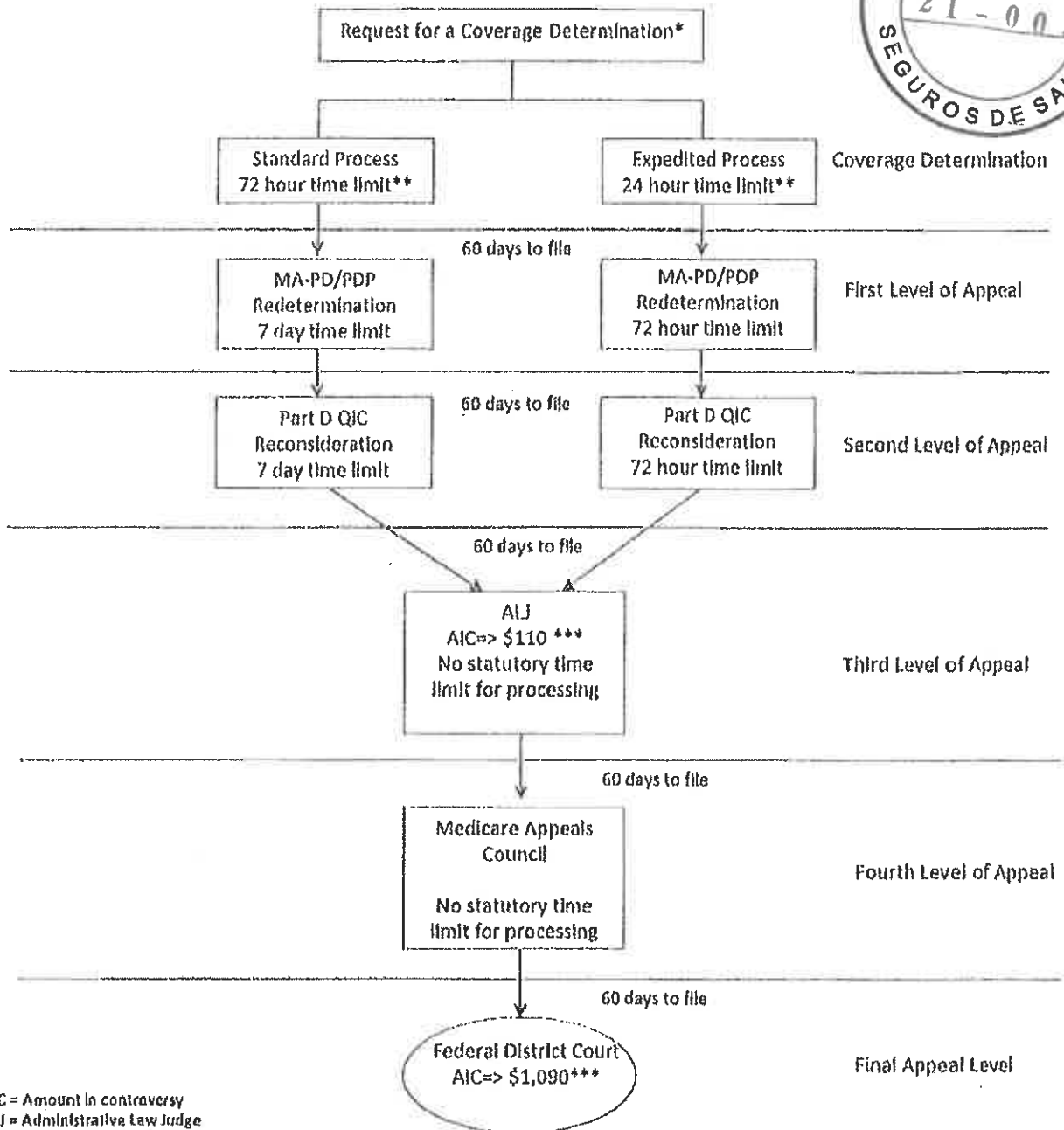


MEDICARE PLATINO 2021

APPENDIX R (21)
MEDICARE PART D APPEAL
PROCESS

Medicare Part D Appeal Process



AIC = Amount in controversy
 ALJ = Administrative Law Judge
 IRE = Independent Review Entity
 MA-PD = Medicare Advantage plan that offers Part D benefits
 PDP = Prescription Drug Plan

