

C. Technical Approach

12. Enrollee Services (Section 22.0 Enrollee Services)

a. Describe the Vendor’s operation of the Enrollee Services call center including:

More than a decade ago, Humana made a commitment to deliver a Perfect Experience to help Enrollees achieve their best health and well-being. Our collective efforts to realize this vision are guided by Enrollee-centered values:

- **Know Me:** Meet the Enrollee where they are and anticipate their needs
- **Show Me You Care:** Listen to the Enrollee, be transparent, and do right by the Enrollee
- **Make it Easy:** Connect the dots, coordinate activities with and for the Enrollee, supply context, and reduce complexity
- **Help Me:** Help the Enrollee understand, be the Enrollee’s advocate, and be proactive to solve issues



Our Humana Perfect Experience™ framework has informed the design of our Enrollee Services program. This approach fosters personal, simple, and connected Enrollee experiences that not only empower our Enrollees to manage their health but build their trust in us as a health partner. Our Enrollee-centric approach to advance our service offerings is delivering results. **Since 2016, we have made a 12 percentage point increase in our Enterprise Transactional Net Promoter Score (NPS).** Humana has received multiple awards for customer service and shown below are some of our most recent accolades. For the second year in a row, Newsweek ranked Humana #1 in customer services among health insurance companies. In addition to being named to the 2020 JUST 100 list, Humana ranked #1 out of health care providers on the list for its treatment of customers.

A collage of award logos and a quote. The top row features three Newsweek "America's Best Customer Service" awards for 2019 and 2020. The bottom row features a Forbes 2020 award for "#1 FOR CUSTOMERS IN HEALTH CARE PROVIDERS" and a quote from Vicki Perryman, Senior VP of Consumer and Provider Services, stating: "Going above and beyond for our members helps build trust and makes it easy for our members to achieve their best health." The quote is enclosed in a dark blue rounded rectangle with quotation marks.

We have incorporated the lessons learned from more than 20 years of Medicaid experience and industry best practices into our Member Services Call Center approach for our Kentucky Enrollees. Since 2014, our Medicaid-focused call center in Florida has handled nearly 750,000 calls per year. **We recently expanded our existing call center operations in Kentucky to effectuate more robust support our Medicaid Enrollees.** We intend for our Kentucky Call Center to be our National Medicaid hub, serving as a model for our other call center operations while investing in state-of-the-art technology to develop best practices. This hub is designed to support our future growth and is staffed by Kentucky residents, deepening our nearly 60-year-long commitment to our community.

In co-locating our call center with our corporate headquarters in Louisville, we intend our Kentucky Call Center to be our **national Medicaid hub**

As the eyes and ears of our organization, our call centers are a vital part of our operational success, informing our organization of Enrollee needs in real time. For this reason, we focus considerable resources on ensuring our call centers are equipped to respond. Key components of our strategy include:

- **Thorough training:** Not allowing call center associates to take live calls until they consistently exceed proficiency standards
- **Knowledge management:** Providing an in-depth, online library (Mentor) of policies and procedures for Member Services representatives (MSR) to reference.
- **Comprehensive Enrollee information:** Enabling MSRs immediate access to Enrollee records for appointment reminders and care gap alerts
- **Multiple ways to connect:** Granting Enrollees several options, such as speaking to an MSR and self-management tool including automated prompts or online chat
- **Robust call monitoring:** Allowing supervisors to assist MSRs in real time and providing a detailed record of each call for continuous improvement
- **Issue escalation:** Ensuring that performance issues are raised to the appropriate level within the organization to enable a systematic response where warranted

### Call Center Operations

Humana's Enrollee Services call-in system is available 24 hours a day, seven days a week, 365 days a year. Our local MSRs respond to phone calls from 7:00 A.M. to 7:00 P.M. Eastern Standard Time (EST), Monday through Friday. The Enrollee Services call-in number can route Enrollees to an MSR, Medical advice line, and our behavioral health (BH) Crisis Line. **Our Member Services Call Center is located in Louisville, Kentucky, and is fully dedicated to serving our Kentucky Medicaid Enrollees.** We have backup services available from our Medicaid-only call center in St. Petersburg, Florida, if needed.

In 2019, our enterprise-wide call centers handled **more than 53 million** calls.

### Connecting Enrollees

Humana has designed our call routing technology to ensure Enrollees are connected with the correct team and representative in a timely fashion. Our Avaya call center solution, rated at more than 99% for reliability and redundancy, has co-functionality with our interactive voice response (IVR) and Customer Relationship Management (CRM) platforms and includes three-way calling. We partner with Mattersight to supply Artificial Intelligence (AI)-based technology to seamlessly route calls to the appropriate associate in the most efficient manner.



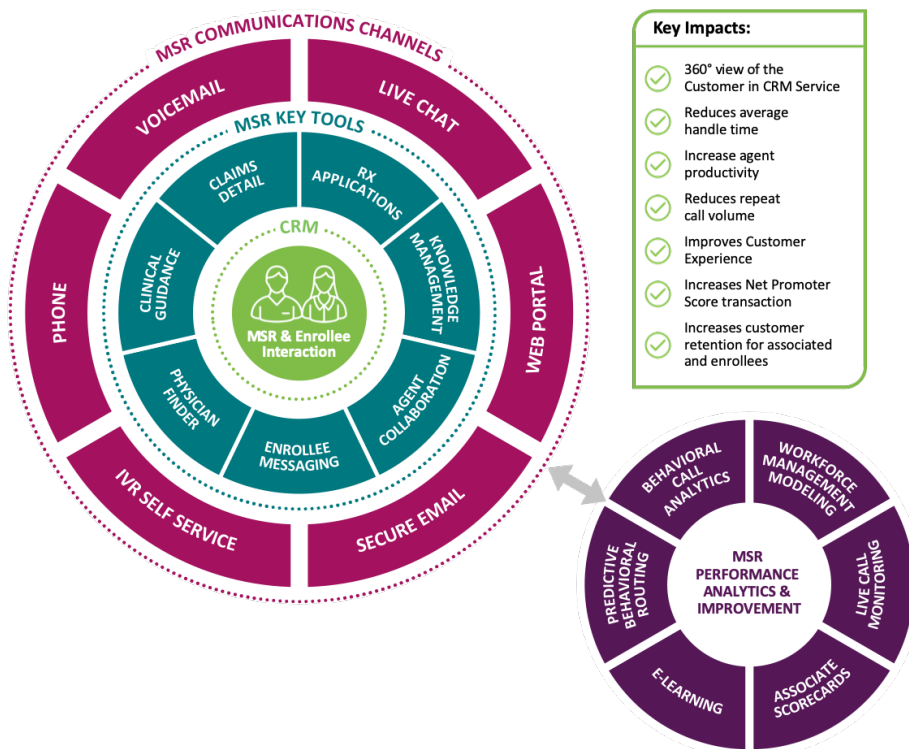
**Interactive Voice Response (IVR):** Our IVR system first asks for the Enrollee's language preferences and then directs the Enrollee to emergency medical or BH services if the need is identified. Through a combination of natural language voice prompts and touch tones, we have designed our IVR system to route Enrollees to the team best equipped to answer the question based on their inputs to the system. At any point in their interaction

with IVR, the Enrollee may leave the automated system by requesting to talk with one of our associates. For example, if the Enrollee needs to talk with a nurse, they can simply say “nurse” or “help with my medicine” and be transferred to the Medical advice line. Enrollees may be routed immediately to an MSR who can assist them in answering questions about topics such as authorizations or filing a grievance or appeal. We track and review Enrollee interactions with our IVR, adjusting as indicated to improve Enrollee experience. Please see **Attachment I.C.12-1 IVR Process Flow** for a delineation of our IVR process during and after business hours.

The CRM system and Call Routing: Our Member Services Call Center process is designed to identify basic information about an Enrollee by mapping the Enrollee’s phone number to their profile (name, Enrollee ID, and other personal details) housed in our CRM system, which offers MSRs a 360-degree Enrollee view, encompassing administrative and clinical matters of specific importance to the Enrollee. Once an Enrollee has confirmed their identity through our IVR or the MSR has authenticated the Enrollee’s identity, the MSR has access to information contained in the CRM such as prior authorization (PA) status, historical claims, approved services, and more. The CRM platform is populated with automatic alerts that support MSRs in reminding Enrollees about upcoming annual visits, age- and gender-appropriate screenings and preventive services, prescription refills, and available Humana programs in which the Enrollee is eligible to participate. CRM also supplies MSRs with the name of the Enrollee’s Care Manager (CM), if applicable, and the last several associates with whom the Enrollee had contact. Through these functionalities, MSRs gain a quick understanding of the Enrollee’s needs and potential approaches on the call.

Three way calling: Our system also allows for three-way calling, which enables the Enrollee, MSR, and health provider’s office to discuss matters such as resolution of a bill, scope of Covered Services, or Coordination of Benefits (COB) with another carrier. For Enrollees who have interacted with our Member Services Call Center previously, we use Mattersight, discussed in greater detail below, to store Enrollees’ personality types and match Enrollees to an MSR suited to their personality. **A depiction of the various systems that support our call center associates is shown in Figure I.C.12-1.**

**Figure I.C.12-1: MSR Integrated Technology Platform**



**Warm Transfer:** Based on the circumstances presented by the Enrollee, the MSR is equipped to make a warm transfer to the appropriate team: Medical advice line, BH Crisis Line, or the care management team. In addition to warm transfer capabilities, Humana offers an internal web chat functionality, allowing MSRs to verify if an associate is available for a warm transfer, seek guidance from another team to resolve Enrollees' needs, or discuss escalation. Our CRM allows MSRs to arrange follow-up tasks for themselves, the care management team, or multiple departments including Grievances and Appeals and Provider Relations. We supplement our CRM's many capabilities with additional Enrollee engagement mechanisms including email, texting, and Enrollee Portal communications.

**Chat Functionality:** We have added a chat function so that Enrollees can connect with MSRs instantly online. Feedback indicates that digital-savvy Enrollees view chat as a fast channel to getting questions answered and prefer chat over calling. Enrollees who are hard of hearing or deaf or who have speech impediments find the chat function preferable and easier to use. Enrollees have also indicated that they like the convenience of the Save Chat feature for future reference, especially when they have received instructions on how to navigate the service through the internet.

**Timely and Accurate Response:** We use a series of metrics to assess the timeliness of call responses as defined in the Draft Medicaid Contract. In 2019, Humana's Kentucky Medicaid plan outperformed the Kentucky Department for Medicaid Services (DMS) call center performance metrics. For the 113,414 calls we received, we answered 100% within four rings with an average speed of answer of 18 seconds. Only 0.85% of these calls were abandoned by the caller.

Our MSRs use our knowledge management software, Mentor, as a guide to ensure that we handle calls in an accurate and consistent manner. Mentor is a highly specialized, internal, web-based resource system that:

- Provides **step-by-step procedures** as well as **overview documents** that include overarching practices (such as approved turnaround times, State mandates, and compliance-related directions) and spreadsheets and directories with the most up-to-date phone numbers and listings
- Allows **quick search and find** accessibility to the documents
- Is a **living repository** that is updated as changes occur, instead of MSRs sorting through email communications or relying on knowledge that may not be accurate

Associates use this searchable library of information when they are asked questions that occur less frequently so they are not required to memorize every piece of important information and to ensure correct information is communicated. MSRs follow the Mentor step-by-step procedures and record the interaction in our CRM system.

**Enrollees with Complex Needs:** For Enrollees with complex needs, we encourage our MSRs to supply high-touch service, taking the time required to resolve the reason for the call. We do not impose call duration time limits, and we ensure that the Enrollee's issue is addressed in full before completing the call. **Our goal for all Enrollees centers on delivering the Perfect Experience, including the time investment and follow-up necessary to achieve 100% satisfaction for Enrollees, their legally authorized representatives (LAR), and/or their caregivers.**

Our Advanced Resolution Team (ART) is a specialized team within the call center created to take escalated calls, conduct targeted research, and follow up. ART is activated for repeat callers, specialized call types, and complex scenarios. The team can access systems and escalated points of contact to resolve Enrollees' concerns within 24-48 hours.

### Improving Enrollee Experience through Innovation

We are continuously looking for ways to improve our interactions with Enrollees such that they obtain the information they need to navigate the health system optimally. Advances in AI present opportunities to analyze Enrollee information and their interactions with our systems and representatives. As mentioned previously, we use Mattersight software, an advanced AI customer service solution, to perform two functions:



- First, using Mattersight’s Predictive Behavioral Routing (PBR) algorithm, we review previous calls to group MSRs into one of four personality types. Mattersight then assesses Enrollees’ tone and choice of words to route Enrollees to an MSR with whom they would have a higher likelihood of developing a positive relationship.
- Second, we use Mattersight to analyze recorded calls for call events that indicate an expression of distress by an Enrollee and a corresponding expression of empathy or positivity by an MSR. We can also search for phrases like “I don’t know” to evaluate calls. Our team assigns the call a rating based on factors such as length of the call, hold or silence time, and words expressed. We use this information to identify areas of improvement for individual MSRs, as well as ways we can improve overall Member Services Call Center operations.

### **Interpretation and Translation Services**

Humana uses services and tools to ensure culturally competent support of our Enrollees’ language and communication needs. We assess our Enrollees’ demographics to better understand their needs and the best ways to address them. We provide extensive training on how to access our language assistance services. For Enrollees who speak any non-English language, MSRs will create a three-way call with the Enrollee and Voiance, our language service Subcontractor. **Voiance provides translators in more than 200 foreign languages and who are immediately available.** MSRs remain on the line, working with the Enrollee and translator for as long as necessary to fulfill the Enrollee’s needs in the same manner that would occur for English-speaking Enrollees. Humana uses this process across our Medicaid programs, including in Kentucky.

Humana also uses Voiance to engage translators in three-way calls between non-English-speaking Enrollees and their primary care providers (PCPs) (or other providers) to ensure appropriate clinical care occurs. Additionally, Voiance provides oral translation services for informational materials as well as interpreter services for provider visits when requested by Enrollees or providers.

To support Enrollees who have a speech impaired, difficulty hearing or are deaf, we train MSRs on how to use our video relay services. Humana provides toll-free Teletypewriter (TTY) access for Enrollees who are hearing impaired or deaf to communicate with our call center. Additionally, MSRs are trained to assist Enrollees who are hearing impaired by altering the volume or speed of their speech or rephrasing scripts to aid the Enrollee in understanding the information being provided to them.

Finally, Humana’s Concierge Service for Accessibility team can assist Enrollees with multiple communication needs. For example, a Concierge Service associate can facilitate access for a non-English-speaking Enrollee who uses sign language or prefers to communicate using braille. Humana regularly reviews grievances and appeals related to cultural and linguistic needs to ensure Enrollees are satisfied with our language services. We will continue to review use of the language line by Enrollees to assess the need for multilingual associates and will recruit additional multilingual candidates to fill any gaps.

We require our bilingual associates, including our MSRs, score a three or better (on a scale of four) on their Interagency Language Roundtable (ILR) scale prior to hire. Our operational performance dashboard measures average service level, speed to answer, wait time, handle time, and abandonment rates for English and Spanish speakers separately to allow for performance comparisons and, if necessary, operational adjustments.

### **MONITORING PERFORMANCE**

#### **Strategic Call Quality Program**

Humana’s Enterprise Shared Services (ESS) Quality department is responsible for measuring and reporting on call quality; providing a holistic measurement of the call; and considering people, processes, and tools that influence and ultimately improve the Enrollee’s experience. Humana’s quality team assists our call centers in securing and maintaining National Committee for Quality Assurance (NCQA) accreditation, driving

improvements, and diagnosing and tracking trends. Results are available via a real-time dashboard, and monthly discussions to drive improvements occur with the Member Services Call Center leadership.

Humana records 100% of Enrollee calls, and our ESS Quality department randomly selects a statistically valid sample of calls to monitor on a monthly basis. The statistically-valid sample includes a 95% confidence level and 5% margin of error based on Six Sigma methodology.

Call quality goals are based on the following metrics:

- Compliance goal  $\geq 90\%$ 
  - Health Insurance Portability and Accountability Act (HIPAA)
  - Grievances and appeals
  - Centers for Medicare and Medicaid Services (CMS) Risks
- Accuracy goal  $\geq 90\%$ 
  - Accuracy of information provided

### Manager/Supervisor Monitoring

Our Member Services Call Center manager, Sarah Porter, closely monitors the call center's performance. The manager and supervisors oversee individual MSR performance as well as call center functionality and performance. The manager, supervisors, and team leaders monitor performance on a real-time basis using desktop dashboards and "Symon Boards" (large plasma screens located on the call center floor). Team leaders and supervisors intervene to assist associates in real time by offering screen sharing or live chat instruction or assisting side-by-side with associates for particularly difficult situations. Such intervention is often initiated based on real-time monitoring; however, associates may also request this support for any calls.

We use Verint, a multi-faceted system that supplies live call monitoring, call recording, a screen capture of what each associate is accessing on a call, data reporting, and mock assessments for leaders to score associates' calls. We assess variables such as accuracy of response and technical knowledge, correct use of Mentor documents and procedures, the accuracy of call routing, and timeliness of issue identification. The results of these quality audits populate our agent scorecard (along with other performance information such as attendance, schedule adherence, average handle and hold time, productivity, etc.), which we discuss during monthly performance reviews, along with areas for additional training to support individual MSR's performance improvement goals and Enrollee Services performance overall.

Additionally, Humana has implemented two other systems for measuring how well we respond to Enrollee needs.

- Through our **Voice of Customer (VOC)** program, we collect survey data and caller feedback via an automated outbound call survey that asks the caller questions about their overall experience with Humana and the quality of the caller's recent experience. MSRs who receive perfect VOC after-call survey results receive on-the-spot recognition, boosting morale and enhancing our Perfect Experience-centered culture.
- Our **Perfect Call Metrics (PCM)** measure the percentage of calls where each dimension of the call (agent knowledge, agent courtesy, satisfaction with agent, issue resolution) receives a top rating.

We use the results of VOC surveys and PCM metrics to assess individual MSR performance and monitor the overall performance of the Member Services Call Center. In addition, we measure our collective performance using standard call center metrics (the speed of calls answered, busy signal and hold rates, and call abandonment rates) as well as regular analysis of our grievances and appeals. We report these findings to our Quality Improvement Committee (QIC), Medicaid Compliance Committee, and our Member 360 Committee to solicit input on the best ways to improve our processes and Enrollee communication tools.

### Oversight

In keeping with best practices, a key part of our operational strategy is to continuously review Enrollee satisfaction. We supplement VOC, Perfect Call, and other traditional customer satisfaction measures with **NPS**, which measures an Enrollee’s likelihood of recommending Humana to a friend. In 2019, our overall Medicaid NPS was 40% placing us in the 94th percentile of the health plan industry.

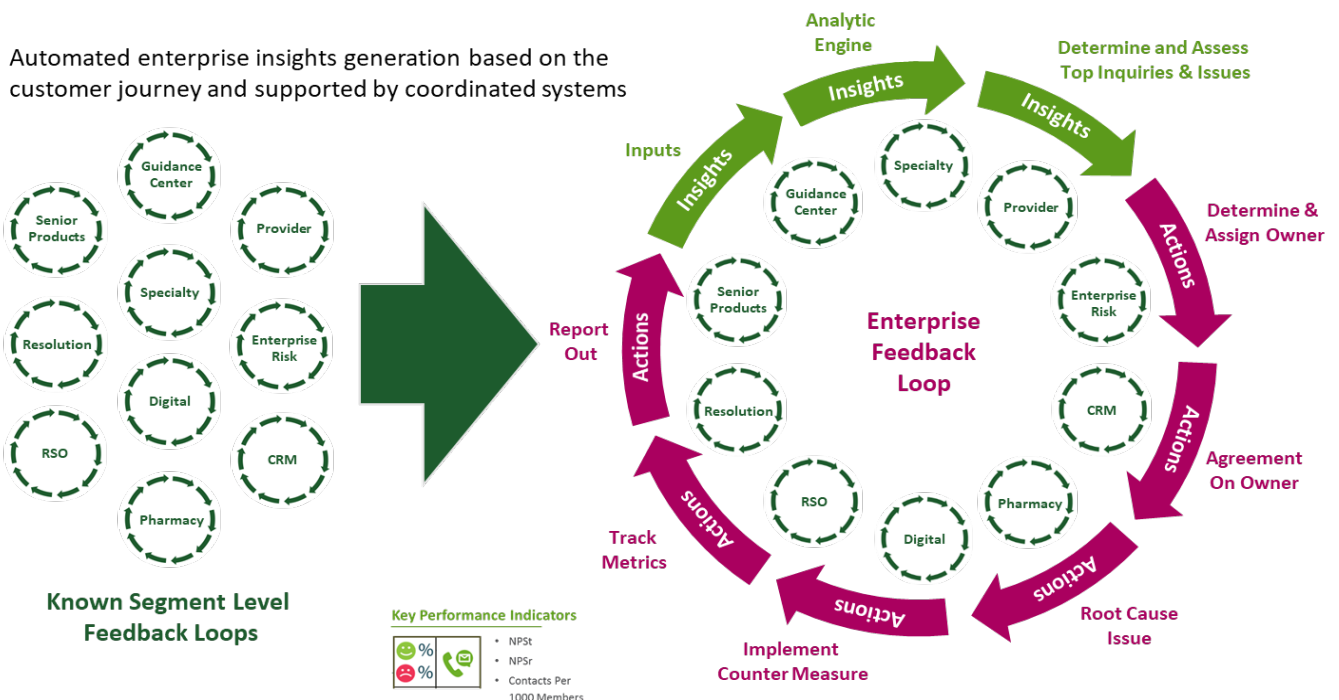
Humana had a **12-point increase** in our Enterprise Transactional Net Promoter Score from 2016-2019.

