

2.10.2.1 Proposer Experience

2.10.2.1. The Proposer should provide a brief summary of the organizational history of the Proposer and its parent organization, organizational goals, the relevance of Medicaid managed care to the mission of the organization, volume of Medicaid managed care business, and in which states the Proposer currently serves the Medicaid population.

**Humana’s History**

Humana’s nearly 60 years as a health services organization has afforded us broad experience serving vulnerable citizens through a variety of different models and approaches. David Jones and Wendell Cherry founded Humana in 1961 as a nursing home provider on the belief they could impact many of the challenges facing the care delivery models of the day. Over the course of the following decades, Humana evolved and grew into one of the nation’s largest hospital systems and then a national leader in Medicare Advantage (MA) and Medicaid. This adaptability and flexibility has remained a core principle of Humana as we continue to strive towards improving the health and well-being of all of the individuals we serve. Through our extensive experience serving diverse populations with complex health needs, we have identified and developed best practices and innovations for managing and improving individual and population health. We continue to adapt to the needs of the individuals and communities we serve, evolving and growing to promote and enable increasingly integrated and comprehensive care and social support delivery models.

*Humana serves nearly 3.9 million Medicare Advantage enrollees – including 545,000 enrollees dually-eligible for Medicare and Medicaid – and we have nearly 600,000 Medicaid managed care enrollees*

Since 1985, Humana has cultivated strong community and provider relationships and an intimate knowledge of the health and social needs of individuals with complex health needs across Louisiana. Today Humana serves more than 433,000 Louisianans through our MA, MA Dual Eligible Special Needs Plan (D-SNP), Prescription Drug Plan (PDP), TRICARE, and commercial health insurance programs.

**Humana’s Bold Goal and Relevance of Medicaid**

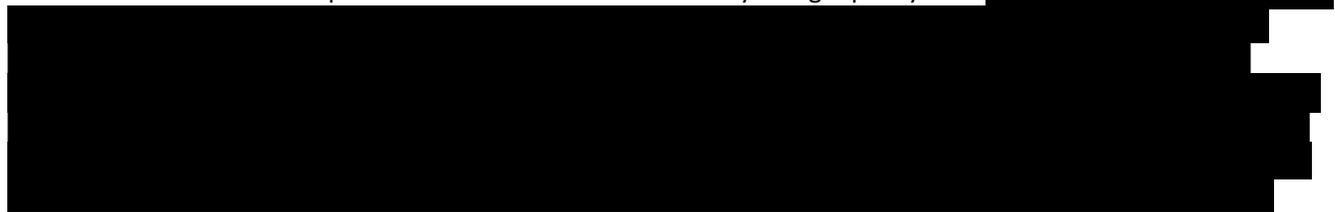
Humana’s primary goal is to improve the health of the communities we serve. We aim to make it easy for people to achieve their best health through coordinated care, clinical excellence, administrative integration, and community engagement. Humana’s strategy to achieve our goals integrates care delivery, proactive clinical outreach, and enrollee experience to encourage engagement, behavior change, and wellness.

While many services may be delivered in clinical settings, enrollees’ health and well-being are also largely driven by the influences present in their communities. Humana understands the influences of health are often multigenerational and come from wide-ranging sources. We recognize it is important to intervene during critical periods and moments throughout an individual’s entire life and health cycle to improve long-term outcomes, specifically with certain vulnerable populations. Our key focus is addressing determinants – social, clinical, and behavioral – of health, improving healthcare access, and reducing unnecessary costs. Addressing social determinants of health helps make the healthy choice the easy choice, and it empowers individuals to focus on health promotion and disease prevention. To that end, and to support and drive broader population health goals, Humana established an enterprise-wide initiative, our “Bold Goal,” to improve the health of the communities we serve, working toward this goal through innovative partnerships with local community-based organizations, businesses, government agencies, and providers. By enhancing the quality of our relationships with these organizations and developing innovative community-based initiatives, Humana’s Bold Goal drives enrollee well-being and quality of life within the community. Moreover, we have adapted this population health and community engagement initiative to be an integral component of how we provide care and improve the health and well-being of our enrollees across all lines of business.

These goals, in concert with our enterprise evolution towards integrated community-based care, are highly relevant to Medicaid Managed Care (MMC). For Humana to achieve our goals and mission, it is imperative we develop strong and successful partnerships at the state and community levels. Perhaps nowhere are these relationships, initiatives, and integrated models more important than to the benefit of Medicaid-eligible populations. This places MMC in a critical role in the continued evolution of Humana.



A foundational element to this approach is our strategic engagement with providers. We have evolved our models to enable and coordinate with providers and incentivize the delivery of high quality care.



**Current Medicaid Managed Care States and Enrollees**

Humana has broad experience serving vulnerable citizens through a variety of different models, having served Medicaid-eligible populations continuously for more than two decades through programs including traditional MMC, Managed Long-Term Services and Supports, and CMS Financial Alignment Initiative Dual Demonstrations. We currently manage Medicaid benefits for nearly 600,000 enrollees in Florida, Kentucky, and Illinois. We have significant expertise providing service coordination, care planning, and specialized clinical management within a social-supports-based framework for the complex needs of Temporary Assistance for Needy Families; Children’s Health Insurance Program; Affordable Care Act Expansion; aged, blind, and disabled; dual-eligible; serious and persistent mental illness; and substance use disorder populations. Through these years and this breadth of experience, we have developed substantial experience integrating medical, behavioral, and social services to positively impact outcomes.

Humana’s MMC experience demonstrates a strong ability to manage complex populations in large numbers and at industry-leading levels of quality while continually improving health and well-being outcomes for enrollees. In 2018, Humana was one of only two MCOs awarded a Comprehensive Medicaid contract for the Florida Statewide Medicaid Managed Care program across all 11 regions statewide (against 13 other bidders across the state). Further, in each year since 2011, Humana was the first-or second-ranked Florida Medicaid health plan, according to the National Committee for Quality Assurance. See Table 2.10.2.1-A for Humana’s current MMC states and enrollees.

Table 2.10.2.1-A: Humana Medicaid Managed Care States and Enrollees	
Program	Enrollees
Florida Statewide Medicaid Managed Care	434,901
Kentucky Medicaid Managed Care	147,589
Illinois Medicare-Medicaid Alignment Initiative	7,673

2.10.2.1.2 It is preferred, though not mandatory, that Proposers meet the following qualifications:

2.10.2.1.2.1 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

2.10.2.1.2.2 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.

Humana has a minimum of seven years of experience in providing healthcare services for MMC programs (24 years) and has within the last 12 months been engaged in a contract and awarded a new contract as a Medicaid MCO in a state with a Medicaid population greater than that of Louisiana (Florida).