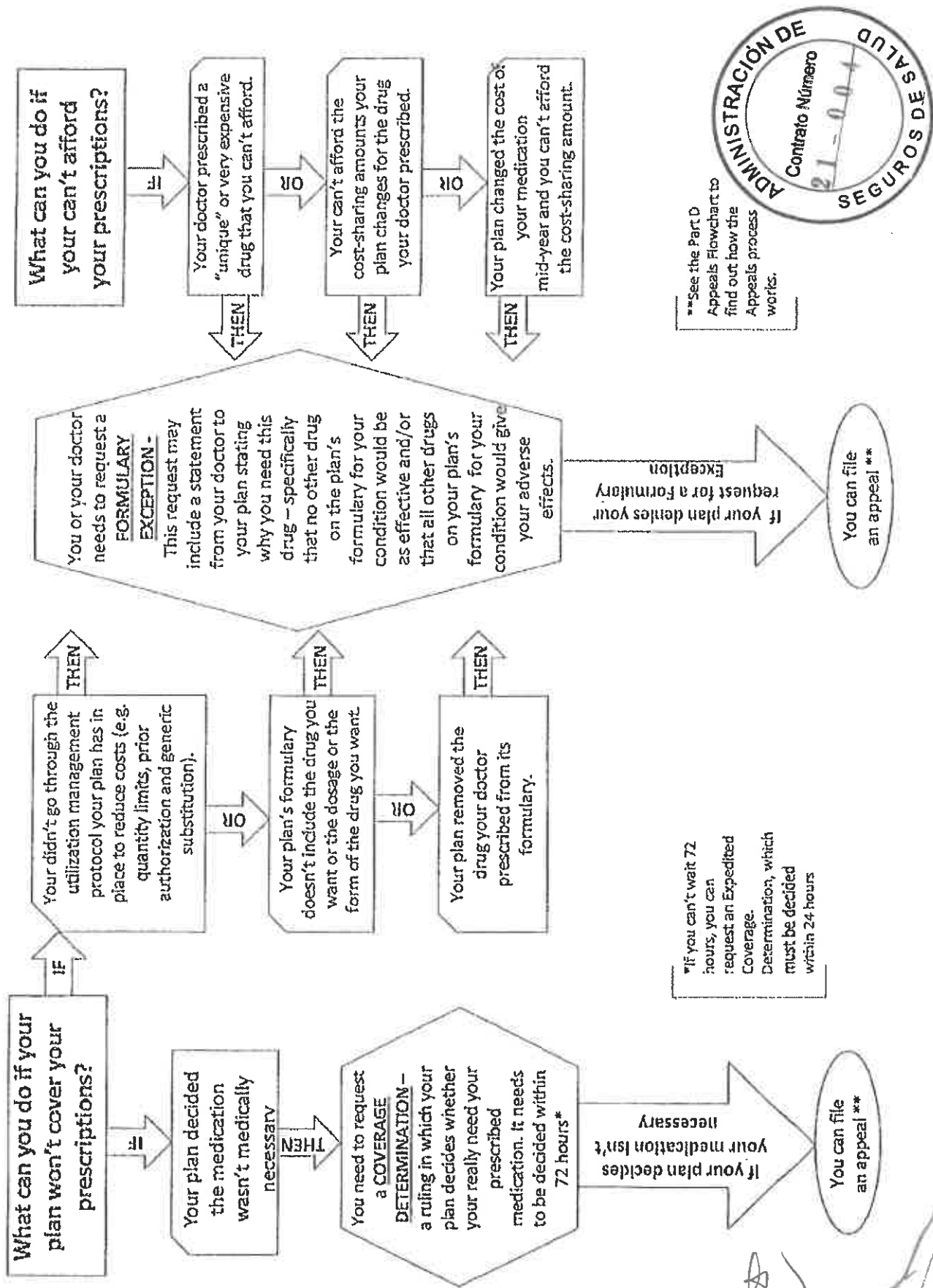
*A request for a coverage determination includes a request for a tiering exception or a formulary exception. A request for a coverage determination may be filed by the enrollee, the enrollee's appointed representative, or the enrollee's physician.