The Retail Experience Transformation team partners directly with all Medicaid call center leaders, associates, and project teams to react to key metrics (including NPS and VOC) and provide call listening insights. They identify opportunities for improvement and provide on-demand job aides and call scripting. The team influences project outcomes by contributing to associate training and tool development and serving as Enrollee and associate advocates.

Our Member Services Call Center manager and leaders collect monthly MSR scorecards, present findings to internal management oversight committees, and develop performance improvement activities based upon feedback received and trends observed. For example, our Florida Managed Medical Assistance (MMA) Enrollees indicated they were having difficulty getting their prescriptions filled. Based upon their feedback, we implemented an override procedure that allows Enrollees to use an out-of-network (OON) pharmacy to fill needed prescriptions if they are unable to fill them in-network. Our pharmacy team oversees this arrangement.

We are committed to continuously improving the Enrollee experience. **We have launched an Enterprise Feedback Loop initiative, which provides a holistic approach to continuously analyzing and improving customer experience.** This Feedback Loop takes information from all sources of Enrollee feedback to Humana (including calls, emails, chat, social media, clickstream, and other digital metrics), aggregates feedback, and analyzes the assembled information using machine learning to provide multi-level analytics to our business units. The system provides automated alerts to team leaders keeping them abreast of trends on high-priority and frequently occurring issues to facilitate agile and timely responses. Our analytics allow us to glean actionable insights, which we use to improve the customer experience. This tool also provides for continuous monitoring so we can continuously improve our methods to best meet our Enrollees’ needs.

**Figure I.C.12-2: Enterprise Feedback Loop**



**a.i.** How the Vendor will monitor and ensure full staffing during operational hours.

As a data-driven organization, Humana uses performance and process metrics to continuously evaluate staffing to ensure high-quality interactions with Enrollees. The goal of Humana's Workforce Management team is to create an environment that provides timely Enrollee engagement, optimized workforce utilization, and high employee satisfaction. From the science of forecasting to the logistics of capacity planning, to the personalization of scheduling, to the urgency of intraday management, we strive to promote a culture that maintains a keen focus on the interaction and engagement between Enrollees and our associates.

We utilize Aspect Workforce Management (WFM) as our platform to forecast future call arrival and staffing requirements. Aspect WFM provides a foundation for effective forecasting, staff planning, shift scheduling, and daily management. Our Workforce Management team, leaders, and supervisors use Aspect WFM to proactively manage key performance indicators throughout each day.

**Forecasting**

The Workforce Management team gathers relevant data points to build forecast models specific to our Medicaid Member Services Call Center operational needs. Utilizing Aspect WFM, regression techniques, and time series forecasting approaches, our analysts study contact volume, average handle time (AHT), attrition, and other locally-specific metrics to generate long-term and short-term forecasts. Using these forecasts, our leaders execute staffing plans in conjunction with training leaders to generate schedules for associates on a weekly basis.

On a more granular level, these forecasting and scheduling data are updated and analyzed multiple times a day to ensure that we make proactive adjustments to optimize short-term efficiency as well as provide a continuous improvement feedback loop for future forecasts.

**Staffing**

We take a data-driven, iterative approach to analyze trends and inputs to execute staffing plans that flex to the evolving requirements of each day and week. Using outputs from our forecasting process such as leading and lagging indicators across domains like productivity, accuracy, and key performance indicators (KPIs), the Workforce Management team develops staffing plans to address daily, weekly, and monthly forecasts. Our leaders and supervisors monitor and respond to opportunities to continuously improve operational efficiency, adjusting assignments and schedules as necessary. We maintain a variety of shift schedules based on the hours of operation and distribution of workload to develop and offer specific types of schedules (full-time, part-time, flex, 10-hour, preference-based, etc.) that most efficiently support staffing models.

**Intraday Management**

Through Aspect WFM, our Workforce Management team monitors the real-time status of associates and their expected activity. Additionally, the system is continuously refreshed on each associate's desktop where they can review and request schedule changes, overtime, voluntary time off opportunities, time off; trade schedules with other specialists; and review future scheduled days. Throughout the course of each day, forecasting and scheduling data are updated and analyzed on an interval basis and based on intraday call delivery trends to ensure we make proactive adjustments to staffing to optimize efficiency. We use electronic, up-to-the-minute display boards so leaders and call center associates have a visual status update of call center queues at all times.

**High Volume Support**

Associates in our Florida and other state Medicaid call centers are cross-trained to support our Kentucky Medicaid Member Services Call Center during periods of high call volume. Medicaid Enrollees rarely, if ever, experience busy signals or downtime. Even during times of system stress, such as weather-related disasters, our



backup call centers and national resources ensure we always have associates available as an essential component of our business continuity and disaster recovery plan.

**a.ii.** Examples of training and resources provided to call center staff.

We have developed and use an extensive MSR training curriculum that was largely influenced by core Perfect Experience principles that espouse all Enrollees be treated with the utmost respect. As such, our MSRs are expected to treat each caller in a dignified and courteous manner while protecting Enrollee privacy. Our training includes structured classroom instruction, role-playing activities, and live calls taken in the classroom by the training facilitator to help our representatives understand the circumstances Enrollees face.

To ensure MSRs will act appropriately when handling Enrollees’ urgent issues, we conduct initial training in a classroom-style setting to provide a controlled environment. Process flows and escalation processes are reviewed in detail, allowing MSRs to ask questions and reinforce procedures. Documentation of completed training is kept in the MSR’s employment file. Annual re-training of processes, policies, and procedures is conducted for all associates.

Please refer to three examples of our training materials and resources provided to call center associates:

- **Attachment I.C.12-2 Verification of Benefits Training Example**
- **Attachment I.C.12-3 Addressing Consumer Needs Training Example**
- **Attachment I.C.12-4 Verifying Provider Status Training Example**

Humana’s core training for MSRs is extensive with six weeks of classroom training, at least one week of live calls in a training environment, and an additional week of on-the-job observation within the call center. During the “classroom” phase, associates receive instruction, including but not limited to the following topics as outlined in the Table I.C.12-1 below:

**Table I.C.12-1: Enrollee Services Core Training Topics**

Enrollee Services Core Training Topics		
Ethics and Compliance	Benefits	Humana’s Program for Service Excellence
Perfect Experience	Operating systems	Humana policies and procedures
Health Literacy	HIPAA	Medicaid basics and product training
Cultural Competency	Telephone etiquette and participation in “live” contacts	Kentucky programmatic requirements including Covered Services, eligibility determination
Clinical tools such as Clinical Guidance eXchange (CGX)	Program integrity	Billing procedures and how to address circumstances where an Enrollee mistakenly receives a bill from a provider
Our proprietary CRM	Grievances and appeals	Enrollee Rights and Responsibilities
Claims	Pharmacy	Provider Verification tools

A key module of our training program focuses on cultural competency. **Humana works to develop each associate’s ability to meet the cultural and linguistic needs of Enrollees** and has undertaken quality improvement efforts to enhance workforce sensitivity to diversity, disparities, and the need to provide appropriate and effective services. Part of this strategy includes a commitment to hiring associates from diverse backgrounds representative of the various cultural influences (e.g., regional) within the Commonwealth. In addition to hiring associates who reflect the diversity of Enrollee demographics, Humana recognizes that

training is a fundamental component in providing culturally competent care. Humana requires all plan associates to take Humana’s cultural competency training upon hire and annually thereafter. We administer training through a web-based cross-cultural communication training program called Quality Interactions® and provide additional cultural competency training in Humana’s mandatory annual ethics training module.

We also work with our community partners to train our call center and additional Enrollee Services associates on specialized areas within their expertise. For example, we have partnered with the Bounce Coalition, a Louisville-based non-profit, focused on improving the future health of children. This partnership will provide meaningful training to our associates to recognize signs of Adverse Childhood Experiences (ACE) and understand the impact of these experiences.

All of our Enrollee Services associates, including call center associates, participate in our Poverty Simulator. As part of our Professional Skills Workshops, **we developed our Poverty Simulation in partnership with professors at Bellarmine University to train associates on what it is like for families living at or below the poverty level.** During the simulation, participants role-play the lives of low-income families, including people with disabilities. This gives our associates a unique, practical understanding of the challenges our Enrollees face while increasing their ability to listen and communicate more effectively.

Following classroom training, there is a nesting period where MSRs take live calls with an experienced MSR or trainer at their side to guide them and supply feedback. During this period, our MSRs receive real-world calls experience and extensive hands-on training on Humana’s technology tools such as CGX, our CRM platform, and our Mentor policy and procedure resource guide.

We train all new MSRs to use Mentor, our knowledge management software. MSRs use Mentor as a guide to ensure we handle calls in an accurate and consistent manner as well as to provide alerts to programmatic changes and alerts. We train MSRs to follow the Mentor step-by-step procedures and record the interaction in CRM. We also train MSRs in our Florida and other state Medicaid call centers on accessing Mentor guidance for our Kentucky program to support Kentucky call center operations in times of high call volume.

Humana views training as an ongoing process. Refresher training is provided annually on the topics listed above as well as new protocols and methods for enhancing call center responsiveness. We conduct ongoing training in a variety of ways such as Computer-Based Training (CBT), leader huddles to convey new requirements, and, if necessary, additional classroom training to address more extensive training needs. Our Quality team monitors associates’ performance and adherence to internal processes. Associates identified as requiring reinforcement or education on the process will be immediately addressed. A department supervisor or manager will provide training and feedback to ensure the associates can perform at department standards.

**a.iii.**

Approach to using back-up staff to support increased call volumes, how the Vendor ensures such staff are trained and have the correct materials specific to the Kentucky Medicaid managed care program, and location of these staff.

**The Kentucky Member Services Call Center is our national Medicaid hub**, serving as a model for our other call center operations. This hub is designed to support our future growth and is staffed by Kentucky residents. We have the ability to direct multi-state call centers and national resources from Kentucky.

Humana’s information systems ensure that all associates, regardless of location, have access to the latest information to respond to Enrollee inquiries. We ensure all information MSRs need is at their fingertips through access to Humana-wide resources such as Mentor and CRM. The information system contains both Enrollee-specific information as well as information on the Kentucky Medicaid Managed Care (MMC) benefits, programs, provider network, and community resources, including those that address Social Determinants of Health (SDOH).

To support increased call volumes, our associates in our Florida and other state Medicaid call centers are cross-trained regarding the Kentucky MMC program. **Recently, we used this back-up capability effectively in the first two weeks of the integration of CareSource Enrollees into Humana.** Because these call centers are Medicaid-only, the MSRs have a deep understanding of Medicaid and its programmatic requirements. These MSRs also receive training tailored to the unique needs of Medicaid Enrollees in each state and the rules associated with each state's Medicaid program. This training occurs during MSRs' initial training and continues on an ongoing basis to address programmatic changes or changes to policies and procedures. Humana maintains assessment standards to provide information about how well the MSR has achieved training learning objectives. MSRs scoring 85% or greater are considered proficient. MSRs scoring lower than 85% after three attempts are put on a remediation plan until learning objectives are met.

b.

Describe the Vendor's approach to Enrollee outreach and education, including the following at a minimum:

b.i.

Overall approach to educating and engaging Enrollees about topics such as but not limited to Covered Services, accessing care, availability of the Population Health Management program, and improving overall health.

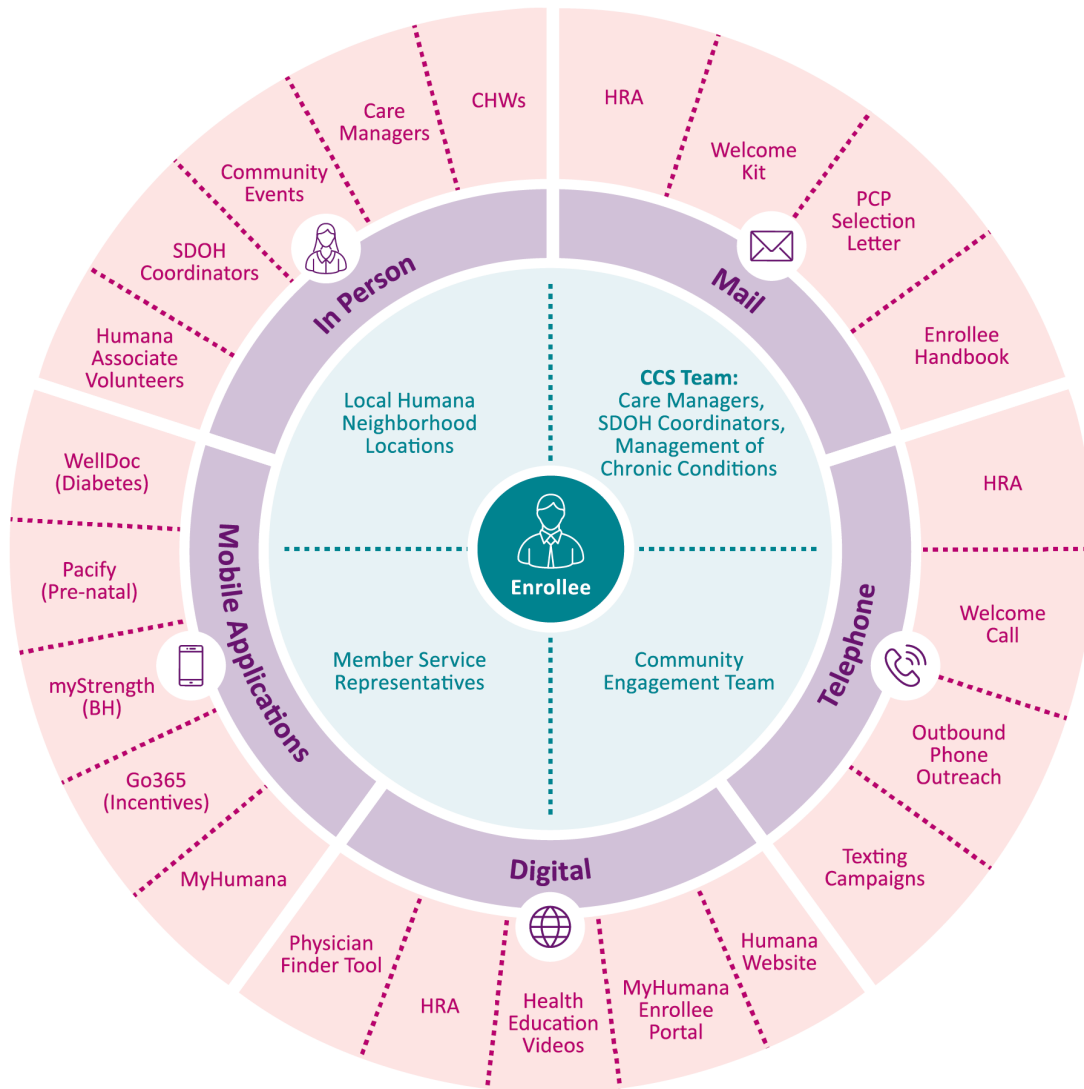
### **OVERALL APPROACH**

At the heart of our Enrollee education and engagement approach is a commitment to help people achieve their best health and lifelong well-being. We focus on creating personal, simple, connected experiences to help Enrollees and their families understand how to successfully navigate the healthcare system and make educated decisions to improve their health outcomes – we call this our Member Journey (detailed in **Attachment I.C.12-5 Medicaid Member Journey**). We inform our education efforts by developing a deep understanding of the communities we serve and using data to provide insights into our Enrollees' needs to establish and maintain a 360-degree view of our population. We employ a two-tiered approach to education and outreach, incorporating the requirements of Section 22 of the Draft Medicaid Contract.

- We develop and disseminate education materials such as our Enrollee Handbook, which includes a description of Covered Services, is available to Enrollees upon enrollment online, and is delivered to Enrollees within five business days of enrollment.
- Our highly trained associates and state-of-the-art technology platforms deliver proactive, personalized messaging targeted to Enrollees' needs. This education also evolves over time as we progress with them through their personal health and well-being journeys.

The figure below illustrates our approach to leveraging multiple avenues and tools to effectively engage our Enrollees.

**Figure I.C.12-3: Humana’s Medicaid Enrollee Services Touchpoints**



We regularly monitor the effectiveness of our education and engagement approaches and modify them – broadly across our enrolled population and for individual Enrollees – as necessary.

**WHO DOES IT: EDUCATION AND ENGAGEMENT TEAMS**

**Community Engagement Team**

Under the direction of the Kentucky Culture & Community Engagement Director, Bryan Kennedy, our Kentucky Medicaid Community Engagement team identifies, designs, and implements community engagement programming that is responsive to Enrollee needs, takes into account health disparities, and leverages our relationships with Community-Based Organizations (CBO), faith-based organizations, and the provider community. Our two existing Humana Neighborhood Locations in Louisville and Covington provide further opportunity to implement innovative events, including healthy cooking demonstrations, nutrition classes, fitness classes, and Baby Showers for expectant mothers (discussed in greater detail below), for our Medicaid Enrollees.

**Our community engagement coordinators are located in Paducah, Owensboro, Northern Kentucky, Eastern**

**Kentucky, Lexington, and Louisville where they often lead outreach and education efforts in their communities.** Community engagement coordinators are licensed associates who offer or participate in local events that are rich opportunities to perform outreach activities, coordinate approved giveaways, and order and deliver educational materials and literature.

### **Experience, Strategy, and Transformation Team**

Our Experience, Strategy, and Transformation team drives integration, collaboration, and coordination among Humana business entities to improve the consumer experience at Humana. This team, comprised of experts in healthcare literacy, leads efforts to continually assess the quality and clarity of our Enrollee experience, including educational materials and Enrollee communication methods. To ensure the effectiveness of our Enrollee education programs, the Experience, Strategy, and Transformation team supports operational areas in monitoring and evaluating our campaigns. We use both process metrics (e.g., return mail rates) and outcome measures [e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS)] to drive improvement and optimize our messaging. Additionally, through continuous aggregation and analysis of Enrollee experience data, the Experience, Strategy, and Transformation team ensures our education strategy is guided by the needs of our Enrollees and with the ultimate goal of creating a personal, simple, and connected experience.

### **Clinical Member Engagement Marketing Team**

Humana’s Member Engagement Marketing team designs multichannel personalized outreach campaigns leveraging data insights, advanced analytics, and proprietary predictive algorithms and tools. We use the following data points to craft our algorithms: claims, outreach efforts, clinical outcomes, historical compliance in care routines, medication adherence, and deep knowledge of consumer behavior. From these data, we create integrated outreach efforts that are personalized to ensure we have the greatest impact on the Enrollee, and we use their desired communication pathway from the information we have stored in our enterprise platforms. For example, we use our innovative and pioneering Clinical Insights Engine (Anvita) to identify Enrollees’ gaps in care and drug-safety concerns mining real-time claims data. We also leverage advanced analytics models like our Emergency Department (ED) Predictive Model to predict the likelihood of an Enrollee using the ED when another form of care, such as urgent care or an office visit, would be more appropriate. Using these advanced capabilities combined with our deep knowledge of our Enrollees, we reach out to Enrollees with the right interventions at the right time through an omnichannel engagement strategy to educate and engage our Enrollees in their health.

In 2019, Humana’s Product team received the first place award in Forbes’s “Companies Doing Right by America” for our data-driven approach to addressing Enrollees’ SDOH needs through product development in 2019.

### **Product Development**

Our Product Development team is responsible for creating engaging and effective Enrollee education materials. The Product Development team ensures Humana creates materials in a manner that respects and accommodates the unique cultural dynamics, language needs, and access requirements of our Kentucky Medicaid Enrollees.

### **HOW WE DO IT: EDUCATION AND ENGAGEMENT TOOLS**

To effectively use Enrollee information materials to optimize engagement requires the distribution of the right materials, at the right time, and through the right channels to best meet Enrollee needs. Delivering on these objectives requires a true consumer focus and an appreciation of the challenges of effectively reaching Medicaid subgroups and the unique social, economic, cultural, and lingual issues they face. When Humana discovers that a certain approach is not effective enough – or that a different approach will work better – we immediately plan for alternatives and present our revised approaches and materials to DMS for review and approval.

