

C. Technical Approach

18. Provider Network (*Section 28 Provider Network*)

e. Demonstrate progress toward developing network capabilities for statewide access by providing evidence of existing contracts or signed Letters of Intent with providers by provider type (for the Vendor and Subcontractor). Include the following information at a minimum:

e.i. A Microsoft Excel workbook by provider type listing every provider that has signed a contract or Letter of Intent, including the provider's name, specialty(ies), address and county(ies), Medicaid Region(s) served, whether the provider is accepting new patients, accessibility status for individuals with disabilities, language spoken, and the provider's Medicaid Identification Number(s).

Pursuant to Addendum 1 of the solicitation, which confirms that MCOs are not required to print the Excel workbook, please refer to the flash drive for **Attachment I.C.18.e-1 Humana Kentucky Medicaid Provider Network** ("KY PROVIDER NETWORK" tab).

e.ii. A summary Microsoft Excel worksheet with total provider counts by provider type by Medicaid region and county.

Pursuant to Addendum 1 of the solicitation, which confirms that MCOs are not required to print the Excel workbook, please refer to the flash drive for **Attachment I.C.18.e-1 Humana Kentucky Medicaid Provider Network** ("KY SUMMARY COUNT" tab).