**The adjudication timeframes generally begin when the request is received by the plan sponsor. However, if the request involves an exception request, the adjudication timeframe begins when the plan sponsor receives the physician's supporting statement.

***Starting in 2005, the AIC requirement for an ALJ hearing and Federal District Court will be adjusted in accordance with the medical care component of the consumer price index.

[Handwritten signature]
 fto

The Medicare Part D Exceptions Process



***See the Part D Appeals Flowchart to find out how the Appeals process works.

*If you can't wait 72 hours, you can request an Expedited Coverage Determination, which must be decided within 24 hours



Handwritten initials and a signature.



Humana Health Plans of Puerto Rico, Inc.
383 Ave FD Roosevelt
San Juan PR 00918-2131
Humana.pr

2 de junio de 2020

Lcda. Edanit Torres-Cotto ESQ
Asesora Legal
Oficina Asuntos Legales
**Administración de Seguros
de Salud de Puerto Rico**
PO Box 195661
San Juan, Puerto Rico 00919-5661

Estimada licenciada Torres:

Re: Contrato Medicare Platino 2021
Humana Health Plans of Puerto Rico, Inc.

Como parte del proceso de renovación de contrato de Medicare Platino incluimos el formulario *Disclosure of Ownership and Control Interest form* junto a sus correspondientes anejos.

Esperamos encuentre todo en orden y nos reiteramos como siempre a sus órdenes para cualquier información adicional que necesiten.

Cordialmente,

Lcda. Carmen Lymari Rodríguez-Casillas, MBA-HCM
Gerente
Departamento Cumplimiento Regulatorio

Anejos

Disclosure of Ownership and Control Interest Form

Purpose: In compliance with 42 CFR 457.935, 42 CFR §455.104, §455.105, and §455.106, providers/*disclosing entities* are required to disclose including, but not limited to, information regarding (1) the identity of all *persons with an ownership or control interest* in the provider/*disclosing entity*, or in any *subcontractor* in which the provider/*disclosing entity* has a direct or *indirect ownership* of 5 percent or more including the identity of *managing employees*, and *other disclosing entities*; (2) certain business transactions and *significant business transactions* between the provider/*disclosing entity* and *subcontractors/wholly owned suppliers*; and (3) the identity of any *person with an ownership or control interest* in the provider/*disclosing entity* or who is an *agent*, or a *managing employee* of the provider/*disclosing entity* that has ever been convicted of any crime related to that person's involvement in any program under the Medicaid, Medicare, or Title XX program (Social Services Block Grants), or XXI (State Children's Health Insurance Program) of the Social Security Act since the inception of those programs. **Any authorized/designated representative of the provider/*disclosing entity* may complete and sign this form on behalf of the provider/*disclosing entity*.**

Instructions For Completing the Ownership & Control Interest Disclosure Form

- 1) Read all definitions and instructions outlined throughout the Form and then reference the definitions and instructions while completing the Form. Terms with corresponding regulatory definitions are italicized and underlined throughout this Form. Please review the applicable definition before responding to the question.
- 2) Definitions for Disclosure of Ownership and Control Interest Form - See Appendix A
- 3) Answer all questions as of the current date i.e. request date.
- 4) If there is no information to include, indicate "None" or "Not applicable" (N/A) in the space provided. Do not leave blank spaces unless advised to do otherwise in the instructions.
- 5) If more space is needed, please attach additional sheets.
- 6) In any space requesting 'Name,' if it is the name of an individual, include First, Middle and Last.
- 7) Business & Service Address: The address for corporate/legal entities must include, as applicable, the primary business address, every business location, and P.O. Box address. Individuals must provide their home address.
- 8) Provide the Employer Identification Number (EIN) or Tax Identification Number (TIN) for legal entities. Provide the Social Security Number (SSN) for individuals.
- 9) This Statement/Disclosure should be submitted to ASES by the managed care entities (MCO's, PIHP's, PAHPs and HIOs) upon the managed care entity submitting the proposal in accordance with ASES's procurement process; upon the managed care entity executing the contract with ASES; upon renewal or extension of the contract; within 35 days after change in ownership of the managed care entity or upon ASES's request.