### In Person

Member Services representatives (MSR): Our MSRs use inbound and outbound phone calls as opportunities to remind Enrollees about upcoming well visits for screening and prevention services, follow up on information sent to the Enrollee, and assist them in obtaining community support services from our proprietary Community Resource Directory (CRD). Our MSRs connect Enrollees to support provided by our Comprehensive Care Support (CCS) team. Comprised of Humana associates with expertise in physical health, BH, and SDOH needs of Medicaid beneficiaries, our fully integrated Kentucky Medicaid CCS team serves as a forum to exchange information and ideas and ensure optimum outcomes for Enrollees in care management. In addition to inbound Enrollee calls, MSRs conduct outreach to Enrollees through phone and mail following a change in condition, automatically flagged in our system following an ED visit or inpatient stay.

Care Managers (CMs): Through ongoing, face-to-face interactions and regular telephone check-ins, Humana's CMs form a deep understanding of our Enrollees' goals, needs, supports, and services. This relationship with our Enrollees enables CMs to provide relevant, personalized information that addresses Enrollees' unique needs, such as how to access services and the value of preventive and screening services. CMs also educate Enrollees about value-added services, refer the Enrollee to community and third-party supports available to them, and coordinate the provision of any needed medical and BH services.

Community Health Workers (CHWs): Our Kentucky CHWs are responsible for establishing and cultivating relationships with Enrollees, community stakeholders, and providers; connecting Enrollees with critical community support programs; and facilitating community events and education programs. Humana hires our CHWs from the communities they serve; they demonstrate strong sensibilities to locate and engage Enrollees in supportive care and provide culturally appropriate supports. They must have a close understanding of outreach strategies and the CBOs in their assigned region. Specifically, they:

- Perform feet-on-the-street functions to administer and ensure completion of the Health Risk Assessment (HRA), targeting difficult and unable-to-contact (UTC) Enrollees in order to connect Enrollees to appropriate SDOH resources and encourage Enrollees to become advocates for their health
- Liaise among Humana CMs, providers, and CBOs to coordinate referrals for Enrollees to community-based services and programs and to foster integrated efforts among all parties, and
- Facilitate engagement between Enrollees and their PCPs, encouraging the completion of health promotion activities, including but not limited to HEDIS gaps in care

Local Humana Neighborhood Locations: Humana's local offices in Louisville and Covington provide in-person customer service, health education, chronic condition classes, fitness classes, social activities, in-center screenings, and community resource referrals to our Enrollees and the community. Our Covington location (which opened in May 2019) is located inside St. Elizabeth Hospital to provide a more coordinated patient experience and improve the health and well-being of the community and the hospital's patients. **In 2019, our Louisville location hosted 21,286 unique visitors, more than 2,000 of whom were Humana Enrollees.** Our locations host multiple daily events. Some examples of the diverse events scheduled in January and February of 2020 include:



- Spanish Language classes
- Battling Dangerous Belly Fat
- Diabetic Foot Screening
- Blood pressure and BMI screenings
- Cooking for one
- Habits to help prevent Alzheimer's Disease
- Managing your heart health
- Zumba
- Tai Chi/Qi Gong
- Strength and Balance
- Yoga
- Meditation
- Stretch your grocery dollars
- Member orientations
- Prediabetes: Keep your blood sugar in check with Rejith Paily, MD, FACP
- Your Meds: What you should know with Sullivan University
- Tech Tuesdays include how to use your smartphone and registering for Go365

- Social events, including birthday parties, trivia, dances, movie nights, crafts, and more

## Digital

**Humana Website:** Our state-of-the-art website features persistent navigation at the top of every page that provides Enrollees access to the most used features: Find a Provider, Choosing a Primary Care Provider, Enrollee Handbook, Connecting to Care Management, How to Get Help, and Contact Us. We will continue to offer a translation function so the website will be available in both English and Spanish. Enrollees can also call our Member Services Call Center, which will connect them to oral interpretation services in 200 languages, video interpretation in 24 languages, including American Sign Language (ASL), and translated written materials of vital documents based on threshold languages and auxiliary aids required by disabled Enrollees. Since language is not the only barrier to access, website users may also adapt font sizes for easier viewing.

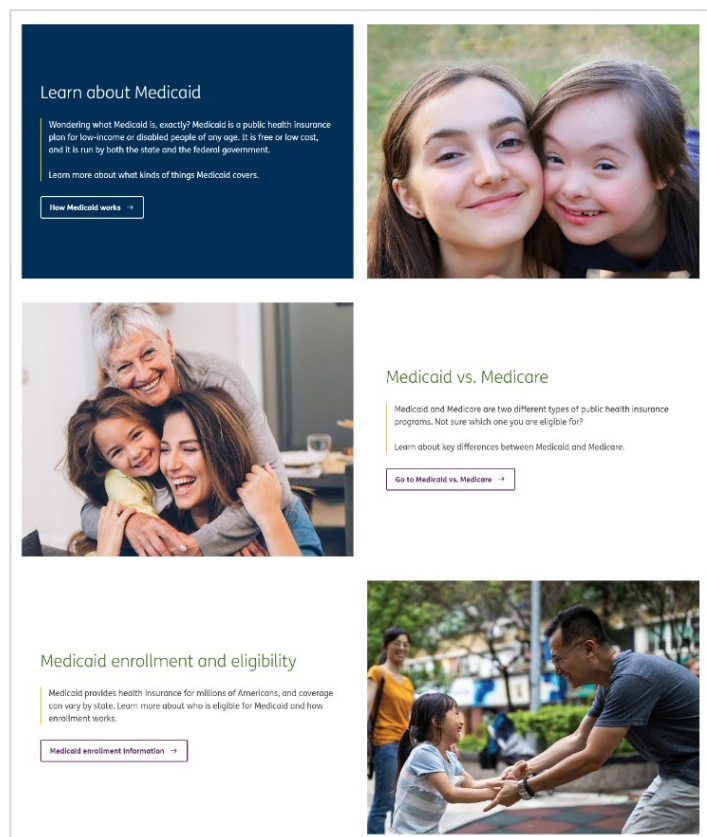
Innovative features include:

- Our web-accessible **Physician Finder Plus** tool assists Enrollees in identifying a PCP who is both a good fit and accessible for Enrollees' individual needs.
- Our proprietary search engine, "**AskHumana**," actively engages with Enrollees based on past search behavior. AskHumana uses intelligent algorithms to include results that are related to the Enrollee's search topics in the hopes of guiding the Enrollee to the information they need, not just what they searched. This best-in-class feature is especially important for Enrollees with lower literacy levels and those with less experience searching online. Our goal is to further adapt AskHumana to include Enrollee-specific information, such as the Enrollee's specific PCP's name and phone number in response to a search for "PCP."
- More than 200 **Health Education Videos** discuss topics such as "How does Health Insurance Work?" and "How to Get the Most from Your Health Plan."

**MyHumana Enrollee Portal:** Our website's secured Enrollee Portal includes a secure chat feature available 24 hours a day, seven days a week that allows Enrollees to immediately access Humana associates trained on their specific plan and who can address their needs in real time. Enrollees can also access our Physician Finder Plus tool to conduct searches for doctors and pharmacies. The MyHumana portal has a built-in algorithm to remind Enrollees of critical health-related activities such as screenings, exams, and medication reminders. Enrollee data is compiled from care plans and claims. We then run these data through our algorithms to determine what care the Enrollees should receive. Each time an Enrollee logs on to MyHumana, they will see a gap-in-care alert if they have at least one gap. Additional engagement features enable Enrollees to:

- Designate caregiver access for loved ones who also have Humana insurance – Enrollees can complete an electronic protected health information (PHI) form online via the secure portal, allowing their caregiver to

Figure I.C.12-4: Humana Website



access the Enrollee's secure information via their own login; Enrollees can also manage access to their caregivers inside the portal (e.g., remote access)

- View all claims data and health history from the secure portal
- Set their communication preferences from inside the portal allowing them to select how they want Humana to connect with them on various communications
- Complete their HRA online in the secure portal
- View their medical and long-term care plans in the portal
- Access prior authorizations (PAs)
- Find relevant health programs available to them based on their plan specifics

**Mobile Health Applications:** Humana provides a wealth of mobile applications to engage our Enrollees and incentivize healthy behaviors. More information about our Mobile Health Applications is detailed in sub-question I.C.12.c.i below.

- MyHumana Mobile Application
- Wellness and Rewards Program: Go365
- Maternal Health and Wellness: Pacify
- Diabetes Management: WellDoc
- Behavioral Health Management: myStrength

#### Telephonic

**Welcome Call:** We greet new Enrollees with a welcome call during which we provide information about when they will receive their welcome kit and Enrollee ID card. We also attempt to complete the HRA at this time. If an Enrollee indicates wanting to learn more or an interest in selecting a PCP, they will be connected to Humana's Member Services Call Center, where they can be connected to a live agent for further assistance. Our MSR will provide more detailed information about how the plan works, confirm receipt of the Welcome Kit, and attempt to capture Enrollee health data and preferred contact information. If an HRA was not captured previously, our MSRs will also attempt to complete the HRA over the phone. If the Enrollee expresses an unmet healthcare need during the Welcome Call, we will connect them to our care management team for further assistance.

**Telephonic Outreach:** Humana uses Enrollee outreach calls to Enrollee home and/or mobile phones to remind Enrollees about upcoming and overdue preventive health visits and as a tool for our health literacy campaigns. For example, we intend to replicate the success of our **Referral Calls Program on Healthy Days** piloted in our Florida Medicaid market, where MSRs conducted outreach calls and engaged with 1,000 Enrollees who reported more than 20 Unhealthy Days and linked more than 30% of Enrollees interested in learning more to Humana's health improvement programs. **As a result of this proactive outreach, we saw an increase in PCP visits and a significant decrease in Unhealthy Days for the Enrollees we reached. We will duplicate the success of this program for our Kentucky population.** More information regarding Healthy Days, is located in sub-question I.C.12.b.iv of this response.

**Text Messaging Campaigns:** Acknowledging the high use of mobile phones across our Kentucky population, Humana uses text messaging to engage Enrollees through broad announcements and individualized outreach while staying within the constraints of ensuring Enrollee confidentiality. Our text messaging campaigns will reach our entire text-eligible population to address topics such as annual wellness visits, flu shot reminders, HRA completion, with an aim to drive traffic toward the additional resources available on the MyHumana portal and other digital Enrollee incentive platforms. Many of our participating pharmacies also use text reminders about pharmacy refills.

#### Written Resources

Humana mails a Welcome Kit to all new Enrollees within five business days of receiving DMS's enrollment file. We mail the Welcome Kit in clearly marked packaging to ensure that it is not discarded. The Welcome Kit includes the Enrollee Handbook, a description of our value-added services, easy-to-read call to action in taking the next steps toward better managing their health, a consent for release of medical information form, and the



initial HRA with a postage-paid return envelope. We will also, in writing, notify Enrollees of their CM's name, if applicable. We send Enrollee identification (ID) cards via first-class mail to ensure Enrollees are able to obtain services upon their effective date. We provide additional written resources to Enrollees throughout their journey with Humana, including targeted condition management resources and programmatic updates. These written resources are mailed to Enrollees, given through their CM, or distributed by providers and CBOs.

### **Ensuring Compliance with DMS Requirements**

We have a rigorous, multi-step process to ensure all the materials we develop comply with DMS and Medicaid programmatic requirements and are designed to best meet the needs of Enrollees. Our Business Review committee, consisting of operational experts in our business areas, examines all Enrollee outreach and education materials for content. Our Corporate Review committee, consisting of representatives from our Regulatory Compliance, Product Design Compliance, and Legal departments, conduct an additional review to ensure that all materials, including digital, comply with all rules, regulations, and Contractual requirements related to consumer materials. Enrollee materials are only submitted to DMS for review and approval once they have passed our rigorous internal review.

### **EDUCATION AND OUTREACH: COVERED SERVICES**

Humana's Welcome Kit materials and the Enrollee Handbook thoroughly describe how the plan works, how to access Covered Services, value-added services, and information on selecting an appropriate PCP. We use these materials as an opportunity to introduce Enrollees to us and to provide them what they need to effectively navigate their plan and manage their health.

As stated previously, we greet new Enrollees with a welcome call during which we provide information about when they will receive their welcome kit and Enrollee ID card. We also attempt to complete the HRA at this time. If an Enrollee indicates wanting to learn more or an interest in selecting a PCP, they will be connected to Humana's Member Services Call Center, where they can be connected to a live agent for further assistance. Our MSR will provide more detailed information about how the plan works, confirm receipt of the Welcome Kit, and attempt to capture Enrollee health data and preferred contact information. If an HRA was not captured previously, our MSRs will also attempt to complete the HRA over the phone. If the Enrollee expresses an unmet healthcare need during the Welcome Call, we will connect them to our care management team for further assistance.



Along with our Enrollee Handbook, Enrollees may also access information about Covered Services through the MyHumana Enrollee Portal and mobile application (e.g., electronic ID card, Physician Finder Plus). We also periodically send Enrollee newsletters or flyers targeting specific Covered Services to educate Enrollees about their availability and how to access these services. (e.g., telehealth services, flu vaccinations, and preventive screenings). We also conduct call campaigns aimed at providing information about Covered Services. This includes information about the importance of an annual PCP visit.

Humana associates are also valuable sources of information about Covered Services for Enrollees. Our MSRs are trained extensively to assist Enrollees in understanding their coverage and how to access services. CMs, management of chronic condition nurses, CHWs, and SDOH coordinators also serve as valuable resources for Enrollees.

### **EDUCATION AND OUTREACH: ACCESSING CARE**

#### **PCP Selection**

Humana understands the immense value of primary care and thus makes a concerted effort to educate Enrollees on the role of their PCP to ensure that Enrollees receive the right care, in the right setting, by the most appropriate provider, and in a manner consistent with Enrollees' desires and values. We place a large emphasis on educating Enrollees on how to choose a PCP based on important factors in their lives, such as distance, language, and special needs. From the moment of enrollment, we engage and perform outreach to Enrollees using multiple avenues to ensure that they have several opportunities to select a PCP.

Humana's web-based **Physician Finder Plus** tool assists Enrollees in identifying a PCP that is both a good fit for and accessible to the Enrollee. Enrollees can learn about available providers and view accurate and up-to-date provider information, including any available provider quality scores. The tool provides the flexibility to search by doctor or hospital affiliation to understand which providers are available. Physician Finder Plus provides accurate information at the right time with clean and simple search criteria.

Humana assigns a PCP to every Enrollee within five days of enrollment to ensure that our Enrollees can access care immediately. If an Enrollee indicates a desire to select or change their PCP during the welcome call, they will be connected to a Humana MSR who will work closely with the Enrollee to educate them on the options available and help them through the process of selecting a new PCP. Thereafter, Enrollees can select a new PCP by calling Humana's Member Services Call Center, visiting our MyHumana Enrollee portal, or through their CM.

### **HRA Completion for Risk Stratification**

HRA completion is vital to determine the appropriate level of care for our Enrollees. We deploy intensive outreach and engagement to ensure HRA completion. Recognizing the diverse needs, preferences, and locations of our Medicaid membership, **we offer five avenues for HRA completion: telephone, mail, in person, online through Humana's Enrollee portal, and through Go365 Mobile Application.**

To maximize completion of the HRA within 30 days, **we will make a minimum of six HRA completion attempts for all Enrollees, exceeding State requirements.** We will take the following sequential steps to reach our Kentucky Medicaid Enrollees:

1. **Welcome Kit via mail:** Upon enrollment, all new Enrollees will receive a copy of the HRA in their Humana Kentucky Medicaid Welcome Kit, along with a pre-addressed envelope with return postage. The Welcome Kit also includes the Enrollee Handbook, a description of their value-added services, an easy-to-read call to action in taking the next steps toward better managing their health, and a consent for release of medical information form. We will also notify the Enrollee of their CM's name, if applicable.
2. **Three outbound calls:** We will make three attempts by telephone within the first 30 days of enrollment, on different days of the week and at different times of the day.
3. **HIPAA-compliant postcard:** We will mail one, HIPAA-complaint postcard asking the Enrollee to call our Member Services Call Center for assistance. This will be sent after a third unsuccessful phone attempt.
4. **Fourth outbound call:** If the above outreach methods are not successful, we will make one additional attempt by telephone within the first 30 days of enrollment.

To increase the likelihood that our initial telephone outreach is successful, we work with Revel Health, LLC, to enhance the data received on the 834 enrollment file with data from commercially available sources. This is of particular importance for those Enrollees with an unavailable, disconnected, or incorrect phone number. Further attempts to reach Enrollees for HRA completion are described in Section I.C.24 Population Health Management (PHM) Program of this Request for Proposal (RFP).

To encourage Enrollees to complete the HRA, we provide a financial incentive for completion through our Healthy Rewards program.

### Assistance in Accessing Care

Following selection or assignment of a PCP and/or CM, we assist Enrollees in accessing services through telephonic, online, and personalized assistance:

- **Telephonic:** Our MSRs are available from 7:00 A.M. to 7:00 P.M. to assist Enrollees struggling to make an appointment or wanting information on other providers to select. If needed, MSRs will arrange a three-way call between the Enrollee, physician's office, and MSR to make an appointment.
- **Online:** Our Enrollee portal, MyHumana, contains detailed information about accessing services, including our Physician Finder Plus, which assists Enrollees in selecting a physician if the one they have selected initially is not accessible or does not meet their needs.
- **Personalized:** As extended members of the Enrollee's care management team, CMs have an understanding of the Enrollee's medical needs and will intervene directly with the provider care team in obtaining an appointment. Finally, our CHWs, whose primary functions are health promotion and closing care gaps, reach out to high-risk Enrollees in order to connect them to appropriate care. As part of their **"feet on the street" campaigns**, Humana CHWs liaise among Humana CMs, providers, and CBOs to coordinate referrals to community-based services and facilitate engagement between Enrollees and their PCPs.

### EDUCATION AND OUTREACH: AVAILABILITY OF OUR POPULATION HEALTH MANAGEMENT PROGRAM

Population health is a foundational element to Humana's enterprise mission and a core component of our managed care programs. We assess our Enrollees to identify needs, employ strategies to improve the health and well-being of our Enrollee population, develop and implement interventions for key sub-populations, and continuously measure and monitor outcomes to adjust our approach. Our experience serving more than 580,000 Medicaid Enrollees – combined with our nearly 60-year presence in Kentucky – ideally positions us to expand our relationships with stakeholders, communities, and providers to further address population health priorities among the Kentucky Medicaid beneficiaries. Humana proactively identifies Enrollees who may benefit from population health services through the HRA; proactive Enrollee outreach; Enrollee self-referrals; community partner and provider referrals; risk scoring; as well as claims, utilization, enrollment, and clinical data.



Humana has several proprietary sub-population identification and risk-scoring methodologies, including the **Early Indicator Report (EIR), Opioid Predictive Model, Medicaid Severity Score Predictive Model, the Readmission Predictive Model, and the ED Predictive Risk Model**. Within the Humana Office of Population Health, we have also developed analytic techniques to segment, predict, and engage Enrollees with specific SDOH needs. These tools allow us to better understand the needs of each of our individual Enrollees, enabling us to create and distribute education and engagement materials effectively.

If we determine a need through any of the avenues described above, a Humana associate will reach out to the Enrollee by phone and through mail to educate the Enrollee on the additional services available to them. Enrollees identified as requiring further support, needing help managing chronic conditions, or could benefit from care management, are then assessed for inclusion in our care management program.

**Care Management Education:** We leverage our relationships with CBOs, providers, and our strategic partners to locate, educate, and engage Enrollees who may benefit from care management. In keeping with our commitment to continuous process improvement, we will regularly review our engagement processes to identify successes and areas for change.

Upon initial identification of an Enrollee who may benefit from care management, we place an outbound call to educate the Enrollee about the program and invite them to participate. We perform minimum of five telephone attempts for each identified Enrollee, in addition to mailing a postcard requesting a callback. However, our

engagement efforts extend far beyond telephone calls and mailings, as we recognize that these efforts do not work for all segments of our Enrollee population. Our engagement methods also include in-person outreach from Humana CHWs, community engagement events, post-discharge outreach, and engagement following inbound calls to the Medical advice line or BH Crisis Line.

### **EDUCATION AND OUTREACH: IMPROVING OVERALL HEALTH**

Our strategy to improve overall health through Enrollee outreach and education focus on creating a healthy environment for our Enrollees by identifying SDOH needs, closing care gaps, and designing quality initiatives that target drivers of utilization, cost, and Unhealthy Days.

Focusing on SDOH Needs: Through Humana’s experience working with Medicaid Enrollees, we are acutely aware of how proactively addressing SDOH needs leads to improved health outcomes. We deploy robust SDOH interventions to address the SDOH needs present in the Kentucky population. Our CCS team – including our CMs, CHWs, SDOH coordinators, and Housing specialists, among others – will conduct outreach and engage with Enrollees, including those not in care management, to respond to the unique SDOH needs as identified by the HRA, referrals, and data mining methods.



