory and preferred qualifications to propose, as identified in Sections 2.9.1, 2.10.2.1.2, and 2.10.2.5.1;

**Table 2.2.2.10-A: Mandatory Qualifications**

Mandatory Qualifications	Meets Requirement	Does Not Meet Requirement
<p><u>2.9.1</u>  <i>In order to be considered for award, the Proposer must demonstrate that it has met the following mandatory requirements prior to the deadline of receipt of proposals:</i></p> <p>Please refer to section 2.9.1 of Humana’s proposal for further details, which demonstrate that Humana has met the following mandatory requirements.</p>		
<p><u>2.9.1.1</u>  Meet the federal definition of an MCO, as defined in 42 C.F.R. §438.2;</p>	✓	
<p><u>2.9.1.2</u>  Have the capacity and willingness to perform all functions in this RFP and in the Model Contract;</p>	✓	
<p><u>2.9.1.3</u>  Not be an excluded individual or entity as described in 42 C.F.R. §438.808(b);</p>	✓	
<p><u>2.9.1.4</u>  Have a license or certificate of authority issued by the Louisiana Department of Insurance (LDI) to operate as a Medicaid risk bearing “prepaid entity” pursuant to La. R.S. 22:1016 and submit with the proposal response;</p>	✓	
<p><u>2.9.1.5</u>  Comply with all Louisiana Department of Insurance applicable standards. Information can be found at LDI’s website: <a href="http://www.ldi.louisiana.gov">www.ldi.louisiana.gov</a>. The MCO must meet solvency standards as specified in 42 C.F.R. §438.116 and Title 22 of the Louisiana Revised Statutes;</p>	✓	

**Table 2.2.2.10-A: Mandatory Qualifications**

Mandatory Qualifications	Meets Requirement	Does Not Meet Requirement
<u>2.9.1.6</u> Have a minimum of five (5) years of experience as an MCO for a Medicaid managed care program prior to the deadline for receipt of proposals*;	✓	
<u>2.9.1.7</u> Have, within the 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	✓	
<u>2.9.1.8</u> Have its principal place of business be located inside the continental United States	✓	

\* Experience requirements in Sections 2.9.1.6 and 2.9.1.7 may be satisfied if the Proposer is a new MCO or a state-specific entity that takes direction from its parent organization, and the parent organization operates a Medicaid MCO that meets the requirements of those sections.

**Table 2.2.2.10-B: Preferred Qualifications**

Preferred Qualifications	Meets Requirement	Does Not Meet Requirement
<u>2.10.2.1.2</u> <i>It is preferred, though not mandatory, that Proposers meet the following qualifications prior to the deadline for receipt of proposals:</i>  Please refer to section 2.10.2.1.2 of Humana's proposal for further details, which demonstrate that Humana has met the following preferred qualifications.		
<u>2.10.2.1.2.1</u> Have a minimum of seven (7) years of experience in providing health care services for a Medicaid managed care program prior to the deadline for receipt of proposals; and	✓	
<u>2.10.2.1.2.2</u> Have, within the last twelve (12) 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.	✓	

**Table 2.2.2.10-C: Preferred Qualifications**

Preferred Qualifications	Meets Requirement	Does Not Meet Requirement
<p><u>2.10.2.5.1</u> The Proposer should provide a copy of its certificate of accreditation by the National Committee for Quality Assurance (NCQA) for each of its Medicaid managed care contracts. If the Proposer is not accredited in Louisiana, the Proposer should provide a specific timeline outlining the Proposer's plan to achieve full accreditation in Louisiana as soon as possible after the execution of a contract.</p> <p>It is preferred, though not mandatory, that Proposers be accredited by NCQA as a Medicaid managed care organization in Louisiana or in another state prior to the deadline for receipt of proposals.</p>	<p style="text-align: center;">✓</p> <p>(NCQA Accredited in 14 states; submitted a timeline for LA accreditation; please refer to section 2.10.2.5.1 for further details)</p>	

**2.2.2.11 A brief statement of the Proposer's involvement in litigation related to the delivery of Medicaid benefits in the last ten (10) years;**

Humana Health Benefit Plan of Louisiana, Inc. has never been involved in any litigation related to the delivery of Medicaid benefits.

**2.2.2.12 A brief statement of the Proposer having had within the last ten (10) years a Medicaid managed care contract (1) terminated or not renewed for non-performance or poor performance and/or (2) terminated on a voluntary basis prior to the contract end date. The Proposer must provide the name and contact information of the lead program manager of the contracting entity;**

Humana Health Benefit Plan of Louisiana, Inc. has not had a contract terminated or not renewed for non-performance or poor performance nor has it had a contract terminated on a voluntary basis prior to the contract end date.

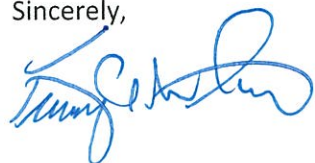
**2.2.2.13 The stipulation that the proposal is valid for a period of at least ninety (90) calendar days from the date of submission; and**

Our proposal is valid for a period of one hundred and twenty (120) calendar days from the date of submission.

**2.2.2.14 A positive statement of compliance with the contract terms defined in the Model Contract.**

If awarded the Contract, we will comply with the Contract terms defined in the Model Contract.

Sincerely,



T. Alan Wheatley  
President, Retail Segment, Humana