How to Determine Ownership or Control Percentages (42 CFR 455.102)

- 10) Indirect ownership interest. The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10 percent of the stock in a corporation which owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership interest in the disclosing entity and must be reported. Conversely, if B owns 80 percent of the stock of a corporation which owns 5 percent of the stock of the disclosing entity, B's interest equates to a 4 percent indirect ownership interest in the disclosing entity and need not be reported.
- 11) Person with an ownership or control interest. In order to determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the disclosing entity's assets used to secure the obligation. For example, if A owns 10 percent of a note secured by 60 percent of the provider's assets, A's interest in the provider's assets equates to 6 percent and must be reported. Conversely, if B owns 40 percent of a note secured by 10 percent of the provider's assets, B's interest in the provider's assets equates to 4 percent and need not be reported.



Disclosure of Ownership and Control Interest Form

NAME OF PROVIDER/DISCLOSING ENTITY BEING CONTRACTED:

NAME OF GROUP WHERE MEMBERS WILL BE SEEN:

TAX ID # OF PROVIDER/DISCLOSING ENTITY:

Section 1 – Disclosure Regarding Managing Employees (42 CFR 455.104(b)(4))

1) Does the provider/disclosing entity have any *Managing Employees*? Yes ___ No
If Yes, provide the following details for any *managing employee* of the provider/disclosing entity.

**See the definition of *managing employee*

NAME	SSN	Birthdate	Complete Address (street/city/state/zip)	NPI	Position
See Exhibit A					

Section 2 – Criminal Offense Disclosure (42 CFR 455.106)

2) Has the provider, or any *person* ((individual or entity) who has ownership or controlling interest in the provider/disclosing entity, or who is an *agent* or *managing employee* of the provider/disclosing entity, ever been convicted of a criminal offense related to that person's involvement in any program established under Titles XVIII (Medicare), XIX (Medicaid), XXI (SCHIP), or Title XX (Social Services Block Grants) since the inception of those programs? ___ Yes No (verify exclusion through the applicable federal and state specific exclusion databases.)

If Yes, provide the following details and a description of offense(s). Use additional pages if necessary.

NAME	SSN/TIN	Birthdate	Description

Section 3 – Person(s) with Ownership or Control Interest Disclosure (42 CFR 455.104(b)(1))

3) Are there any *persons* (individual or entity) with an ownership or control interest in the provider/disclosing entity? Yes ___ No
If Yes, provide the following details and include the title (for example, CEO, owner, board member etc).

* For corporations/entities that have an ownership or control interest in the Disclosing Provider, please separately list its primary business address, every business location and post office box address.

**See the definition of *person with an ownership or control interest and disclosing entity*

NAME	**TIN or SSN, as applicable	Birthdate	Title	Address (street/city/state/zip)	% Ownership Interest
See Exhibit B					

Disclosure of Ownership and Control Interest Form

Section 4A – Direct or Indirect Ownership of 5% or More in a Subcontractor Disclosure (42 CFR 455.104(b)(1))

4A) Does the provider/*disclosing entity* have a Direct or *Indirect Ownership Interest* of 5% or more in any *Subcontractor*? Yes No
 If Yes, provide the following details about the *subcontractor*.

**See the definition of the following terms: *subcontractor* and *indirect ownership interest*.

Name of Subcontractor	**TIN or SSN, as applicable	Birthdate	Address (street/city/state/zip)	% Ownership Interest

Section 4B – Direct or Indirect Ownership of 5% or More in a Subcontractor Disclosure (42 CFR 455.104(b)(1))

4B) Does the provider/*disclosing entity* have a Direct or *Indirect Ownership Interest* of 5% or more in any *Subcontractor*? Yes No

If Yes, provide the information below about any *person (individual or entity) with an ownership or control interest*, in any *subcontractor* in which the provider/ *disclosing entity* has a 5 percent or more direct or *indirect ownership or control interest*.