Closing Gaps in Care: To engage Enrollees with active care gaps, no recent PCP visit, or incomplete HRA, we deploy active outreach campaigns, including regular phone outreach and alerts via Humana digital platforms, including the MyHumana Enrollee portal, text messaging campaigns, our mobile application, and email. In addition, the Humana MSR, who receives inbound calls, can view gaps in care. We also attempt to reach Enrollees with care gaps through mailings, text messages, and HEDIS reports with Enrollee contact information sent to their PCP each month. For example, our wellness and incentive platform, Go365, encourages Enrollees to complete healthy activities and close care gaps such as completing preventive exams.

Quality Initiatives: We design quality initiatives that target drivers of utilization, cost, and Unhealthy Days. Our Kentucky Medicaid PHM Director, Adrienne McFadden – in partnership with our Kentucky Medicaid Medical Director, Dr. Lisa Galloway, and Kentucky Medicaid BH Director, Liz Stearman – oversees the design and implementation of programs to address key determinants of health outcomes. Our population health analytics team uses the tools and data sources described previously to identify trends and their links to health outcomes. We regularly incorporate external sets of data (e.g., census data) into our models to identify population-wide trends and determine how they apply to our own Enrollee population. At the tract or block numbering group level, census data provide views of neighborhoods with a high concentration of a given racial or ethnic group. When compared against health outcomes data from the same geography, we can identify the effect of racial and ethnic disparities on the health of the population.



Our process uses a rapid cycle quality improvement methodology to identify key determinants of health outcomes. This includes 1) monitoring system-wide issues; 2) identifying opportunities; 3) determining the root cause of identified problems; 4) exploring alternatives and developing an action plan; and 5) activating the plan, measuring the results, evaluating the effectiveness of actions, and modifying as needed. Humana considers root cause analysis a crucial part of our quality improvement process, allowing us to fully understand and to create a targeted solution to resolve an issue and prevent a recurrence. As part of our root cause analysis process, we analyze trends and data based on geographic and demographic data, stratifying outcomes by race, ethnicity, language spoken, gender identity, zip code, disability status, and other population characteristics.

**b.ii.** Topics the Vendor proposes to be priority areas of focus for Enrollee outreach and education.

Humana’s experience with Medicaid-eligible populations around the country has shown us the value of active education and outreach. Our goal is to provide all Enrollees a variety of ways to access and benefit from our

support and to determine how to engage best and support individual Enrollees. We rely on performance measures and data from our PHM program, in addition to DMS and Kentucky Department for Public Health (DPH) priority areas to identify topics to inform our Enrollee outreach and education campaigns. We drive specific campaigns designed around targeted Enrollee populations or geographic regions as identified through analysis of health data to promote our priority areas of Enrollee education and outreach.

We divide our priority areas of focus into three categories: Accessing Care, Condition Self-Management, and Health Promotion.

### **IMPROVING ACCESS TO CARE**

The central goal of our outreach and education is to ensure Enrollees access high-quality care to improve their health and well-being. We educate Enrollees on the availability of the services described below that reduce barriers to care through proactive engagement strategies. Our telehealth, mobile, and supplemental transportation services, are highlighted in new Enrollee information materials, including the Welcome Kit and Enrollee Handbook, as well as via our MSRs and community-based engagement tools. We train our associates, CMs, CHWs, community partners, and providers about these services to maximize Enrollees' access.

We identify Enrollees with difficulty accessing care through HRA completion and the initial welcome call. Upon identification of an accessibility issue, our associates deploy outreach through various channels, including phone and mail, to ensure the Enrollee is educated on the services available and how to access them. Our associates are also available to assist Enrollees in establishing access to the below resources. We ensure our providers and community partners are also equipped with the materials and resources they need to ensure Enrollees are educated on the services available to them when a need is identified. Humana encourages providers and community partners to reach out to us when they identify a Humana Enrollee who could benefit from services that would enhance access to care. Our MSRs subsequently deploy active outreach strategies based on these referrals.

#### **Telehealth**

Telehealth services are a central component in Humana's provider network strategy to improve access to care, particularly in underserved areas. Through **MDLIVE**, we will offer our Kentucky Medicaid Enrollees direct-to-consumer telemedicine capabilities aimed at reducing ED visits and increasing access to care for Enrollees residing in non-urban areas where most provider shortages exist. Our extensive network of telehealth providers includes specialties such as pediatrics, internal medicine, emergency medicine, family practice, and dermatology. Our telehealth solutions emphasize:

- **Medical Virtual Visits:** Enrollees can access U.S. board-certified healthcare professionals for diagnosis and treatment of common non-emergency illnesses
- **BH and Wellbeing:** Through teletherapy, Enrollees can see a licensed therapist face-to-face from the comfort of their home

Because telehealth services play an important role in expanding access to care for those in underserved areas or for whom accessing traditional services may be challenging, we have identified this as a priority area for Enrollee outreach and education. Information about our telehealth services is available in the Enrollee Handbook, the Humana website, Humana mobile application, as well as other targeted Enrollee communications. Enrollees are encouraged to contact a Humana associate to connect them to the telehealth services that best fit their needs. Our CCS team is often our most trusted source of connecting

**Figure I.C.12-5: MDLIVE Mobile App**



Enrollees with Humana’s telehealth resources. Our CMs, SDOH coordinators, Housing specialists, and other on-the-ground supports play a pivotal role in connecting Enrollees to services. We also leverage our relationships with providers and community organizations to learn about Enrollees who may benefit from Humana’s telehealth options. Upon referral from any of these sources, we deploy targeted outreach through phone and mail to educate Enrollees on the services available.

School-based telehealth programs can also be an impactful way to improve health outcomes for children. In an effort to improve access to care for Kentucky children, **Humana is supporting the advancement of Norton Healthcare’s school-based telemedicine program in Jefferson County Public Schools.** Humana will sponsor the telemedicine technology that Norton Healthcare uses to remotely examine the student with the assistance of the school nurse. This support will allow expansion of telemedicine technology in public schools located in underserved areas, reducing disparities in access to care while improving the overall health of the community. Humana and Norton Healthcare see this as an opportunity to keep children in school, healthy, and learning.

### Mobile Dental

We have identified transportation as a barrier to Enrollees’ access to dental care. To resolve that barrier, we have established a relationship with Avēsis to provide services through mobile vans. Through our agreement with Avēsis, **dental vans will serve 248 unique locations across the Commonwealth.** Mobile units deliver services in a wide variety of locations, including schools, substance use disorder (SUD) care facilities, and other remote locations. Humana and Avēsis will collaborate to create joint outreach materials and educational campaigns to educate our Enrollees on our mobile dental services proactively. We will target our Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Enrollees and those without a dental visit in the past year with telephonic, written, mail, email, or text alerts to notify them when an Avēsis mobile unit is providing dental services in their community.

### Transportation Services

All MSRs are educated on Kentucky’s Non-Emergency Medical Transportation (NEMT) services and equipped to aid Enrollees in accessing these services. We educate our Enrollees about the Commonwealth’s services in our Enrollee Handbook and on the Humana website. To supplement the transportation services that the Commonwealth provides, Humana will offer **transportation vouchers** to eligible Enrollees to improve access to care. Our CCS team actively identifies Enrollees in need of supplemental transportation support, educates them on Humana’s transportation voucher program, and aids in coordinating services.

### CONDITION SELF-MANAGEMENT

Empowering Enrollees with the tools and knowledge they need to feel confident in managing their own conditions and understanding their symptoms and treatment plans is a priority area of focus for Humana’s outreach and education campaigns. Through our deep knowledge of our Kentucky population, Humana considers the following conditions a priority for our self-management tools, targeted education, and outreach strategies:



- Tobacco Use
- Behavioral Health (BH)
- Substance Use Disorder (SUD)
- Pre- and Post-Natal Care
- Asthma
- Heart Disease
- Cancer
- Obesity/Weight Management

Humana offers Enrollees a multitude of programs and materials to aid in effective self-management. Our mobile applications, as described in detail in sub-question I.C.12.c.i of this response, help track important Enrollee information such as their behaviors and medications. Humana actively aims to understand the needs and conditions of our Enrollees, primarily through the HRA, welcome call, and CMs. **We also use claims data to understand our Enrollees' conditions and needs fully. For example, we flagged more than 7% of our Enrollees for diabetes and more than 6% for asthma through claims evidence. Our associates subsequently deployed outreach to educate them on the services available and connect them to care. We saw increased PCP access for both groups of our population, with more than 80% of both populations accessing a PCP at least once in 2019.**

Once our associates become aware of an Enrollee condition that could benefit from one of our condition management tools, we immediately attempt to engage and educate the Enrollee through phone and mail outreach, among other methods, about the availability of such tools. For example, MSRs will direct tobacco users to the Commonwealth's Quit Now Kentucky Line, the Craving to Quit smartphone application, and referred to covered smoking cessation counseling services and nicotine replacement therapy as provided by their PCP. Enrollees seeking help with weight management may be eligible for and connected to nutritional counseling. Our CMs also work closely with our Enrollees and their caregivers to ensure they understand our resources and tools and feel empowered to manage their conditions.

We recognize that PCPs are often our Enrollees' most trusted source of health education and information. We equip PCPs with extensive health education and chronic condition management information that they can use to guide discussions of important disease-specific and general wellness information during Enrollees' annual visits and any other times Enrollees are in the office. We also hold education sessions at our PCP offices, Humana Neighborhood Locations, and at other locations around the community (e.g., community centers, hospitals, libraries, etc.), focusing on specific topics an Enrollee needs. Our PCPs and their associates are trained to assist Enrollees in accessing educational materials and tools we provide on our website and the value-added services we provide, personalized to each Enrollees' health and wellness needs.

### **HEALTH PROMOTION**

We design our education and engagement campaigns with the goal of improving health outcomes and creating awareness around proactive healthy behaviors. Further, we initiate specific campaigns designed around a targeted population or geographic region as identified through analysis of health data. Based upon our understanding of the Kentucky population, we have identified the following priority areas to focus our health promotion outreach campaigns:

- Preventing teens from tobacco, alcohol, and drug use
- Regular exercise
- Healthy eating
- Pre- and postnatal care
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Specific components of each campaign are based on a data analysis of population and sub-population needs, utilization of services, and identified gaps in care, as well as on input from and collaborative development with pertinent community stakeholders. Our existing presence across Kentucky in multiple lines of business and in every county across the Commonwealth allows us to build upon existing relationships to implement these initiatives. For example, in alignment with the DPH's recent State Health Improvement Plan, Humana focused on supporting and engaging in community events and initiatives around obesity in 2018 by promoting healthy eating and regular exercise. Our Humana Neighborhood Locations hold daily fitness and wellness events, such as Zumba classes and classes on how to buy healthy grocery store ingredients on a budget. Humana will also offer our **Go365 mobile application to our Kentucky Medicaid Enrollees to track and incentivize exercise and**

**healthy behaviors.** We intend to target all of the above listed priority areas through innovative outreach and engagement campaigns in the new Contract term.

We will replicate our Referral Calls Program on Healthy Days, piloted in our Florida Medicaid market, for our Kentucky Enrollees with the goal of learning more about each Enrollee’s health and SDOH needs to further educate them on the specific resources available to them. Evaluations of this program showed we made a positive impact in our Enrollees’ lives. **We saw statistically significant improvement in Healthy Days, increased PCP visits, and greater medication adherence as well as decreased ED and inpatient admissions after just one intervention.** We recognize unhealthy Medicaid Enrollees want to engage and improve their health. Humana is committed to helping them on their journey to improved health and well-being by deploying a personalized approach to meaningfully engage our Enrollees, arming them with the resources and tools to achieve their best health.

**b.iii.**

Initiatives and education (health literacy) the Vendor will use to drive appropriate utilization and cost-effective health care services.

Health literacy is a focus area across Humana for all of our lines of business. We recently made a substantial investment in training all of our associates to better understand health literacy. Associates in our Member Services Call Center are often Enrollees’ first line of assistance when they seek information to achieve their best health. Today, thanks to this specialized training, our call center associates can better connect with Enrollees in ways that enable them to truly make sense of the health information they receive.

Understanding the pivotal role that call center associates play in the overall Enrollee experience, Humana’s national Engagement Marketing and Data Analytics team collaborated with our National Education team to develop a **health literacy curriculum** designed for call center associates. The training, which includes five electronic modules on a variety of health literacy topics, was rolled out in April 2017 for all new-hire associates in Retail Service Operations (RSO), which includes Medicaid and Government Service Operations (GSO). Call center associates take modules covering topics such as everyday words for public health communication, medical billing and coding, and health numeracy (which focuses on the various ways quantitative and qualitative terms are used in the healthcare world) and are given scenario-based activities to practice lessons learned. We also provide associates with plain language thesauruses and glossaries. In 2019, more than 450 of our call center associates completed this health literacy training.

Humana associates are surveyed before and after course completion to gauge understanding and see if their opinions of health literacy have changed. Surveys of nearly 500 associates before and after the training indicated dramatic improvements in several areas, revealing:

- They were “very knowledgeable” or “extremely knowledgeable” of the concept of health literacy, which increased from 7% to 52.5%
- They felt “very knowledgeable” or “extremely knowledgeable” in explaining health insurance to a friend or family member in terms they would understand, which increased from 36% to 60%
- They strongly believe health literacy is not tied to a person’s education level, which increased as much as 30%
- Overall knowledge increased 23%



**For associates who participated in the health literacy training, their VOC Scores (i.e., post-call surveys) increased by two points, revealing that Enrollees engaged with these associates likely had more positive experiences in their interactions with Humana.**

Improving our Enrollees' health literacy is core to our education and engagement approach. Our Outreach and Engagement team designs education campaigns to help Enrollees understand how to obtain, read, and access healthcare services. Below are examples of Medicaid campaigns we have rolled out in the past year:

- Partnered with local oral and dental health mobile clinics that visit schools to provide onsite education to local children
- Developed an asthma education initiative in partnership with the Boys and Girls Club and launched an Annual Asthma and Allergy Wellness event
- Deployed telephonic Enrollee outreach regarding child immunization schedules, calling our Enrollees to educate parents on child immunization schedules and facilitate appointment and transportation scheduling when we became aware a child had missed an appointment according to the child's age or periodicity schedule.

We will continue to deploy these initiatives and develop new innovations to increase the health literacy of our Kentucky Enrollees.

**b.iv.**

Collaboration opportunities with other contracted MCOs, CHFS Departments, and community partners to support Enrollee needs through joint outreach and education.

Partnering with other contracted Managed Care Organizations (MCO), Cabinet for Health and Family Services (CHFS) departments, and a variety of community partners is an essential component of our Enrollee outreach and education strategy. Humana actively participates in cross-sector partnerships that benefit public health by leveraging ideas, resources, and expertise from a wide range of partners. We have built our approach on the understanding that to succeed in effecting real change in a community's health requires working collaboratively within the system's infrastructures and collaborating with community agencies to support programs and initiatives centered on a common goal to improve the health, well-being, and quality of life for every Kentucky Enrollee.

In 2019, Humana ranked fourth among U.S. companies on JUST Capital and the Robert Wood Johnson Foundation's list of companies with a successful focus on community health and well-being.

**Bold Goal: Cross-Agency Collaboration**

A clear example of our commitment to collaboration to support Enrollee needs is our Bold Goal initiative. Humana's Bold Goal, run through our Office of Population Health, is a business and health strategy to improve the health of the communities we serve by 20% by making it easier for people to achieve their best health. We are tracking progress using the Centers for Disease Control and Prevention (CDC) tool, Healthy Days, which measures self-reported mental and physical Unhealthy Days of an individual over a 30-day period. SDOH, such as financial and health literacy, provider/Enrollee cultural competency, food insecurity, and lack of awareness of resources, are key factors that influence an individual's ability to make healthy choices. Only 20% of the factors that determine the length and quality of an individual's life are attributed to healthcare; far more significant is one's social, behavioral, economic, and physical environment. To truly address Enrollees' needs, a substantial shift was needed to build a coalition of community stakeholders.



The foundation of Bold Goal is at the local level. Our dedicated team works directly with more than **65 nonprofit organizations** and government and business leaders, as well as physicians, clinicians, and hospital systems to

convene and co-create solutions to address SDOH-related social needs that are unique to their community. Food insecurity, loneliness, and other social determinants, along with chronic conditions such as diabetes and depression, are our primary areas of focus. As our work evolves to include additional geographic locations and populations, collaboration with communities and physician practices remains vital to the success of our mission.

Between 2015 and 2017, Louisville had the **fewest number of Unhealthy Days** of Humana’s original pilot Bold Goal communities across the country and Humana’s Medicare Advantage (MA) members across four priority conditions — diabetes, depression, chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF) — and saw a significant reduction in Unhealthy Days.

Key areas of focus for our Kentucky population include:

- **Conditions:** diabetes and BH
- **Barriers to Health:** access to BH services, health lifestyle literacy, and food insecurity
- **Working Committees:** BH, healthy behaviors and nutrition, communications, community resources, elder hunger

Bold Goal programs include:

- **BH Zero Suicide Program:** A collaborative effort with numerous CBOs to implement the Zero Suicide framework through leader education and individual engagement throughout the city to make Louisville suicide-free
- **Diabetes Prevention:** Working to prevent diabetes by educating businesses, working with doctors to increase diagnosis of pre-diabetes, and bringing preventive programs to people in their everyday lives
- **Smart COPD Program:** A market-wide program that uses a mobile self-triage platform to assess seniors living with COPD

As part of Humana’s Bold Goal Population Health Strategy, Humana is developing a pilot for a referral platform that will enable real-time referrals and connect Humana’s care teams directly with CBOs for support. This platform will create a longitudinal social record of community resources that an Enrollee has accessed, solving a critical barrier to fully addressing an Enrollee’s identified insecurities. In alignment with that effort, **Humana’s Bold Goal team is an inaugural investor and supporter of “United Community,” a community-wide initiative based in Louisville, Kentucky, to deploy an innovative shared technology platform, known as UniteUs, to initiate and close community resource referrals across many organizations.** This tool will allow various providers, CMs, Social Service Workers, and staff of CBOs to access the tools necessary to: 1) navigate on behalf of an Enrollee seeking assistance, 2) facilitate referral(s) to program(s), 3) track utilization of program(s), and 4) understand the impact of program participation on an individual’s health. Today, Enrollees may be referred to a needed service but invested parties are unaware of the outcome. It is closing this loop that is instrumental in gaining valuable insights as to the benefits on one’s overall health when social needs are addressed. As a part of this agile use case, Humana, following the lead of the communities we serve, will assess and integrate with these platforms to consider the impact to health outcomes when addressing social needs.

**Humana continually takes lessons learned from our Louisville Bold Goal efforts to Enrollees across the Commonwealth of Kentucky.** We are piloting the following programs in support of our Kentucky Medicaid population:

“  
We’re working in ways we’ve never worked before. Humana and its more than 50 community collaborators want to use data to impact the health of Humana members and Louisville residents, as well as the environments in which they live.  
”

– London Roth,  
Humana Bold Goal Louisville

- **Cooking Matters Program:** In partnership with Share our Strength, we will work with community partners to teach families basic cooking skills, how to budget, and using Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC) dollars.
- **Substance Use Prevention in Schools Scholarship:** Humana will sponsor a school prevention program in pilot schools in areas with high SUD diagnoses or overdose.
- **The Bounce Coalition:** Humana partners with the Bounce Coalition to work with schools to address the root causes of poor health in the most vulnerable children by implementing a trauma-informed model for using a "Whole School, Whole Community, Whole Child Coordinated School Health." We will collaborate with teachers, parents, and others who interact with children and families to recognize the impact of ACEs and equip children to develop resiliency and coping mechanisms for trauma. Through this collaboration, Bounce Coalition trains our MSRs, CMs, and CHWs on ACEs and trauma-informed care (TIC).

### Louisville Health Advisory Board

Humana's Louisville Health Advisory Board comprises nearly **200 representatives** from all parts of the community, including businesses, government, schools, and civic and non-profit organizations. The Board's mission is to improve physical, mental, and social well-being by increasing the number of Healthy Days by 20% by 2020, as measured by the CDC's Healthy Day's tool. The Director of Louisville Metro Department of Public Health & Wellness co-chairs the Board to ensure our health strategies and initiatives align with the city's health goals. The Louisville Board focuses on key priority areas for the Commonwealth, including BH, community coordination of care, cultural/social impact, diabetes, respiratory health, and communications. Humana physicians have a leadership role in the Louisville Health Advisory Board and are central to our Bold Goal initiative.

In 2018, the Louisville Health Advisory Board launched an Essential Needs Navigation Pilot with Family Health Centers to assess lower-income individuals for basic non-clinical health needs. In addition, the board's **BH Committee trained more than 2,200 community volunteers in Question, Persuade, Refer (QPR)**, an emergency response designed to help prevent suicide. Louisville ranks 11th out of 50 peer cities in rates of suicide. The Louisville Health Advisory Board and Humana will continue to work on suicide prevention and improving respiratory health, as well as address food insecurity, loneliness, and social isolation with both physician and community partners in partnership with Humana's Bold Goal initiative.

