

MLR Report for Coverage Period CY2022 HUMANA HEALTH PLAN, INC H0336, finalized 01/31/202

Section 1: General Information

Please note that in cases where these instructions do not provide detail, the detailed guidance for each line item included in the MA MLR instructi

Data element

- 1.a. Coverage Period - Start Date
- 1.b. Coverage Period - End Date
- 2.a. State
- 2.b. Demonstration Name
- 3.a. Organization (MMP) Name
- 3.b. Contract Number
- 4. Date MLR Report finalized
- 5. Fraud Related Expenses Treatment: Choose "Medicare" or "Medicaid"
- 6.a. Contact #1: Name of contact for any questions from CMS or State regarding this report
- 6.b. Contact #1: Position
- 6.c. Contact #1: Phone Number
- 6.d. Contact #1: E-mail Address
- 6.e. Contact #2: Name of alternate contact for any questions from CMS or State regarding this report
- 6.f. Contact #2: Position
- 6.g. Contact #2: Phone Number
- 6.h. Contact #2: E-mail Address

Value

1/1/2022
12/31/2022
IL
Year 8
HUMANA HEALTH PLAN, INC
H0336
1/31/2025
Medicare
Stephanie Mason
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