**See the definition of the following terms: *subcontractor* and *indirect ownership interest*.

Name of Subcontractor (from section 4A)	Name of Person(s) with an ownership or control interest in the subcontractor	**TIN or SSN, as applicable of Person(s) with an ownership or control interest in the subcontractor	Birth date of Person(s) with an ownership or control interest in the subcontractor	Address (street/city/state/zip) of Person(s) with an ownership or control interest in the subcontractor	% Ownership Interest

Section 5A – Relationships Disclosure (42 CFR 455.104(b)(2))

5A) Are any of the individuals disclosed in Section 3 above related to each other as a spouse, parent, child, or sibling? Yes No If Yes, provide the following details

NAME(From Section 3)	Nature of Relationship (e.g., spouse)	Related to Name(From Section 3)

AW



Disclosure of Ownership and Control Interest Form

Section 5B – Relationships Disclosure (42 CFR 455.104(b)(2))

5B) Are any of the individuals disclosed in **Section 3** above related to any of the individuals disclosed in **Section 4B** as a spouse, parent, child, or sibling? Yes No (spouse, parent, child, sibling? If yes, give the name(s) of person(s) and relationship(s). Use additional pages if necessary. If Yes, provide the following details

NAME(From Section 3)	Nature of Relationship (e.g., spouse)	Related to Name(From Section 4B)

Section 6 – Other Disclosing Entity Disclosure (42 CFR 455.104(b)(3))

6.1) Does the provider/*disclosing entity* or any one named in **Section 3** have an Ownership or Control Interest in any other Medicaid provider? Yes No N/A

6.2) Does the provider/*disclosing entity* or any one named in **Section 3** have an Ownership or Control Interest in any *other disclosing entity* that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V (Maternal and Child Health Services Block Grant), XVIII (Medicare), XX (Block Grants to States for Social Services) , or Title XXI (State Children’s Health Insurance Program) of the Social Security Act? Yes No N/A

If Yes to Items 1 or 2 of this Section 6, provide the following details:

**See the definition of the following terms: *other disclosing entity* and *ownership interest*,

NAME (From Section 3)	Name of other disclosing entity or other Medicaid Provider	SSN and/or TIN, as applicable of the other disclosing entity or other Medicaid Provider
See Exhibit C		

Section 7A – Business Transactions Disclosure (42 CFR 455.105)

7A) **Business Transactions - Subcontractors:** Has the provider/*disclosing entity* had any business transactions with a *Subcontractor* totaling more than \$25,000 in the previous twelve (12) month period (12-month period ending as of the date on this request)? Yes No If Yes, provide the following details **See the definition of *subcontractor*

Name of subcontractor	**TIN or SSN, as applicable of subcontractor	Birthdate	Address (street/city/state/zip)	Transaction Amount
See Exhibit D				



Disclosure of Ownership and Control Interest Form

Section 7B – Significant Business Transactions Disclosure (42 CFR 455.105)

7B) Significant Business Transactions: Has the provider/*disclosing entity* had any *Significant Business Transactions* with a Wholly Owned Supplier or subcontractor during the previous 5-year period (5-year period ending as of the date on this request)? Yes No If Yes, provide the following details

**See the definition of the following terms: *subcontractor, wholly-owned supplier, and significant business transactions*


Type of entity	Name	**TIN or SSN, as applicable	Birthdate	Address (street/city/state/zip)	Transaction Amount
See Exhibit E					
<input type="checkbox"/> Wholly Owned Supplier <input type="checkbox"/> Subcontractor					
<input type="checkbox"/> Wholly Owned Supplier <input type="checkbox"/> Subcontractor					

Section 8 – Attestation

8) Through signature below, I hereby certify that persons with ownership and control interest in the provider/*disclosing entity* or in a *subcontractor, agents, subcontractors, managing employees*, and any employees providing healthcare services as part of this application are screened with the applicable background check including, but is not limited to, verification against the applicable state and federal exclusion databases. I hereby represent and warrant that all information contained in this form is true, correct, and complete in all aspects. I understand that misleading, inaccurate, or incomplete data may result in a denial of participation or termination of an existing contract.