### Louisville Health Equity Fund

The Louisville Health Equity Fund, a joint program of the Humana Foundation [a 501(c)(3) entity with a governing and grant-making body separate from Humana business operations] and the Community Foundation of Louisville, Jewish Heritage Fund for Excellence, and Metro United Way, is an example of community collaboration aimed at improving the overall health of our surrounding communities. The Humana Foundation, Community Foundation of Louisville, Jewish Heritage Fund for Excellence, and Metro United Way leveraged an initial award of \$25,000 from the Robert Wood Johnson Foundation to raise a total of \$150,000 for the Louisville Health Equity Fund. The Health Equity Fund awards grants to non-profit organizations continuing to build a culture of health in Louisville with health equity at the core of their engagement. The Health Equity Fund seeks to invest in health equity in action, supporting organizations who are putting equity into practice by providing or advocating for alternative experiences from the currently inequitable institutions, systems, and policies to impact our community.

### Community Advisory Board

We are committed to increasing opportunities for collaboration with CHFS agencies, other MCOs, and community partners across the Commonwealth. To further this, we are committing to organizing regional community advisory boards (CAB) to serve as the eyes and ears of their community. The CABs will be used to identify gaps in services, areas of opportunity, and to convene on a regular basis to create solutions for issues our Enrollees and providers face. We will invite CHFS agencies, non-profits, CBOs, providers, Enrollees, Enrollee advocates, and others to participate in the CABs. The regional CABs will roll up to a Kentucky statewide CAB and

feed into Humana’s quality committee and governance process – thereby feeding into the organization to identify internal operational improvements. Humana will dedicate our Community Engagement team associates to establish the CABs and assist in their ongoing operation.

### **COLLABORATION WITH OTHER CONTRACTED MCOS**

Humana has a long history of collaborating with other MCOs with the ultimate goal of improving the health and well-being of every Medicaid Enrollee. For example, Humana has collaborated with other MCOs to address a range of operational issues, such as reporting requirements, education initiatives, and changes to program integrity trainings, along with initiatives focused on education and outreach.

#### **Ensuring Continuity of Care through Collaboration**

In Florida, Humana convened all the Long-Term Care (LTC) plans to align on a standard data template to share continuity of care information when Enrollees switch plans. This streamlines the request and helps expedite care planning for an Enrollee new to our plan. We also established a health plan directory that includes key contacts and phone numbers for resources that can help with continuity of care information and questions between plans. This collaboration championed a continuity of care process – to support our most medically frail and complex Enrollees.

#### **Symposium to Improve Enrollee Birth Outcomes**

In March 2019, Humana convened a symposium of five Medicaid health plans to discuss strategies for improving birth outcomes among Tampa’s Medicaid population. Humana brought together these payers in the recognition that population health issues like poor birth outcomes cannot be tackled by a single MCO. Rather, such problems require payers, providers, communities, and individual Enrollees to work together to develop solutions. During the symposium, participants reviewed the various factors that may contribute to adverse birth outcomes, and identified both downstream (i.e., clinical and behavioral), and upstream (i.e., non-clinical) solutions. At the conclusion of the meeting, participants identified next steps, assigned owners for each action item, and designated points of contact for continued collaboration.

Similar to other state Medicaid programs, Kentucky MCOs have multiple opportunities to collaborate to improve Enrollee outreach and education, access to care, and health outcomes, and we are committed to this collaboration. For example, access to BH or specialty care in rural areas of Kentucky (e.g., Harlan, Breckinridge, Meade counties) remains a challenge. Through collaborations with other MCOs, we believe there are opportunities to improve access through innovative solutions such as development of residency or other training programs in partnership with a university or Federally Qualified Health Centers (FQHC). We also believe that collaborations across MCOs around outreach and education would benefit residents in rural areas of Kentucky. For example, a partnership between the MCOs and public schools to provide targeted education around bullying, online/cyber risks, suicide prevention, and other behavioral topics would be relevant across the Commonwealth, but particularly important in rural counties that lack consistent access to BH resources. We believe there are similar opportunities concerning topics such as health literacy, birth control and sexual health, and the dangers of vaping/nicotine.

### **COLLABORATION WITH KENTUCKY DEPARTMENTS**

Humana is a committed partner with CHFS and the Department. This partnership includes a broad range of activities, including health promotion and community education efforts. In recent months, Humana and Humana Pharmacy Solutions, Inc. (HPS) have collaborated with the Department

“  
The elimination of health inequities begins with building a shared understanding of the ongoing impact of systems of power, organizing our structures in ways to advance equity, and making equitable, daily practices. Humana is helping to do just that by focusing on not only clinical challenges but the social needs that impact an individual's whole health.  
”  
– Sarah Moyer, Director, Louisville Department of Public Health & Wellness

and other MCOs to determine how to best implement Senate Bill 5 pricing requirements with limited disruption to Enrollees and providers.

### **CHFS Collaboration Opportunities**

Humana will continue our close partnership with CHFS and the Department in the upcoming Contract period to improve the health and well-being of our Enrollees and Kentucky residents. We are currently examining opportunities to partner with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) and community mental health centers (CMHC) to determine how our maternity care management program, MomsFirst, can coordinate with KY-Moms Maternal Assistance Toward Recovery (MATR) to best support our pregnant Enrollees with SUD and other dependencies (e.g., tobacco and alcohol) to maximize our efforts and reduce duplication of efforts. We have identified and are currently engaged in other collaborative efforts with various agencies throughout the Commonwealth, as further described below.

Supporting Access to Care for Enrollees with SUD: In support of the 1115 Waiver and in alignment with our dedication to ensuring access to care for enrollees with SUD, Humana removed prior authorizations (PA) for key services, including many medication-assisted treatment (MAT) medications and associated services. Humana also participates in agency-hosted webinars, conducts provider education, and encourages Substance Use Disorder Residential Providers to self-attest to their American Society of Addiction Medicine (ASAM) level of care to increase access through the waiver process. In the future, we will further support access to important services by providing scholarships for the education and training of 50 peer support specialists, drawn from our Enrollees who have lived experience with SUD. In addition, Humana will support any efforts by the Commonwealth to certify all residential SUD providers.

Participating in Kentucky's Collaborative Re-Entry Pilot: Acknowledging the barriers to accessing BH services that incarcerated Enrollees face upon release from prison and the higher risk of recidivism if they are not connected to appropriate care, Humana supports the Commonwealth's re-entry pilot program by providing integrated care management services to our Enrollees recently released from jail. Humana actively supports this collaborative pilot between DMS, DBHDID, and the Department of Justice (DOJ) to support recently incarcerated individuals and look forward to continuing this collaboration as CHFS and DOJ expand it to new correctional facilities this year. Humana supports this program by ensuring our Enrollees are immediately connected to a dedicated CM, a PCP, and local mental health centers upon their release from prison. Humana has designated a CM who is responsible for outreach to all recently incarcerated Enrollees identified under this pilot, ensuring that our Enrollees are served by someone knowledgeable and familiar with the circumstances of their release and the systems available to support them. Our CMs ensure the Enrollee has all relevant Enrollee materials, understands all aspects of their plan, and receives services and prescribed medications, with the ultimate goal of preventing re-entry in the prison system.

Supplementing Kentucky's Opioid Response Effort (KORE): Our ability to collate and analyze data on a massive scale will enable the Commonwealth to identify gaps in service and areas for improvement in the delivery of opioid use disorder services under KORE. Humana is already a participant in Kentucky's Recovery Oriented System of Care meetings and looks forward to more actively partnering with the Commonwealth to expand access to a full continuum of high-quality, evidence-based opioid prevention, treatment, and recovery support services.

### **Kentucky Pharmacy Director Workgroup**

Humana will actively participate in the Kentucky Pharmacy Director Workgroup, pursuant to Section 31.16 of the Draft Medicaid Contract. Our Pharmacy Director, Joseph Vennari, will meet with DMS and other MCO personnel at least monthly to discuss the efficient and economic delivery of pharmacy services to Enrollees. Humana will also use this workgroup to collaborate with the Department and other contracted MCOs to launch Enrollee education initiatives about appropriate drug use (e.g., antibiotic use) and other pharmacy-related topics.

### AIR Louisville

In a collaboration with the Louisville Metro Government, Humana participated in a community-wide pilot to document the impact of AIR Louisville in successfully tackling a complex public health challenge: asthma. We enrolled Louisville residents with asthma and used electronic inhaler sensors to monitor where and when they used medication. We found that the use of the digital health platform achieved positive clinical outcomes, including a **78% reduction in rescue inhaler use and a 48% improvement in symptom-free days**. Moreover, the crowdsourced real-world data on inhaler use, combined with environmental data, led to policy recommendations including enhancing tree canopy, tree removal mitigation, zoning for air pollution emission buffers, recommended truck routes, and developing a community asthma notification system. AIR Louisville represents a model that can be replicated to address many public health challenges by simultaneously guiding individual, clinical, and policy decisions.

#### Partnerships Focusing on Advancing Adult Education

The Humana Foundation has made investments in programs that support training and education within the Commonwealth. Most recently these investments worked to expand Metro Way's financial literacy and independence program for those experiencing economic hardship. Additionally, the Foundation worked in partnership with Interapt and University of Louisville to bring IT training to West End residents in order to provide valuable skill sets which today's employers are seeking.

Since 2013 the Humana Foundation [a 501(c) (3) entity with a governing and grant-making body separate from Humana business operations] has invested nearly \$30 Million to Kentucky's non for profits. These investments seek to advance the health and wellbeing of those living in the Commonwealth.

### Affecting Policy through Collaboration in Louisville

In partnership with Louisville Metro Department of Public Health and CityHealth.org, Humana actively engaged in advocacy efforts to include e-cigarettes in the Louisville Metro Smoking ban ordinance. Through participation in the community coalition and support in authoring a widely disseminated position paper, Humana helped champion the Health Department's efforts to change a damaging local health law. Humana will continue to partner with the city to effect change in priority public health areas.

#### Additional Example of Collaborations

We believe that lessons learned in other states can also be applied in Kentucky. In our Florida program, we identified a gap in the state's education campaign in response to the long-acting reversible contraceptive (LARC) initiative driven by the Florida Perinatal Quality Collaborative. The campaign fell short due to lack of provider engagement. In response, we proactively initiated both an Enrollee and provider education campaign in collaboration with the state. Our outreach strategy consisted of OB/GYN training, in-person presentations, and educational materials mailed and emailed to Enrollees and provider groups, including contracted hospitals. We believe that this type of collaboration can be replicated in Kentucky to develop and initiate outreach and engagement in alignment with the Department's priority areas.

### COLLABORATION WITH COMMUNITY PARTNERS

Community engagement is central to Humana's organizational mission. Our commitment to developing and maintaining engagement in our local communities is exemplified in each and every one of our associates. In 2019 alone, **6,309 Kentucky-based Humana associates donated 88,717 hours of volunteer time** back to their communities. For example, Humana associates volunteer as mentors through the Big Brothers Big Sisters program and host mobile pantry events through Dare to Care. In fact, Humana encourages associates to give back to their communities by offering paid time off for volunteerism.

“

I volunteered at the Jessamine County Food Pantry in Nicholasville when a young mother and her daughter greeted me with a huge smile on her face and exclaimed, ‘This is my insurance!’ Of course, I greeted her with equal elation and asked her how things were going. I really was not fully prepared for the answer. She began to tell me that her young daughter was a very brittle Diabetic and that without Humana she did not believe her daughter would be alive. Through the Expansion efforts in Kentucky, her family was able to qualify for Medicaid and as a result, they were able to afford regular checkups for their daughter. With tears in her eyes, she said ‘thank you.’ As they walked away that day, the little girl looked back and said, ‘Thanks for saving my life’...which got a chuckle from everyone within earshot. It was more than that to me though...it was validation that the work we do in our communities has true life-saving impact.

”

– Humana Associate Volunteer

### Diabetes Prevention Program

In partnership with the YMCA, Humana piloted the Diabetes Prevention Program under the Louisville Health Advisory Board for our Kentucky Medicaid Enrollees. The Diabetes Prevention Program pilot uses the CDC-recognized National Diabetes Prevention Program, which is a proven lifestyle change program for the prevention of Type 2 Diabetes. This evidence-based program has shown to be cost-effective. The program consists of four core components: training, a recognition program, the delivery program, and health marketing. Training of lifestyle coaches increases the workforce that can administer this program in a cost-effective manner. The Diabetes Prevention Recognition Program helps to ensure quality and consistency across programs that we administer to those with a high risk of developing diabetes. It includes a registry for those organizations that are able to deliver an effective program and allows them to have access to technical support to further assist them with their programs. The most important core element is the actual delivery of the program, which is offered at many locations by different organization types. For Enrollees, this program gives access to a lifestyle coach, a CDC-approved curriculum, and group support over the course of the year.

### Humana Foundation in Kentucky

In addition to our long-standing partnerships and programmatic involvement with CBOs, the Humana Foundation [a 501(c)(3) entity with a governing and grant-making body separate from Humana market leadership] has contributed nearly \$30 million to Kentucky non-profits and organizations since 2013. During this time the Humana Foundation made more than \$2.6 million in grants to Metro United Way, focused on improving health equity and financial empowerment for low-to-moderate-income individuals and families. Many of the organizations that have received grants from the Humana Foundation directly support the Commonwealth’s population, including:

- Metro United Way
- The Family Scholar House
- Louisville Urban League
- Volunteers of America (VOA) Mid-States
- Boys and Girls Clubs of Kentuckiana
- Bridgehaven
- YMCA of Greater Louisville
- Children’s Hospital Foundation

In 2020, the Humana Foundation is granting \$2.2 million to Kentucky non-profit organizations through the 2020 Community Partners Program. Grants will be awarded to organizations that propose collaborations across sectors to positively affect issues impacting health equity, diversity and inclusion, and initiatives that reduce

barriers to care and services. Awardees must demonstrate having data-based evidence of past success, developing sustainable solutions, and focusing on the impacts of the broader community. Through this program, Humana aims to bolster the work of our existing community partners and engage in new partnerships with organizations across the Commonwealth.

**c.** Describe methods for communicating with Enrollees as follows:

**c.i.** Creative efforts to achieve high levels of Enrollee engagement (e.g., smartphone applications) to educate Enrollees and to communicate information for their individual health issues.

Humana meets Enrollees, where they are through offering a multitude of engagement tools to effectively communicate and educate them. We achieve high levels of engagement by reaching our Enrollees through mobile applications and our strong community presence.

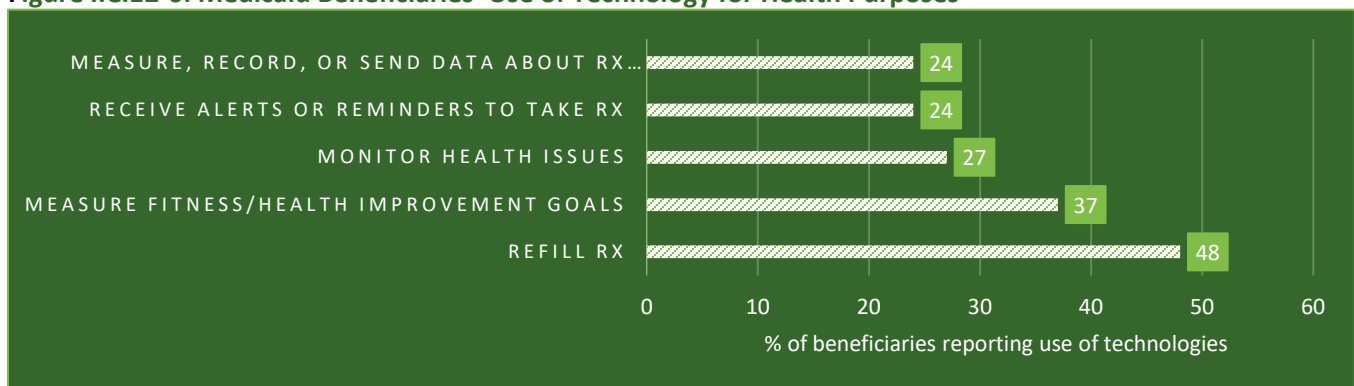
Humana ranked #4 on Robert Wood Johnson Foundation's Top 100 Companies Supporting Healthy Communities and Families.

**Engaging Enrollees through Mobile Applications**

Our Chief Digital Health and Analytics Officer, Heather Cox, reports directly to the Humana President and Chief Executive Officer (CEO), Bruce Broussard, demonstrating the importance of this position within Humana. Ms. Cox is accountable for our digital care delivery operations. Under her leadership, in 2019, we will open a Center for Digital Health and Analytics, to be known as **Humana Studio H**, in Boston, Massachusetts. Studio H will focus on pioneering new products and services to serve our Enrollees better, exploring integrated data aggregation at an Enrollee level to quickly identify behavior patterns, enabling strategies for population health, and addressing SDOH. Our goal is to create a simplified user experience with the healthcare delivery system, an experience that is more mobile and tailored to their individual needs. Ms. Cox will lead Humana's efforts to integrate these critical capabilities across the organization in order to further accelerate Humana's move toward differentiated healthcare experiences.

In recognition of how our Enrollees function in today's digital world, we have prioritized mobile health strategies as an innovative way to engage Enrollees. Low-income adults own mobile phones, use smartphone applications, and use technology for health purposes at the same rates as the general U.S. population, according to the Pew Research Center. To ensure access to mobile devices, we promote the Safelink phone program which provides a smartphone for eligible Enrollees. Through this program, Humana offers unlimited data for those who are enrolled in Care Management as well as those Enrollees identified as homeless or pregnant to allow for regular communication and access to readily available resources. Our goal is to increase Enrollees' awareness of our numerous electronic health tools and resources available to them. The figure below shows how Medicaid Enrollees are using technology for health purposes.

**Figure I.C.12-6: Medicaid Beneficiaries' Use of Technology for Health Purposes**





### Our Mobile Applications

**MyHumana:** Humana’s mobile application enables Enrollees to manage their healthcare virtually anywhere, anytime. Fully customizable, MyHumana lets Enrollees establish the layout of their personal app, prioritizing the features most important to them.

Accessible on any smartphone device, Enrollees can:

Access their Enrollee ID card

- Send their Enrollee ID card to their provider through fax
- Find an in-network doctor, pharmacy, dentist, hospital, urgent care center, or retail clinic based on their current location
- View medical, dental, and pharmacy claims
- View plans and coverage details, including deductibles
- Communicate with Humana MSRs in real time

**Go365:** Humana's wellness and rewards program, Go365, incorporates practices of behavioral economics and encourages Enrollees to complete healthy activities, including preventive exams and the completion of the HRA. The custom Medicaid Go365 mobile app provides an experience designed to specifically meet the needs of our Kentucky Medicaid Enrollees. Upon completion of key activities, participants can earn and redeem gift cards to popular retailers, such as Walmart, Shell, Amazon.com, which we can deliver via email or mail. Go365 programs include:

- **Management of Chronic Conditions:** Go365 will award Medicaid Enrollees for engaging with certain health coaching programs. Coaching will assist with health topics like managing weight and stress, quitting smoking, and developing healthy eating habits.
- **Education & Community Engagement:** This mobile application will promote Medicaid-specific wellness actions and will include educational materials and information about key community events (e.g., nutrition classes at Humana Neighborhood Locations) all in one place for Enrollees to easily access.
- **Quality:** Align activities and incentives to support quality initiatives for Medicaid. It will track process improvements over time.
- **Real-Time Rewards:** The mobile application allows Enrollees to self-report (via verified document completion) for select activities to receive a reward in near real time, versus waiting on a claim to be processed for the reward to be issued.

Figure I.C.12-7: MyHumana Mobile App

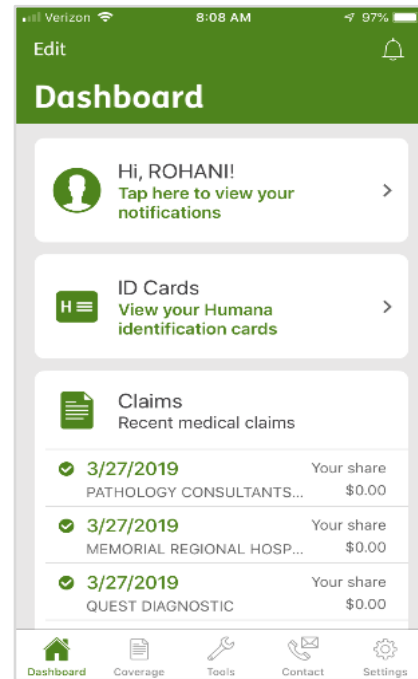


Figure I.C.12-8: MyHumana Mobile App

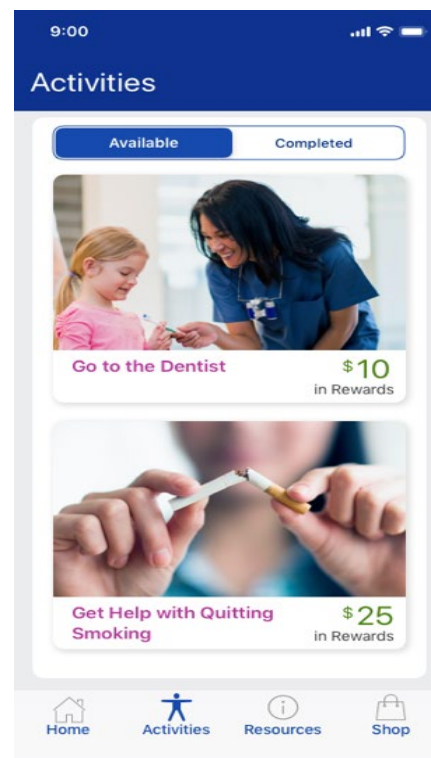


Figure I.C.12-9: Pacify



Figure I.C.12-10: BlueStar

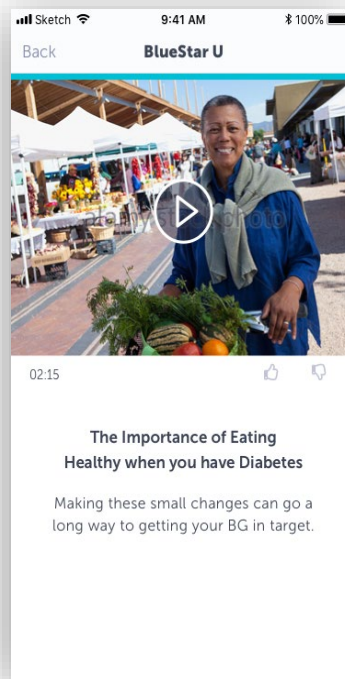
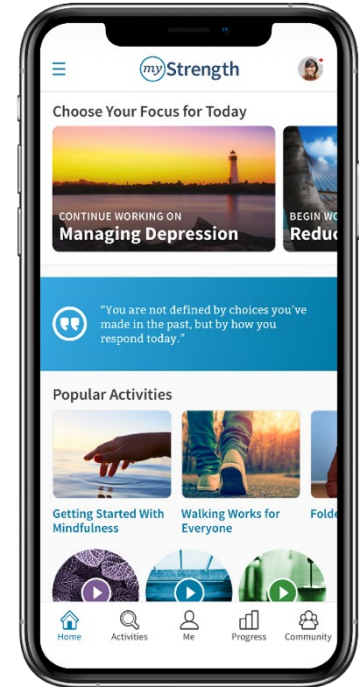


Figure I.C.12-11: myStrength



Pacify: Humana has partnered with Pacify Health to revolutionize the way pregnant women and new families' access on-demand care and resources. **Pacify gives Humana moms access 24 hours a day, seven days a week to physician extenders** (International Board Certified Lactation Consultants, RNs, and others) using a proprietary, video-enabled call routing system that activates dispersed provider networks. The technology connects a pregnant Enrollee to a live resource in 30 seconds or less, providing best-in-class access at acute moments when the ED is often the only available alternative. The Pacify mobile application also provides Enrollees with information about their pregnancy benefits as well as timely "nudge" notifications regarding prenatal visits, vaccines, postpartum visits, and other relevant milestones. In addition to promoting the appropriate use of the ED through this service, Humana aims to promote breastfeeding among our Enrollee population, recognizing its myriad of benefits for both the mother and infant, including reducing childhood obesity. We will monitor Pacify usage among Enrollees of different racial and ethnic groups and will look for opportunities to target messaging for those groups least likely to breastfeed, including promoting Pacify's service through our MomsFirst maternity care management program and community partners such as the Nurse-Family Partnership.

BlueStar: Humana is partnering with WellDoc to introduce an innovative digital therapeutic application that has **proven successful at controlling blood sugar levels of persons with diabetes** and reducing associated costs through real-time feedback on critical aspects of Enrollee lifestyle and behavior. The WellDoc diabetes app, known as BlueStar, is designed to address clinically proven dimensions of diabetes management: exercise and sleep habits, diet, psycho-social factors such as stress, clinical symptoms, medication adherence, and lab results such as blood glucose levels. BlueStar gives feedback to Enrollees to promote self-management of critical behaviors such as diet and exercise, communication of lab results, and other aspects of care management to Enrollees and their clinical team. BlueStar connects Enrollees and their care teams through two-way chat functionality and supports clinicians through clinical decision support tools and a population health management dashboard. BlueStar has demonstrated significant reductions in A1C and costs savings of 58%, based on fewer inpatient hospital stays and ED visits.

myStrength: The myStrength digital platform will enable Humana Enrollees to access online learning, evidence-based support, and resources specific to their conditions (including SUD, depression, anxiety, and insomnia, among others) and text-based one-on-one coaching, **empowering Enrollees to manage their own BH conditions**.

### **Engaging Enrollees in their Communities**

Humana actively engages our Enrollees in their own communities. We believe that knowing and understanding our individual Enrollees is a foundational component of effectively serving them and bettering their health and well-being. We meet Enrollees where they are through the following mechanisms.

Humana Associates Meet Enrollees in their Communities: Our CCS team has several positions dedicated to engaging Enrollees face-to-face to better serve their individual needs and link them to appropriate community resources. These positions include:

- Kentucky CHWs are responsible for establishing and cultivating relationships with Enrollees, community stakeholders, and providers; connecting Enrollees with critical community support programs; and facilitating community events and education programs. Humana’s CHWs represent the demographics of the populations they serve and are distributed throughout each service region of the Commonwealth.
- *SDOH Coordinators*: Humana will employ six SDOH coordinators. Regionally based, our coordinators are responsible for finding community-based support to meet Enrollee transportation, food insecurity, education, and employment, as well as other SDOH needs. SDOH coordinators will be responsible for supporting CMs and CHWs to find appropriate community resources to address SDOH. They will also serve as a resource for Enrollees not in care management to connect with needed SDOH-related services.
- *Housing Specialists*: Humana will employ two Housing specialists with regional responsibilities. Recognizing the foundational role that housing plays in an Enrollee’s health and well-being, Humana has designated a position to focus exclusively on helping Enrollees and their care team navigate the process of obtaining safe and affordable housing. Humana associates in this role will also be responsible for maintaining the Homeless Outreach Plan.
- *Local Humana Neighborhood Locations*: Humana’s local offices in Louisville and Covington provide in person customer service, health education, chronic condition classes, fitness classes, social activities, in-center screenings, and community resource referrals to our Enrollees and the general community.

Community Engagement: Humana partners with at least one CBO in almost every county across the Commonwealth, broadening our reach and level of engagement. We equip our community partners with education and engagement tools to share with our Enrollees and the broader community. Humana associates also engage in volunteerism through events and activities sponsored by our community partners where they frequently interact with our Enrollees and aid in educating them on the services available. Further, we frequently conduct trainings on health topics and issues with our community partners to help them better serve the health and SDOH needs of our Enrollees. Our Community Engagement team, led by our Kentucky Culture & Community Engagement Director, Bryan Kennedy, deploys Humana associates across the Commonwealth to facilitate partnerships, disseminate educational materials, and interact with Enrollees and their families in their own communities. These relationships have helped us gain a better understanding of the Medicaid population and allow us to better address their needs. Our community engagement coordinators collaborate with local schools, homeless shelters, BH agencies and addiction recovery centers, food banks and soup kitchens, immigrant and refugee partners, faith-based organizations, and other community events and conferences. In 2019, we set the goal that Humana would participate in more 2,200 community-based events throughout the Commonwealth. **Humana community engagement coordinators exceeded this goal, participating in 2,851 events in Kentucky in 2019.**

Provider Partnerships: Understanding that PCPs are often our Enrollees’ most trusted source of care, we supply providers with Humana-produced educational materials that they can share with our Enrollees. Humana develops Continuing Medical Education (CME) classes to support and educate our providers across a broad

range of topics, including SDOH and food insecurity. We enable and encourage our providers to familiarize themselves with the benefits we provide, enabling them to communicate that information with our Enrollees when they determine a gap in care that Humana’s services can supplement.

In our Florida market, we collaborate with our provider partners to host community events and educational sessions. Through mailings, voice activated technology (VAT), flyers, and direct outreach from the provider office, we target our Enrollees who have a current or upcoming care gap and who are assigned to the provider office where the event will be held. These Enrollees are invited to call the provider office to schedule an appointment for services during this event, which also features fun, healthy, and interactive activities for our Enrollees, such as face-painting, photo opportunities with “superheroes”, and arts and crafts. We use these events as an opportunity to share important health information with our Enrollees’ parents and caregivers, including the importance of complying with the EPSDT periodicity schedule and treatment recommendations. In addition to our events focused on care gap closure, we partner with providers to lead educational sessions for our Enrollees at their offices. We offer these events at a wide range of provider offices, including FQHCs, OB/GYNs, and pediatric offices, to reach our Enrollees at the location where they most frequently receive health services. At these sessions, we cover topics that are of utmost importance to our Enrollees and their caregivers, including asthma, nutrition, or diabetes, oral health, bullying, staying safe in the summer (including sun and swim safety, medicine safety and poison control, and holiday safety. **We intend to replicate the successes of our collaborative provider events for our Medicaid Enrollees across the Commonwealth.**

c.ii.

Approach to identifying, developing, and distributing materials that will be of most use to Enrollee populations and efforts the Vendor proposes to target distribution to specific populations as appropriate.

### **IDENTIFYING AND DEVELOPING MATERIALS MOST OF USE TO ENROLLEE POPULATIONS**

Through our existing six-year partnership with the Commonwealth of Kentucky in serving Medicaid Enrollees, we have developed an in-depth understanding of the populations we serve. Kentucky, as a Medicaid expansion state, has a unique Enrollee population mix serving more traditional Medicaid populations (i.e., children under the age of 19 and pregnant women) but also serving the expansion population of adults ages 19 to 65. Within these broad cohorts, there are key populations that are of note in the State such as Enrollees who are experiencing homelessness, parents and caregivers, Enrollees with disabilities, as well as those Enrollees with BH issues. Additionally, there are areas of rich cultural and ethnic diversity in the Commonwealth that have direct impact on how Enrollees access and engage in the healthcare delivery system.

We have several tools that we use to inform our personalized messaging and materials across populations, including:

Proactive Enrollee Messaging: We use our clinical rules engine, Anvita, and predictive algorithms built around our clinical technology platform, CareHub, to develop targeted, multichannel clinical messaging for our Enrollees. Our CRM tool integrates CareHub data to personalize our Enrollee messages to include topics most relevant to them and to stay aware of what other communications they have received. We can then use CareHub information to prioritize an Enrollee’s health need so that CRM can send personalized messages via text messaging, our Enrollee portal, mail, email, mobile application alerts, or during communication with an MSR in a sequence that aligns with the urgency of those needs. For example, if an Enrollee’s A1C level is high, we prioritize messaging to address their blood sugar, followed by additional, planned reminders to schedule an eye exam appointment through our vision value-added service. If we have information about an Enrollee’s communication preference, we utilize that channel for our proactive messaging.

MyHumana Gap-in-Care Alerts: Gap-in-Care alerts promote awareness of preventive screenings, their importance to Enrollee health, and guidance for how to complete needed screenings. When Enrollees log in to

their MyHumana account or their Go365 platform, they will receive customized alerts based on their health profile.

We use a multi-channel approach to reach our Enrollees. In recognition of how our Enrollees function in today's digital world, our goal is to engage Enrollees and drive awareness of our numerous electronic health tools and resources (MyHumana portal, MyHumana app). We include reminders about our various resources on each of our current platforms to drive Enrollees to the tools. We also train and engage all areas of our organization, including Enrollee Services, the Education and Satisfaction Unit (ESU), and CMs to be ambassadors in encouraging, training, and assisting our Enrollees to use our redesigned website and digital health tools.

Our extensive knowledge about the individual needs of our populations informs our efforts to identify, develop, and distribute materials to Enrollees. Our Community Engagement and Education and Satisfaction Unit collaborate to develop materials aimed at our target populations. Our written materials all go through a strict, multi-step review (as described above) to ensure that the materials are designed to meet Enrollees' cultural needs (e.g., available in Spanish), reading levels (i.e., fifth grade level for all Humana materials), and accessibility challenges (e.g., available in braille, etc.). This review also ensures the materials comply with DMS requirements.

Educational Flyers: We send targeted educational materials to our Enrollee homes. For our Kentucky population, we have created flyers about prenatal care and EPSDT. Our MomsFirst incentive flyer is mailed to each Enrollee to inform them of the benefits of maternal health and the financial incentives with which we reward our new moms. Our EPSDT flyer is sent to homes of all families with newborn Enrollees to educate them on the EPSDT periodicity schedule and the additional benefits Humana provides for Enrollees up to 21 months old.

## **TARGET POPULATIONS**

Pregnant Women: This population is critical to our engagement approach because of the impact on health outcomes not only for the woman but for the newborn as well. Much of the care and services these Enrollees need are preventive to ensure a safe and healthy delivery. Pre-term births, as well as neonatal abstinence syndrome (NAS), are major drivers of adverse health outcomes in Kentucky. Engaging these Enrollees early and often in prenatal care and community events is essential to improving outcomes. **To support early detection of pregnancy and appropriate referrals for prenatal care, we will offer all providers an incentive for each completed Notification of Pregnancy form for a Humana Enrollee.** Upon receipt of this form, we can ensure that the woman has made an appointment for (or completed) her first prenatal care visit and that she connects with our MomsFirst maternity care management program. **We specifically engage our pregnant Enrollees via the Pacify mobile application.**

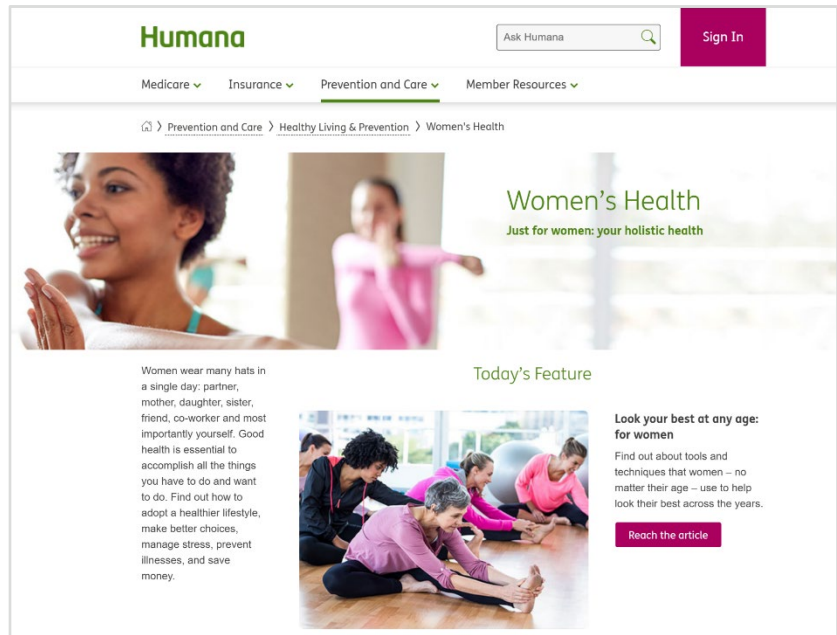
We host Baby Showers throughout the year in various communities throughout the Commonwealth to provide our new moms with specialized education in an engaging, social, and supportive environment. We provide our Enrollees with a nutritious, quality meal while Humana CMs present on various maternal education topics through interactive games. We also invite local fire and police departments to teach our new moms various safety skills, including how to safely install a child safety seat, as well as local community partners that set up information tables and provide needed items, such as baby formula. These Baby Showers enable Humana's new moms to connect with and support each other. Enrollees also learn more about Humana's MomsFirst care management program as well as applicable rewards and Covered Services. **In 2019, we had an average of 17 Enrollees attend each of our Baby Showers across Kentucky.**

In our Medicaid program in South Florida, we piloted the Humana Storcks program. As part of this program, Humana associates greet new mothers in the hospital with a care package and information about how to access important health services for themselves and their infants, including postpartum and well-child visits. This program has **yielded an 85% engagement rate among Florida Medicaid Enrollees, and Enrollees engaged with the Storcks program were more likely to engage in care.** Humana intends to replicate the success of this program in Kentucky. To identify the best hospital partners for this program, we have reviewed claims and

outcome data to identify high-volume hospitals that serve Enrollees with lower rates of postpartum visit or well-child visit completion.

**Women’s Health Campaign:** To decrease barriers to accessing care, we have an extensive women’s wellness education program that includes information on coverage so our female Enrollees can make informed decisions for themselves and their families. We are focusing on women who are actively engaged in care by contacting them with texts and emails to drive them to the Humana website for information about specific conditions relevant to their health. Our maternal health website covers topics such as when to get a mammogram, screenings and self-exams key to early detection, lowering your risk of breast cancer, how hormonal changes can affect your oral health, protecting yourself from cervical cancer, the best antioxidants for your skin, information on lead in cosmetic products, pregnancy questions and answers, and tips to help women look and feel their best. This site also features daily articles covering a range of women’s health topics.

Figure I.C.12-12 Women’s Health Website



**Children and Parents/Caregivers:** Nearly half of Kentucky’s Medicaid population is under the age of 19. This presents opportunities and challenges in engaging these Enrollees in their healthcare. For children, we actively engage with parents/caregivers to ensure they access all necessary services that fall under EPSDT, as well as other preventive services such as routine dental care. Our Child Wellness Campaign’s goal is to provide education on child wellness and benefit coverage. Through this campaign, we send texts and emails to parents and caregivers that have customized reminders based on the child’s milestones (e.g., birthday, age group, back to school, or season).

Along with outreach to parents/caregivers, we have a targeted youth outreach program tailored to their specific needs and interests. For example, with the permission of the parent/guardian for Enrollees under 18, we encourage youth and teen Enrollees to use our Go365 mobile application. This application has content specifically tailored to them to promote healthy behaviors and educate them about their health.

**Homeless:** Kentucky residents who are experiencing housing insecurity and/or homelessness present a unique challenge to engagement and outreach. Our innovative, community-based approach to outreach and engage our homeless population entails:

- **IDENTIFY:** Proactively identify Enrollees who are homeless or at risk of being homeless. Humana has designed mechanisms to identify and continually reassess the risk of homelessness and housing insecurity amongst our Enrollee population. This process goes beyond identifying those that are visibly homeless to understand the medical, behavioral, financial, legal, and social risk factors that may push an individual into an insecure housing situation and toward homelessness.
- **ASSESS:** Assess and understand the Enrollee and address the individual’s needs. Upon identifying Enrollees who are experiencing, or are at risk of homelessness, our CHWs will use motivational interviewing techniques to identify barriers to permanent housing solutions.



Through a shared decision-making process, the CHWs and Housing specialists will promote responsibility and a sense of ownership as Enrollees work toward long-term housing.

- **STABILIZE:** Sustain support through tight integration with Comprehensive Care Management and Intensive support. In an effort to engage more effectively with this population, Humana has partnered with WellSpring, a Kentucky-based provider of crisis stabilization, outpatient services, and supportive housing to individuals with serious mental illness (SMI). This partnership will leverage WellSpring’s expertise in the provision of these services to pilot an intensive and integrated wraparound service model targeting our Enrollees who chronically experience homelessness.
- **PREVENT:** Humana understands the importance of investing in solutions that tackle housing insecurity and other underlying challenges that lead to homelessness. Drawing on experiences to date, Humana intends to initiate this investment with the launch of a focused eviction prevention pilot program in Louisville, as well as a medical respite pilot, both of which we intend to scale to other parts of the Commonwealth over time.

Our homeless outreach strategy is defined in detail in sub-question I.C.12.d of this response.

Adults 19-65: The key cohort in the expansion population, adults ages 19 to 65, tend to experience more chronic conditions, higher pharmacy utilization, and greater eligibility “churn” enrolling and disenrolling more frequently than other populations. We attempt to engage our Enrollees in targeted education through all outreach channels. Our Enrollee outreach strategy encompasses the following methods and tools:

- **In-person** outreach and educational activities and efforts through Humana CHWs, CMs, participation in community events, and via Humana associate volunteers.
- **Mobile applications**, including WellDoc for diabetes management; Pacify for prenatal care; myStrength for BH management; Go365 for wellness tools and incentives; and our MyHumana application for plan management, health education, and Enrollee services.
- Our MSRs, SDOH coordinators, and CHWs use **telephonic outreach** to reach Enrollees with health and wellness education. We also deploy texting and telephonic education campaigns for targeted populations. Humana also completes a welcome call for all new Enrollees and attempts to conduct the HRA over the phone.
- Enrollees can also access **digital** tools through the Humana website, including our Physician Finder Plus tool, health education videos, and educational modules available on our MyHumana Enrollee portal. Enrollees can also complete their HRA online.
- We also **mail** Enrollees their HRA, Welcome Kit, PCP selection letter, and the Enrollee handbook.



Our adult population is eligible to receive all education and engagement tools described in sub-question I.C.12.b of this response.