Name: Luis A. Torres Olivera
(Print or Type: First/Middle/Last) (Print or Type)

Title: President

Signature: 
(Provider/Disclosing Entity or Authorized Agent of the Provider/Disclosing Entity)

Date (MM/DD/YYYY): 6/1/2020



APPENDIX A

DEFINITIONS

#	Term/Words	Definition
1	Agent	Agent means any person who has been delegated the authority to obligate or act on behalf of a provider. It also means any person who has express or implied authority to obligate or act on behalf of an entity (42 CFR 1001.1001).
2	Disclosing entity	Disclosing entity means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent. Examples of entities that would be considered “disclosing entities” include, but are not limited to: -Managed Care Organizations -Hospitals -Nursing Homes Community Mental Health Centers -Home Health Agencies -Group homes -Clinical labs -Pharmacies -Fiscal agents for the state
3	Fiscal agent	Fiscal agent means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.
4	Group of practitioners	Group of practitioners means two or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment).
5	Health Insuring Organization (HIO)	Health insuring organization (HIO) has the meaning specified in § 438.2.
6	Indirect ownership interest	Indirect ownership interest means an ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity. It also means an ownership interest through any other entities that ultimately have an ownership interest in the entity in issue (42 CFR 1001.1001). (For example, an individual has a 10 percent ownership interest in the entity at issue if he or she has a 20 percent ownership interest in a corporation that wholly owns a subsidiary that is a 50 percent owner of the entity in issue.)
7	Managed care entity	Managed care entity (MCE) means managed care organizations (MCOs), PIHPs, PAHPs, PCCMs, and HIOs. These terms are defined in 42 CFR § 438.2.
8	Managing employee	Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of, an institution, organization, or agency.
9	Other disclosing entity	Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes: <ul style="list-style-type: none"> a. Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII); b. Any Medicare intermediary or carrier; and c. Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.
10	Ownership interest	Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity. It also means an interest in: <ul style="list-style-type: none"> a. The capital, the stock or the profits of the entity, or b. Any mortgage, deed, trust or note, or other obligation secured in whole or in part by the property or assets of the entity.



Disclosure of Ownership and Control Interest Form

11	Person with an ownership or control interest	<p>Person with an ownership or control interest means a person or corporation that:</p> <ul style="list-style-type: none"> c. Has an ownership interest totaling 5 percent or more in a disclosing entity; d. Has an indirect ownership interest equal to 5 percent or more in a disclosing entity; e. Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity; f. Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity; g. Is an officer or director of a disclosing entity that is organized as a corporation; or h. Is a partner in a disclosing entity that is organized as a partnership.
12	Prepaid ambulatory health plan (PAHP)	Prepaid ambulatory health plan (PAHP) has the meaning specified in § 438.2.
13	Prepaid inpatient health plan (PIHP)	Prepaid inpatient health plan (PIHP) has the meaning specified in § 438.2.
14	Primary care case manager (PCCM)	Primary care case manager (PCCM) has the meaning specified in § 438.2.
15	Significant business transaction	Significant business transaction means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$ 25,000 and 5 percent of a provider's total operating expenses.
16	Subcontractor	<p>Subcontractor means:</p> <ul style="list-style-type: none"> a. An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or b. An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.
17	Supplier	Supplier means an individual, agency, or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm).
18	Termination	<p>Termination means –</p> <ul style="list-style-type: none"> a) For a-- <ul style="list-style-type: none"> i. Medicaid or CHIP provider, a State Medicaid program or CHIP has taken an action to revoke the provider's billing privileges, and the provider has exhausted all applicable appeal rights or the timeline for appeal has expired; and ii. Medicare provider, supplier or eligible professional, the Medicare program has revoked the provider or supplier's billing privileges, and the provider has exhausted all applicable appeal rights or the timeline for appeal has expired. b) (i) In all three programs, there is no expectation on the part of the provider or supplier or the State or Medicare program that the revocation is temporary. (ii) The provider, supplier, or eligible professional will be required to reenroll with the applicable program if they wish billing privileges to be reinstated. c) The requirement for termination applies in cases where providers, suppliers, or eligible professionals were terminated or had their billing privileges revoked for cause which may include, but is not limited to-- (i) Fraud; (ii) Integrity; or (iii) Quality.
19	Wholly owned supplier	Wholly owned supplier means a supplier whose total ownership interest is held by a provider or by a person, persons, or other entity with an ownership or control interest in a provider.



Exhibit A

Humana Health Plans of Puerto Rico, Inc.