Enrollees with BH Issues: Kentucky Enrollees are experiencing various degrees of BH issues, from anxiety to SMI to SUD. The opioid crisis in the Commonwealth has increased the need to conduct outreach and engage with these Enrollees proactively to improve outcomes and the overall health of the communities we serve. Our CMs specifically target Enrollees with BH issues. We will also use the **myStrength digital platform** to give Enrollees access to online learning, evidence-based support, and resources specific to their conditions (including SUD, depression, anxiety, and insomnia, among others) and text-based one-on-one coaching, **empowering Enrollees to manage their own BH conditions.**

**Table I.C.12-2: Distributing Materials to Target Populations**

Population	Distributing Materials to Target Populations
<b>Pregnant Women</b>	<ul style="list-style-type: none"> <li>• Tailored materials distributed at Humana-sponsored events such as Baby Showers</li> <li>• Distribute materials on prenatal care, postpartum care, postpartum depression (PPD), EPSDT for new babies, and family planning, such as the Mom’s First Congratulatory Letter.</li> <li>• Mobile applications such as Pacify</li> </ul>
<b>Children and Parents /Caregivers</b>	<ul style="list-style-type: none"> <li>• Materials tailored to various age groups such as school-age children (e.g., EPSDT periodicity schedule) and teenagers (e.g., bullying, suicide prevention, nicotine, tobacco usage, etc.) distributed at locations frequented by children and their parents</li> <li>• Back-to-school community events</li> <li>• School-based clinics</li> <li>• School health fairs</li> <li>• Community resources like the YMCA, libraries, and community recreation centers</li> <li>• Mobile Wellness Education within our wellness incentive platform, Go365</li> </ul>
<b>Homeless</b>	<ul style="list-style-type: none"> <li>• Tailored materials to address SDOH needs</li> <li>• Pamphlets left at shelters and/or community housing partners</li> <li>• Onsite events at local food banks and community centers</li> <li>• Participation in events organized by FQHCs</li> </ul>
<b>Adults ages 19 to 65</b>	<ul style="list-style-type: none"> <li>• Tailored materials distributed at community partners such as the Salvation Army</li> <li>• Onsite events at community colleges and local job fairs</li> <li>• Mobile applications such as Go365, WellDoc, Pacify, myStrength, and MyHumana</li> <li>• Condition-specific education disseminated through telephonic, texting, email, mail, mobile application alerts, and in-person outreach</li> </ul>
<b>Enrollees with BH Issues</b>	<ul style="list-style-type: none"> <li>• Tailored materials to include community resources for BH and our telehealth services</li> <li>• Leave-behind materials at shelters, FQHCs, and community recreation centers, and Community Mental Health Centers (CMHCs)</li> <li>• Participation in condition-specific events (SUD awareness event)</li> <li>• Participation in events held by community partners and FQHCs</li> <li>• myStrength digital platform gives Enrollees access to online learning, evidence-based support, resources specific to their conditions, and text-based one-on-one coaching</li> </ul>

Humana offers culturally and linguistically appropriate materials based on the needs of the populations we serve. We translate our outreach and education materials into the dominant language in specific regions. For example, in Christian County, the predominant language is Spanish. We offer all materials in both English and Spanish to ensure we reach as many Enrollees as possible. We also tailor our outreach materials based on the location or event. For example, at our Humana-sponsored Baby Showers, we distribute materials on prenatal care and EPDST and at community health fairs, we distribute materials for overall child and adult wellness and preventive services.

**c.iii.**

Methods of leveraging communications to meet the diverse needs and communication preferences of Enrollees, including individuals with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities and regardless of gender, sexual orientation or gender identity.

Our ability to develop deep relationships and create simple, personalized healthcare experiences is the result of our commitment to respect the varied perspectives and experiences of our associates and Enrollees. Humana is dedicated to cultivating a unique and diverse workforce that represents the people we serve to better serve our



Enrollees. We use the insights developed to continuously improve our business practices and services to make it easier for people to achieve their best health. We establish local collaborative forums comprising clinical and community leaders to identify what is making health difficult for local populations and to explore opportunities to work together to address these challenges in a culturally competent way.

### **Culturally Competent Service Delivery**

When our Enrollees call, they access our state-of-the-art IVR, which recognizes Enrollees who struggle to communicate and transfers them to a Member Service Representative who can help immediately. Once connected, Enrollees can access translation or interpretation services, which include more than 200 languages and American Sign Language (ASL) in person or via video, along with auxiliary aids such as TTY/TDD and handset amplifiers for Enrollees who are deaf or hard of hearing. We conduct language tests for our bilingual associates to ensure proficiency.

Our Enrollee materials are available in alternative formats (e.g., braille, large print format), and can be delivered verbally, electronically, through a certified linguistic interpreter, and through an Accessible Screen Reader PDF. In alignment with our belief that all existing Enrollee materials in English must also be in Spanish, we supply all Enrollee materials in both languages. We supply our materials and communications at **a fifth-grade reading level in both English and Spanish**, as well as in formats that Enrollees note as their preference. Humana's Spanish Website includes in-language health resources such as the Physician Finder Plus tool, PDFs for download, enrollment materials, a translated library with health education materials, and information on Humana's maternity program. To ensure that we inform Enrollees of their rights, we include the Model Notice of Non-Discrimination, in English and Spanish or any other preferred language, with our Enrollee materials. To assist our Enrollees with disabilities, our website also includes multiple videos about our services in English and Spanish. Our Enrollee-facing associates (e.g., Care Managers) also assist our Enrollees in accessing our grievance and appeal process. We also use CHWs to provide specialized, culturally-sensitive, community-based health education.

### **Concierge Service for Accessibility**

Humana's Concierge Service for Accessibility works with our Enrollees who have physical or mental disabilities, are non-English speaking, or have another barrier to accessing care by providing auxiliary aids to ensure effective communication occurs. Our Concierge Service identifies challenges Enrollees may have in accessing services and works to resolve them before they become a barrier. Enrollees can access the Concierge Service for Accessibility in a variety of ways including calling the Non-Discrimination phone line; calling our Member Services Call Center; and being referred by a Humana associate, including CMs, CHWs, and MSRs, or a provider.

The Humana Concierge Service team also assists Enrollees directly in accessing our extensive language assistance, including sign language interpreters in languages other than ASL. For example, the Concierge Service currently provides ASL interpretation services to a Humana Enrollee in Eastern Kentucky where ASL interpreters are difficult to arrange. To accommodate the Enrollee during provider visits, Humana arranges and compensates an ASL interpreter from Lexington, Kentucky, for the service as well as their travel time to the Enrollee.

If an Enrollee also has a Humana CM, then their CM works closely with the Concierge Service team to ensure Enrollees have timely access to needed services while still preserving a single point of contact for that Enrollee. The following example exemplifies this close working relationship between our Kentucky Medicaid CMs and Concierge Service team to assist our Enrollees efficiently and effectively. A Humana MomsFirst CM contacted the Concierge Service team to access translation services for our Enrollee, who spoke Kinyarwanda, to facilitate her enrollment in our MomsFirst Program. The CM was quickly connected to an interpreter who was fluent in Kinyarwanda and together they contacted the Enrollee. As a result of the interaction, they were able to complete our Enrollee's enrollment into the program and talk to the Enrollee to understand her background, goals, and needs in the first phone call.

After an Enrollee (or their provider, CM, caregiver or guardian) has contacted the Concierge Service team, the Enrollee is included on the Concierge Service's roster. An associate from the Concierge Service team proactively

contacts Enrollees periodically to inquire about their needs and assist them in arranging healthcare services and/or supports (e.g., care management) within Humana.

Humana operates in accordance with Title VI of the Civil Rights Act, Section 504 and 508 of the Affordable Care Act, Age Discrimination Act, Americans with Disabilities Act, Executive Order 13166, and Section 1557 of the Affordable Care Act. In the instance that we learn that a provider in our network has become non-compliant with ADA laws and regulations, Humana's Concierge Service works with the affected Enrollee(s) to ensure they are able to access services with alternative providers either in- or out-of-network (if need be) and coordinates with our Provider Services staff and Kentucky Medicaid Provider Network Director, Majid Ghavami to ensure the provider is correcting deficiencies.

### Providing Appropriate Care and Service for our Refugee Population

In 2018, approximately 1,200 refugees entered the Commonwealth as part of the U.S. Refugee Program, according to the 2018 Kentucky Refugee Health Assessment Report. We currently partner with four CBOs across the Commonwealth to engage our refugee population where they are. Some examples of events we have participated in 2019 in collaboration with these partners include:

- Sponsoring the Kentucky Refugee & Immigrant Inclusion Summit in June 2019 in partnership with Kentucky Refugee Ministries
- Sponsoring the Americana World Festival for the past seven years in partnership with the Americana World Community Center in Louisville
- Participating in and sponsoring World Refugee Day for the past five years with the International Center of Kentucky in Bowling Green
- Sponsoring the World Refugee Day for the past five years in partnership with the Kentucky Refugee Ministries

A Humana Community Management Coordinator is a "classroom friend" at the Common Good Community Development Corporation in Lexington, Kentucky. Monthly, this Humana associate educates children and families about healthy behaviors.

We are also participating in a Health and Resource Fair this coming February in partnership with the International Center of Kentucky. Our cultural competency strategy for refugees contains three parts: 1) training, 2) community referrals, and 3) language services.

Trainings: Recognizing the prevalence of BH disorders among refugees, including depression, anxiety, and SUD, we offer our Enrollee-facing associates and provides a range of trainings aimed to better serve our refugee population and connect them to the appropriate services and supports. These trainings include:

- **Humana will launch a specialized training on the needs of Kentucky's refugee communities** for our Enrollee-facing associates, including CHWs and CMs. This new training will focus on the specific health and social needs of our refugee population as well as relevant cultural considerations, particularly in the areas of BH and domestic violence.
- Humana CMs and CHWs will also complete a specialized training on TIC through our partnership with the **Bounce Coalition**. This training will focus on the impact of ACEs and how to equip children with resiliency-building skills and coping mechanisms for dealing with trauma. Through both initial training and ongoing coaching, our CMs and CHWs will learn how to use communication techniques to gather critical information needed for the most appropriate level of care and engagement.
- Humana associates and our network providers can take additional trainings on TIC through our partnership with **Relias**. Relias continually updates training modules with topics most prevalent to our population. The current course library offers 343 trainings, including a course on helping children and adolescents cope with traumatic events and disasters.

Leveraging local community organizations: Every Enrollee-facing associate is equipped with the tools needed to refer our Enrollees to appropriate community resources and services. Our internal, proprietary resource directory can be accessed by Humana MSRs, CMs, CHWs, SDOH coordinators, Housing specialists, and associates across other relevant Enrollee-facing departments. As mentioned in sub-question I.C.12.b.iv of this response, we

are investing in the United Community Louisville pilot, which includes broadening coverage of 211 across the Commonwealth and piloting the Unite Us CBO platform. We will explore using **Unite Us to connect our refugee Enrollees** in certain geographic areas **with appropriate local organizations and services**. Our closed-loop referral system will enable our associates, providers, and community partners to 1) navigate on behalf of an Enrollee seeking assistance, 2) facilitate referral(s) to program(s), 3) track utilization of program(s), and 4) understand the impact of program participation on an individual's health.

Language supports: Our cultural competency tools enable us to provide translation services for the languages prevalent across Kentucky's refugee communities, including Spanish, Kinyarwanda, Bembe, Nepali, Karen, Ukrainian, and Dari.

### **Bold Goal**

Our Bold Goal initiative has taught us a great deal about the role that race and ethnicity play in health disparities. Multiracial and black Kentuckians report higher rates of smoking, obesity, asthma, and poor mental health than their white counterparts, according to a new report released by the Foundation for a Healthy Kentucky. The report also revealed that multiracial Kentucky residents, specifically Hispanic Kentuckians, are significantly more likely to forgo medical and BH care due to cost.

In 2018, Bold Goal's Louisville Health Advisory Board launched an Essential Needs Navigation Pilot with Family Health Centers to assess lower-income individuals for basic non-clinical health needs. In addition, the board's BH committee trained more than 2,200 community volunteers in only one week in QPR, an emergency response designed to help prevent suicide. Louisville ranks 11th out of 50 peer cities in rates of suicide. Certified trainers taught participants how to communicate with someone who may be thinking about suicide and how to persuade the person to seek help through **117 pieces of training across Louisville**. A Spanish-speaking certified trainer was brought in to provide multiple trainings to specifically address Louisville's Spanish-speaking population. In our most recent February meeting, individuals from dozens of organizations across Louisville discussed deploying an initiative to set the world record for most individuals trained in QPR in one week. Humana is committed to this collaborative effort through education and individual engagement tailored to the city's unique population to make Louisville suicide-free.

### **Company-Wide Focus on Inclusivity**

Diverse workforce and a culture of inclusion: Our Executive Inclusion & Diversity Council engages senior leadership to advance inclusion and diversity and set related strategies for the entire enterprise. Chaired by our CEO, Bruce Broussard, the Council's top priorities include hiring, developing, and retaining a diverse workforce; creating an inclusive workplace; and implementing accountability to sustain outcomes. Led by Maria Hughes, Humana's Senior Vice President and Chief Inclusion and Diversity Officer, our Office of Inclusion and Diversity leads our efforts to promote inclusive culture and business practices at all levels. This office oversees Network Resource Groups (NRGs), which are volunteer, associate-led forums that help us understand our associates and inform our initiatives. Nearly one-third of associates currently participate in one of our NRGs, totaling nearly 12,000 associates. NRGs are organized by the community and include the following:

- Access (People with Disabilities),
- API (Asian Pacific Islander)
- Impact (African American)
- Salute (Veterans)
- Unidos (Hispanic)
- PRIDE (LGBTQ)
- Allies, Caregivers, and Women



PRIDE Network Resource Group is committed to shaping an inclusive world – in and outside of Humana – where all people, regardless of sexual orientation or gender identity, are celebrated and treated equally. It is a voluntary, self-driven group of Lesbian, Gay, Bisexual, Transgender, Queer, and Ally associates from across the organization.

**Humana earned “Best Place to Work” from the Human Rights Campaign Foundation in 2019**, the national benchmarking tool on inclusionary corporate policies and practices. In addition, **Humana has been named to DiversityInc’s list of the top 50 companies for diversity**, which recognizes the nation’s top companies for diversity and inclusion management. Companies included on this list excel in areas such as hiring, retaining, and promoting women, minorities, people with disabilities, LGBTQ, and veterans. **Humana was also listed 15<sup>th</sup> in the nation among companies for veterans, 22<sup>nd</sup> for Diversity Councils, and seventh for philanthropy.**

The Humana Foundation provided a \$50,000 grant to the Louisville-based **La Casita Center, Inc.** to support the delivery of innovative and culturally relevant mental health support for newly arrived Latinx youth and families experiencing domestic and interpersonal violence. These funds will be used to support individual and family-based crisis intervention, counseling and TIC management, support groups, and community outreach.

**Training and education:** To achieve cultural competence in service delivery, we are committed to the continuous development of training and resources for associates and providers. We require our providers to participate in orientation, annual trainings, and education sessions in one of the more than 50 online courses we offer, as well as methods for providers to improve communication with Enrollees. Our training addresses three major elements: 1) clear communication, which may include a “Teach Back” method and “Ask Me 3” communication tools, 2) understanding subcultures and how culture influences interactions with providers, and 3) understanding the needs of people with disabilities and their caregivers. Cultural Competency training modules are also mandatory for all associates upon hire, and we require refreshing them annually and on a corrective action basis if we identify a deficiency. For associates serving Medicaid Enrollees, we also require specific training comprising content tailored to the population. This includes topics such as Health Literacy and Numeracy, Cross-Cultural Negotiation, and Understanding Seniors and People with Disabilities. We further enhance our training for Enrollee-facing associates to meet the social, cultural, religious, and linguistic needs of all Medicaid subpopulations.

Along with our mandatory training, Humana’s Learning & Development teams, in consultation with industry experts, have developed a suite of cultural competency resources for providers and Enrollee-facing associates. Modules include “Closing the Gap,” which discusses resolving challenges and obstacles unique to Medicaid Enrollees. An example of Professional Skills Workshops for our associates and providers serving Kentucky Medicaid Enrollees is our Poverty Simulation developed in partnership with professors at Bellarmine University. The simulator teaches associates what it is like for families living at or below the federal poverty level. During the simulation, participants role-play to understand better and grasp the challenges inherent to low-income and disadvantaged families.

Our 2018 CAHPS survey results showed that Humana associates treated Enrollees with “courtesy and respect” almost 95% of the time.

### Strategies with Providers

Partnerships with providers are critical to improving the health and quality of life for Kentucky Enrollees. Providers, often Enrollees’ most trusted source of information, are key sources of information for Enrollees. This is particularly true for vulnerable subpopulations such as those with low literacy or that are non-English speaking. We have developed written policies to support minority provider recruitment and retention with the specific purpose of ensuring that we are supporting our Enrollees’ diverse needs. Our fully developed Kentucky Adequacy and Access Plan details our ongoing efforts to assess our provider network. This includes whether we are serving Enrollees’ language, cultural, physical, and intellectual needs and interventions necessary to resolve any gaps. We use performance measures such as CAHPS and Enrollee grievances regarding barriers to care to make changes to our procedures and inform our provider education interventions. Our Director of Experience, Strategy, and Transformation, Tony Suarez, leads efforts to develop interventions targeting cultural competency

by designing and implementing platforms to support our providers. For example, we have an ongoing **partnership with the University of Louisville to conduct CME classes on Cultural Fluency** for providers. This CME class teaches providers about acculturation, as well as how to build empathy for differences among ethnic groups. Topics include the cultural role of physical touch and how to affect behavior change while recognizing cultural differences, such as the role of influencers and authority figures in a culture.



We have a proven record of partnering with providers to address disparities in healthcare services delivery. Humana continually learns from our provider partners and builds upon long-standing provider relationships in Kentucky to develop programs and engagements that improve the health of vulnerable populations. For example, Agency for Healthcare Research and Quality (AHRQ) research demonstrates that Medicaid Enrollees, particularly those in Florida, have higher ED usage rates than those enrolled in Medicare or other types of insurance, though the reasons for this were not included in the research. To better understand the factors surrounding this research, Humana launched the **Real Time ER Pilot**. With input from our Medicaid Advisory Group, we initiated data-driven analysis and discussions with local hospital leadership and subsequently developed an intervention with three of our network hospitals in South Florida to more closely examine ED utilization. Within a 24-hour period of the admission, Humana nurses collected intake information, including the reason for admission and contacted their PCPs to continue care. We then measured changes in patients' treatment follow-up behaviors. **For the control group, the intervention led to decreases ranging from 48% to 68% in ED utilization based upon previous patterns**, as Enrollees increasingly visited their PCPs for continued care instead of the ED. Recognizing the successes of this pilot, we have since scaled the program statewide and have launched a real-time notification to our PCPs upon Enrollee ED admission. We continue to assist Enrollees to make follow-up appointments, provide tailored education, and make care management referrals upon ED discharge.

Over the past year, we have also worked with several of our physician partners to address SDOH. This led to the development of Zoom In, a mobile and web-based application that assists providers in mapping the place-based risk of where an Enrollee or patient lives. **Zoom In incorporates more than 90 different risk indicators such as the existence of available transportation, poverty, food deserts, rented versus owned housing, access to sidewalks and parks, and higher disease prevalence**. Providers can access Enrollees' address and view a summary of their risks along with a list of resources in the community. Zoom In shows providers resources such as churches, food banks, and community mental health centers to help providers arrange transportation and other referrals. This tool is currently available for Louisville and Lexington.

d.

Provide a summary of innovative methods and the Vendor's proposed outreach plan to assess the homeless population.

Humana has developed a comprehensive strategy to support the health of all Enrollees. We recognize that individuals experiencing homelessness and those who are at risk of homelessness face increased health and financial risks. Humana has created an approach to combatting homelessness by implementing evidence-based interventions and partnering with CBOs to sustain the work that is already being done. Our approach not only seeks to provide the critical services needed to assist individuals experiencing homelessness, but also prioritizes services designed to prevent homelessness by addressing some of the systemic issues and individual challenges that push individuals and families into crisis. The following is our approach to engage homeless Enrollees:



1. **IDENTIFY:** Proactively identify Enrollees who are homeless or at risk of being homeless
2. **ASSESS:** Assess and understand the Enrollee and address the individual's needs
3. **PARTNER:** Leverage partnerships with CBOs to provide resources to Enrollee
4. **STABILIZE:** Sustain support through tight integration with Comprehensive Care Management and Intensive support
5. **PREVENT:** Implement solutions to address the underlying needs of the population, medical respite, and eviction prevention and diversion

#### **IDENTIFY: PROACTIVELY IDENTIFY ENROLLEES WHO ARE OR AT RISK FOR HOMELESSNESS**

Humana has designed mechanisms to identify and continually reassess the risk of homelessness and housing insecurity amongst our Enrollee population. This process goes beyond identifying those that are visibly homeless to understand the medical, behavioral, financial, legal, and social risk factors that may push an individual into an insecure housing situation and toward homelessness.