Board of Directors and Officers

May 2020

DIRECTORS					
	TITLE/POSITION	SSN	BIRTHDATE	ADDRESS	NPI
Timothy Alan Wheatley	Director/ Chairman	407-02-6724	07/28/1967	713 Park Creek Circle, Louisville, KY 40245	N/A
Luis A. Torres Olivera	Director	584-99-0110	11/24/1968	P.O. Box 9020962 San Juan, PR 00902	N/A
Jose Ivan Mercado	Director	596-03-0008	8/5/1974	Parkville Court 1-3 Guaynabo, PR 00969	N/A
Christopher H. Hunter	Director	237-19-5304	09/24/1968	11801 Osage Road Anchorage, KY 40223	N/A
Luis Felipe Montaner, M.D.	Director	580-52-5894	3/4/1932	P.O. Box 6091 Loiza Station San Juan, PR 00918	N/A

OFFICERS					
	TITLE/POSITION	SSN	BIRTHDATE	ADDRESS	NPI
Timothy Alan Wheatley	Segment President, Retail	407-02- 6724	7/28/1967	713 Park Creek Circle, Louisville, KY 40245	N/A
Bruno Roger Piquin	Regional President	249-83- 9642	4/6/1970	3600 SW 185 Avenue, Miramar, FL 33029	N/A
William Mark Preston	Vice President, Investments	404-13- 8815	7/14/1969	2100 Kenilworth Place, Louisville, KY 40205	N/A
Alan James Bailey	Vice President and Treasurer	340-62- 8629	12/18/1968	7803 Springfarm Point Place, Prospect, KY 40059	N/A
Brian Andrew Kane	Chief Financial Officer	183-52- 2590	1/13/1973	140 N. Fourth St. Apt 1443, Louisville, KY 40202	N/A
Luis A. Torres Olivera	President	584-99- 0110	11/24/1968	P.O. Box 9020962 San Juan, PR 00902	N/A
Jose Ivan Mercado	Secretary	596-03- 0008	8/5/1974	Parkville Court 1-3 Guaynabo, PR 00969	N/A
Douglas Allen Edwards	Vice President, Workplace Experience	242-55- 2365	03/24/1975	2218 Alta Avenue Louisville, KY 40205	N/A

Exhibit B

Humana Health Plans of Puerto Rico, Inc.

Person(s) With Ownership or Controlling Interest Disclosure

May 2020

	TITLE	SSN/TIN	BIRTHDATE	ADDRESS	% OWNERSHIP INTEREST	# OF SHARES
Humana Inc.	N/A	61-0647538	N/A	See Below*	99.9825	28,500
Timothy Alan Wheatley	Director/Chairman/ Segment President, Retail	407-02-6724	7/28/1967	713 Park Creek Circle Louisville, KY 40245	0.0035	1
Luis A. Torres Olivera	Director/President	584-99-0110	11/24/1968	P.O. Box 9020962 San Juan, PR 00902	0.0035	1
Jose Ivan Mercado	Director/Secretary	596-03-0008	8/05/1974	Parkville Court 1-3 Guaynabo, PR 00969	0.0035	1
Christopher Howell Hunter	Director	237-19-5304	9/24/1968	11801 Osage Road Anchorage, KY 40223	0.0035	1
Luis Felipe Montaner, M.D.	Director	580-52-5894	3/04/1932	P.O. Box 6091 Loiza Station San Juan, PR 00918	0.0035	1
Bruno Roger Piquin	Regional President	249-83-9642	4/6/1970	3600 SW 185 Avenue, Miramar, FL 33029	Controlling Interest Only	0
William Mark Preston	Vice President, Investments	404-13-8815	7/14/1969	2100 Kenilworth Place, Louisville, KY 40205	Controlling Interest Only	0
Alan James Bailey	Vice President and Treasurer	340-62-8629	12/18/1968	7803 Springfarm Point Place, Prospect, KY 40059	Controlling Interest Only	0
Brian Andrew Kane	Chief Financial Officer	183-52-2590	1/13/1973	140 N. Fourth St. Apt 1443, Louisville, KY 40202	Controlling Interest Only	0
Douglas Allen Edwards	Vice President, Workplace Experience	242-55-2365	03/24/1975	2218 Alta Avenue Louisville, KY 40205	Controlling Interest Only	0

***Humana Inc. Address Information**

Primary Executive Office Address:
500 West Main Street, Louisville, KY 40202

Domiciliary Registered Agent Address:
Corporation Service Company
2711 Centerville Rd, Suite 400
Wilmington, DE 19808

In

Exhibit C

Humana Health Plans of Puerto Rico, Inc.

Disclosure of Ownership or Controlling Interest in Medicare or Medicaid Provider

May 2020

6.1		
Does the provider/ <i>disclosing entity</i> or <i>any one named in Section 3</i> have an Ownership or Control Interest in any other Medicaid provider?		
<i>Name From Section 3</i>	<i>Name of other disclosing entity or other Medicaid Provider</i>	<i>SSN and/or TIN, as applicable of the other disclosing entity or other Medicaid Provider</i>
Humana Inc.	CANO HEALTH, LLC	26-4543872
Humana Inc. Timothy Alan Wheatley Alan James Bailey Brian Andrew Kane	HUMANA BENEFIT PLAN OF SOUTH CAROLINA, INC.*	84-3226630 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.*	72-1279235 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley Bruno Roger Piquin William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANA HEALTH PLAN, INC.*	61-1013183 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANA MEDICAL PLAN, INC.*	61-1103898 See Exhibit A for SSN's
Humana Inc.	RIVERSIDE MEDICAL CLINIC*	33-0587303

**Other disclosing entity or other Medicaid Provider dually participates under one or more programs described within Section 6.2.*

6.2

Does the provider/disclosing entity or any one named in Section 3 have an Ownership or Control Interest in any other disclosing entity that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V (Maternal and Child Health Services Block Grant), XVIII (Medicare), XX (Block Grants to States for Social Services), or Title XXI (State Children's Health Insurance Program) of the Social Security Act?

<i>Name From Section 3</i>	<i>Name of other disclosing entity or other Medicaid Provider</i>	<i>SSN and/or TIN, as applicable of the other disclosing entity or other Medicaid Provider</i>
Humana Inc.	CANO HEALTH, LLC	26-4543872
Humana Inc.	OAK STREET HEALTH, LLC	46-1454670
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane	ARCADIAN HEALTH PLAN, INC.	20-1001348 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley Bruno Roger Piquin William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	CAREPLUS HEALTH PLANS, INC.	59-2598550 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	CARITEN HEALTH PLAN INC.	62-1579044 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley Alan James Bailey Brian Andrew Kane William Mark Preston	CHA HMO, INC.	61-1279717 See Exhibit A for SSN's
Christopher Howell Hunter Timothy Alan Wheatley Alan James Bailey Brian Andrew Kane William Mark Preston	COMPBENEFITS INSURANCE COMPANY	74-2552026 See Exhibit A for SSN's
Christopher Howell Hunter Timothy Alan Wheatley Alan James Bailey Brian Andrew Kane William Mark Preston	EMPHEYSYS INSURANCE COMPANY	31-0935772 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199 See Exhibit A for SSN's

Humana Inc. Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANA BENEFIT PLAN OF TEXAS, INC.	75-2043865 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549 See Exhibit B for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley Bruno Roger Piquin William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANA INSURANCE COMPANY	39-1263473 See Exhibit A for SSN's
Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685 See Exhibit A for SSN's

fw

Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723 See Exhibit A for SSN's
Humana Inc. Jose Ivan Mercado Luis Felipe Montaner, M.D. Christopher Howell Hunter Timothy Alan Wheatley Bruno Roger Piquin William Mark Preston Alan James Bailey Brian Andrew Kane Luis A. Torres Olivera	HUMANA INSURANCE OF PUERTO RICO, INC.	66-0291866 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444 See Exhibit A for SSN's
Humana Inc. Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	39-1525003 See Exhibit A for SSN's
Christopher Howell Hunter Timothy Alan Wheatley William Mark Preston Alan James Bailey Brian Andrew Kane Douglas Allen Edwards	HUMANADENTAL INSURANCE COMPANY	39-0714280 See Exhibit A for SSN's