Our comprehensive approach includes leveraging the following sources:

- **Kentucky Homeless Management Information System (KYHMIS)** and K-Count Leveraging data available from the **Enrollee Needs Assessments**. If approved by DMS, we will add SDOH questions targeting homelessness and create interventions based on responses.
- **Claims and Encounter Data**, Humana will mine diagnosis codes from clinical encounters, enrollment file data, and claims history, which will create a severity score that has a high correlation with homelessness.
- **Social Needs Assessments** information and referrals with our community partners will be bi-directional as community partner staff identify additional needs to refer back to Humana CMs.

#### **ASSESS: ASSESS AND ADDRESS INDIVIDUAL NEEDS**

Upon identifying Enrollees who are experiencing, or are at risk of homelessness, our CHWs will use motivational interviewing techniques to identify barriers to permanent housing solutions. Through a shared decision-making process, the CHWs and Housing specialists will promote responsibility, and a sense of ownership as Enrollees work toward long-term housing. As Enrollees engage with our Care Management team, we use the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) as part of our Enrollee Needs Assessment to determine risk and develop a housing stabilization plan with the immediate objective of connections to community services and a long-term objective of permanent housing. Follow-up on the comprehensive assessment will include coordinated referrals to community partners, such as the **Coalition for the Homeless**, who represent more than 30 community-based agencies that provide housing, food, clothing, healthcare, and legal services to thousands of Louisville residents each year, including children, families, and veterans. For example, one of their member organizations is **Uniting Partners for Women and Children (UP)**, a day center for women and children experiencing homelessness. CMs will seek in partnership with the Coalition to make referrals to ensure the Enrollee has a place to stabilize before seeking rapid re-housing.

### **PARTNER: UTILIZE AND SUSTAIN COMMUNITY-BASED RESOURCES**

Humana understands that some Enrollees may be hesitant to identify as homeless and seek help or may not know how or where to seek help. We have established partnerships with organizations that can help support Enrollees across the state, **including Volunteers of America (VOA) of Mid-States, Legal Aid Society, St. John's Center for Homeless Men in Louisville** and domestic violence shelters across the Commonwealth. For example, our partnership with VOA and the Legal Aid Society will bring targeted supports to help at-risk Enrollees avoid eviction and services to help prevent eviction in the first place. We intend to deepen these partnerships through a mutual commitment to delivering impactful services and look to support capacity-building efforts through a mix of capital investment and appropriate reimbursement in return for quality and community impact.

### **STABILIZE: SUSTAIN SUPPORT THROUGH TIGHT INTEGRATION WITH CARE MANAGEMENT**

Enrollees who are identified as homeless will automatically be enrolled into our care management program. In an effort to engage more effectively with this population, Humana has partnered with WellSpring, a Kentucky-based provider of crisis stabilization, outpatient services, and supportive housing to individuals with SMI. This partnership will leverage WellSpring's expertise in the provision of these services to pilot an intensive and integrated wraparound service model targeting our Enrollees who chronically experience homelessness. Their mission will be to promote Enrollee independence, rehabilitation, community integration, and recovery and in doing so, they will work to prevent homelessness, unnecessary hospitalizations, and other adverse outcomes. A key goal of the program will be to avoid chronic homelessness and prevent the Enrollee from returning to a shelter by stabilizing the Enrollee in a setting that is most appropriate for their medical and behavioral needs.

WellSpring will collaborate with our Kentucky Medicaid care management team to provide the following services and supports to these identified Enrollees:

- The WellSpring care team includes a psychiatrist, nurse, social services worker (SSW), peer support specialists, care manager specialized in services to the SMI population and brokering housing support, and an employment specialist
- Available 24 hours a day, seven days a week, WellSpring will provide real-time support in a crisis situation, to include a multidisciplinary team for discharge planning support from the ED
- Wraparound services from WellSpring include supportive housing, therapy services, transportation, medication management, group sessions, and crisis assistance

### **SOLUTION: IMPLEMENT CREATIVE SOLUTIONS TO ADDRESS THE UNDERLYING NEEDS OF THE POPULATION**

Humana understands the importance of investing in solutions that tackle housing insecurity and other underlying challenges that lead to homelessness. Drawing on experiences to date, Humana intends to initiate this investment with the launch of a focused eviction prevention pilot program in Louisville, as well as a medical respite pilot, both of which we intend to scale to other parts of the Commonwealth over time.

#### **Eviction Prevention**

Key to our strategy in serving our at-risk Enrollees is continuing to take steps with our community partners to prevent evictions in the first place. We will support the efforts underway at both VOA and Legal Aid Society to develop constructive relationships with developers and landlords and provide education and an avenue for early identification of at-risk Enrollees. At the same time, using the results of our HRA and the VI-SPDAT, we can target services and supports to promote financial literacy and connect Enrollees to our **Humana Workforce Development Program**.



#### **Eviction Diversion**

In cases where eviction cannot be prevented, partnerships with VOA Mid-States, Inc., **Legal Aid Society**, and other local community organizations will enable us to:

- Understand the underlying risks and issues that may lead or have led someone to potential eviction

- Develop a viable action plan with the Enrollee
- Negotiate with the housing authority and/or landlord on behalf of Enrollee
- Provide legal aid and support to individuals in need

Upon identification of housing insecurity risks, referrals will be made to VOA CMs. VOA has an existing relationship with the local Housing Authority in Louisville, as well as local landlords and housing developments, and a process in place to receive referrals directly from the Housing Authority for Enrollees at risk. Humana and VOA will work together to establish protocols for identifying healthcare needs that may be related to housing insecurity and ensure appropriate referral to and coordination with, care management and health plan resources to provide support for critical health needs.

### Medical Respite Care

Medical Respite is designed to address the acute and post-acute medical care for persons experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets but who are not ill enough to remain in a hospital. Research has shown medical respite programs to be effective in reducing subsequent ED visits and inpatient admissions and thus reducing hospital costs. Our Medical Respite program will, therefore, help to reduce individuals' chances of readmission and additional health complications. Our Medical Respite pilot program, a partnership with VOA, will provide the time necessary to help the individual obtain secure, stable housing and get critical supports to improve their housing security and, thus their overall health.



VOA has extensive experience with respite care in recent years and is currently operating a similar effort in partnership with an infectious disease specialty practice in Kentucky. This program provides transitional care and support for individuals diagnosed with infectious diseases related to intravenous drug use who must continue infusion therapy for 40 days following discharge from inpatient admissions; however, due to risks associated with addiction and housing insecurity, they are not able to do so safely or reliably on their own. VOA provides housing, counseling, and support for those individuals in addition to medical assistance to ensure the successful completion of infusion therapy. Humana plans to support the continued expansion of this focused respite approach for Medicaid Enrollees.

Dedicated respite beds will be made available in VOA facilities equipped to house Enrollees in need, with tailored attention to the unique experiences of both individuals and families. Access to the medical respite bed and the critical wraparound services will be covered for a period of time that is deemed medically necessary. During this time, Humana CMs and VOA site managers will work together with Enrollees on next steps toward rapid rehousing or more permanent supports.

The pilot program's impact will be rigorously measured with focus on the following outcomes:

- Reduced readmissions and utilization of the ED and connection with a PCP and substance use counselor
- Reduced ED utilization
- Reduced inpatient length of stay (LOS)
- Connection with a PCP and/or psychiatrist
- Improvement in health status and quality of life

e.

Describe the proposed approach to assess Enrollee satisfaction at each point of contact (call, online and in-person), including tools, frequency, and process to measure trends, and use of findings to support ongoing program improvement.

### Approach to Assessing Enrollee Satisfaction

We take an Enrollee-centric approach to our Enrollee Services operations. A key component of our strategy is to leverage data to make a rapid-cycle improvement to our operations. Enrollee satisfaction is central to this



strategy. We evaluate each step of our interaction with Enrollees, using Enrollees' feedback to identify areas we can improve. We seek direct feedback from Enrollees in a number of ways as described below.

### Member Services Call Center Interaction

In keeping with best practices, a key part of our operational strategy is to continuously review Enrollees' satisfaction, including using post-call automated surveys after each inbound call. Using our proprietary Perfect Call metrics, we measure Enrollees' assessment of four factors: a) agent satisfaction, b) agent courtesy, c) agent knowledge, and d) issue resolution. We supplement Perfect Call with NPS, which measures Enrollees' likelihood of recommending Humana to a friend. **In 2018 and 2019, our overall Medicaid NPS was 41% and 40% respectively, putting us among industry leaders.**

Our Member Services Call Center manager leads the collection of the survey results, compiles monthly scorecards, reports findings at our monthly LMOC and Member 360 Committee meeting, and develops performance improvement activities based upon their feedback and data. For example, Medicaid Enrollees indicated they were having difficulty getting their prescriptions filled, particularly for controlled substances. To address this concern, we implemented an override procedure that allows the Enrollee to use an OON pharmacy to fill controlled substance prescriptions if they are unable to fill them in-network. Our pharmacy team oversees this arrangement.

### Online Interactions

Similar to call center interactions, we actively solicit feedback following our Enrollees' online interactions with Humana. We prompt a random sampling of our MyHumana website visitors to complete an online survey about their experience. Available on the desktop and mobile browser version of our website, this survey asks visitors to rate various components of their experience including look and feel, ease of navigation, how likely they are to return, and account management. Based on what the visitor looked at on the MyHumana page, the survey also includes customized questions asking if the visitor found the information for which they were looking and ideas to strengthen the website. In 2019, more than 16,000 MyHumana website visitors completed the survey. Our systems aggregate and trend survey data to show areas for improvement, and our product team shares these data with program managers across Humana departments. We have seen consistent increases in our online consumer satisfaction ratings: Between 2018 and 2020, our **customer satisfaction related to our MyHumana website score improved by 36.9%, and our NPS improved by 36 points.**

We have also added a chat function to our Member Services Call Center's capabilities so Enrollees can connect with MSRs online. We built this feature to include an evaluate component so we could measure Enrollees' satisfaction with the experience. Our feedback data indicate that Enrollees view chat as a fast channel to getting questions answered and is preferred over calling by digital-savvy Enrollees. Enrollees who are hard of hearing, deaf, or with speech impediments also find the chat function preferable and easier to use. Enrollees had also indicated they like the convenience of the Save Chat feature for future reference, especially when sent instructions on how to navigate the service through the internet.

### In-Person Interactions

We will pilot a **feet-on-the-street campaign** where our locally-based CHWs in Louisville will conduct in-person reminders for wellness visits for Enrollees stratified as high-risk and emerging high-risk and who have not had a PCP visit in the previous year. Our CHWs will assist with scheduling visits during these in-person reminders and ensure transportation is scheduled, if needed. As a part of these visits, CHWs will also survey these Enrollees about why they have not visited their PCP and how Humana can help them connect to services more effectively. We will take this opportunity to learn more about the unique needs of our hard-to-reach and at-risk Enrollees and use this information to better inform our services.

### Assessing Satisfaction with Clinical Programs

Humana also gathers data about our Enrollee's satisfaction with our care management and chronic condition management programs. These telephonic surveys are conducted annually and allow Enrollees to give their feedback on topics such as helpfulness of care management associates and their ability to help Enrollees

schedule appointments, understand their health conditions and medications, and coordinate both health and social services. Surveys also include questions asking the Enrollee to express their satisfaction with how frequently they engage with their CM, if they feel their CM listens to and understands their individual needs, progress through their individual care plan, and improvement in overall quality of life. Our care management and chronic condition management assessments continue to show overwhelming Enrollee satisfaction with Humana’s clinical services. Between 2017 and 2019, our Kentucky Medicaid surveys indicated overall increased satisfaction in the following areas:

- 19.5% increase in our rating of our overall care management program
- 11.1% increase in Enrollee’s likelihood to recommend our care management program
- 9.8% increase in our rating of our care management team

We utilize these surveys to drive improvement in our care management program. Based on our 2019 data, we will focus on improving in-person support at Enrollee doctors’ appointments and more actively assisting Enrollees to access transportation and social services. We also share survey results at Utilization Management and Quality committees to identify and implement process improvement opportunities.

### **Administering CAHPS Surveys**

We also use the Medicaid CAHPS survey to measure Enrollee satisfaction with our services. The CAHPS survey measures consumers’ experiences with healthcare and covers topics important to Enrollees. It focuses on aspects of quality Enrollees are best qualified to assess, such as the communication skills of physicians and practitioners and the ease of access to healthcare services. To complete the survey, we survey a random sample of Medicaid Enrollees between March and June, beginning with surveys distributed by mail and concluding with telephone-assisted surveys for participants who have not responded. CAHPS measures satisfaction with both adult and pediatric services and have been instrumental in defining improvement actions. **In 2019, Humana’s Customer Service received a rating of 92%.**

### **Additional Ongoing Feedback Channels**

Humana’s culture promotes open communication and encourages feedback across the organization. In addition to formal surveys, we solicit less formal types of feedback and communication, including:

- We encourage our CMs to solicit feedback from Enrollees and Provider Relations representatives to seek input from network providers. This feedback is reported to our Member 360 Committee, which monitors the performance of our Enrollee Services functions.
- We have a “suggestion box” option on Humana’s website, so Enrollees searching for Humana can find it easily on our home page.
- We distribute forms for our comment boxes that our Outreach and Community Engagement associates bring to community events in which Humana sponsors or participates.
- We closely monitor social media, electronic bulletin boards, and press releases/articles for information. Associates from our Digital Center of Excellence compile a weekly report that includes key insights into Enrollees’ (and the public’s) perception of Humana.

## **PROCESS TO MEASURE TRENDS AND USING FINDINGS TO SUPPORT ONGOING PROGRAM IMPROVEMENT**

### **Tools Used to Process and Measure Trends**

Our state-of-the-art reporting and data analytic capabilities are designed to give us the data necessary to accurately measure trends in Enrollee satisfaction. Our unified approach for organizing and representing data through our enterprise data warehouse (EDW) allows us to understand who our Enrollees are across all data platforms and sources. Because of how much information we can collect, we have standardized processes to ensure that information is transmitted and reported accurately. Using the EDW, our Medicaid Reporting and Data Analytics Team (MRDT) and our MSRs can monitor trends through our dashboards, which give a comprehensive picture of Enrollee Services and satisfaction levels.

We also employ ForeSee, a 3M platform, to track and assess Enrollees' interactions with Humana. **ForeSee allows us to consolidate our multiple tools and measures so we can capture the full "voice of the customer" across platforms.** Through this platform, we can develop an overall satisfaction score and get actionable data on the drivers and micro-drivers that affect Enrollee satisfaction with their interactions with Humana. ForeSee also allows us to continuously benchmark our performance by channel, touchpoint, industry, and more. Through ForeSee, we can measure the entire Enrollee Journey with accuracy and efficiency.

Humana's **Enterprise Feedback Loop** provides a holistic approach to continuously analyzing and improving customer experience. This Feedback Loop takes information from all sources of Enrollee feedback to Humana (including calls, emails, chat, social media, clickstream, and other digital metrics), aggregates it, and uses machine learning to provide multi-level analytics to our business units. The system provides automated alerts to allow team leaders to keep a pulse on high-priority and frequently occurring issues so we can be ready and agile in responding timely to Enrollee needs. Our analytics allow us to glean actionable insights, then address those insights to improve the customer experience. This tool also provides for continuous monitoring before, during, and after addressing feedback so we can iterate and continuously improve our methods to best meet our Enrollees' needs.

### Committees Responsible for Driving Program Improvement

Our **Member 360 Committee** is a cross-functional forum comprising leaders across the Enrollee Services department and other relevant functional areas. The Committee reviews pertinent performance metrics and Enrollee feedback to identify process improvement opportunities that will enhance the Enrollee experience. We escalate any issues identified by our Member 360 Committee to our LMOC, which includes leaders from clinical and operational units and serves as a venue for sharing information, reviewing performance against key metrics, and identifying opportunities for process improvement.

Humana has a **Medicaid Trend Committee** (MTC) whose purpose is to find and understand Medicaid trends across the organization. The MTC analyzes key metrics such as overall Enrollee satisfaction, education, and outreach; identify potential investments; and guide strategic decisions. Our state Medicaid programs also have market Trend Committees to give them the ability to focus on specific initiatives to address the unique needs of the state. Our MTCs review Enrollee satisfaction measures and identify initiatives and processes to achieve improvement across our Medicaid program and within each state.



### Engaging Enrollees to Foster Program Improvement

Humana's dedication to improving Enrollees' health and well-being starts with listening to and maintaining an open dialogue with the Enrollees we serve. Humana values feedback from our Enrollees and understand it is instrumental in addressing health disparities and improving quality of care. Our **Quality and Member Access Committee** (QMAC), co-chaired by an Enrollee, provides insight into how Humana is performing in the eyes of our Enrollees. Humana has structured our QMAC to provide Enrollees an open forum to discuss issues they are having with Humana and/or with our providers. At the start of each meeting, we update QMAC members of how we are using the feedback from the previous meeting to inform our processes. These Enrollee-driven meetings occur on a quarterly basis. Humana understands unmet social needs often hinder Enrollees from engaging effectively with their health plan. We want to make attending Humana events, particularly our QMAC, easier for our Enrollees. To encourage participation, we offer Enrollees a stipend per meeting.

At one of our recent QMAC meetings in Warren County, an Enrollee expressed surprise to have such an impactful interaction with her health plan. She stated she was so grateful for the opportunity to share her input and was looking forward to participating in more QMAC meetings in the future.

To enhance Enrollee quality of life and to drive quality improvement, we incorporate Enrollee feedback into our QIC meetings. This exchange of ideas allows Humana to improve processes and develop methods to overcome

challenges our Enrollees face, as well as the challenges we face serving our Enrollees. Specifically, our QMAC’s primary goal is to assess and develop solutions to deliver improved Enrollee experiences and health outcomes. The committee allows Enrollees to provide feedback on:

- Health education, including healthy living within the home and community
- Cultural competency
- Employment
- Communication channels and improvement opportunities
- Benefits and Covered Services
- Care management
- Provider access issues
- Enrollee Grievances and Appeals processes and trends
- Other matters impacting Enrollees and their representative

The input we receive from our Enrollees through QMAC meetings has been invaluable in improving our materials and processes. In one of our recent QMAC meetings, several Enrollees noted that the light gray text used in our print Enrollee Handbook was difficult to read and suggested using a darker color. Other Enrollees in attendance agreed, noting that those with visual impairments would have difficulty reading the document. Following the meeting, we shared this feedback with our Marketing team, and the handbook was quickly updated with black text. In another QMAC meeting, we received feedback that our benefits grid was confusing and subsequently relayed this information to our Marketing team. Our benefit grid was redesigned and showed to our QMAC members at the next meeting who had positive feedback on the redesign.

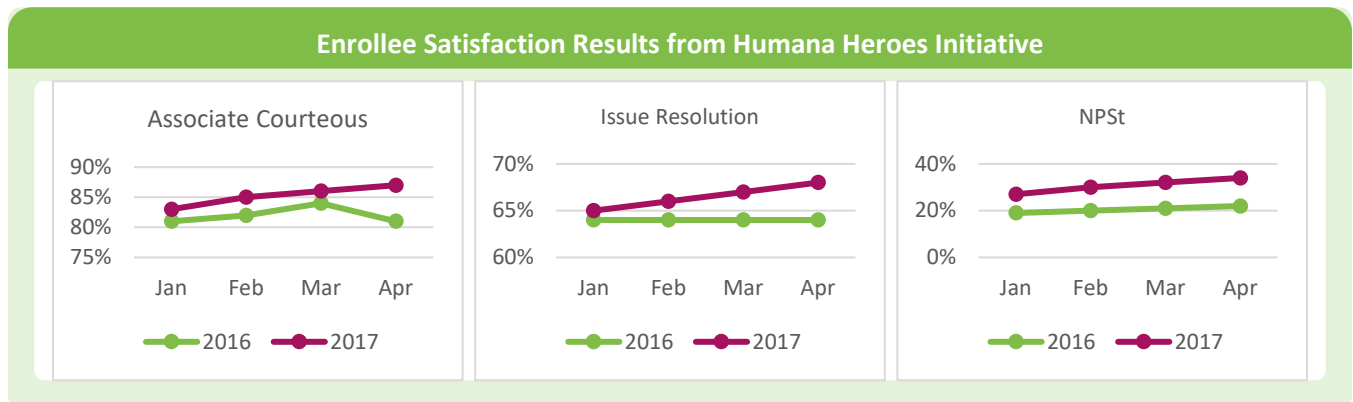
**Humana uses all of these sources of feedback to enhance and improve our Enrollee education materials as well as choose new topics for Enrollee education and outreach.**

**ENROLLEE SATISFACTION INTIAITIVES**

**Humana Heroes**

In early 2017, Humana implemented the Humana Heroes campaign to increase our MSR’s awareness of Enrollee satisfaction and the importance of the CAHPS survey in assessing the quality of care we deliver to Enrollees. The Humana Heroes campaign reinforces positive actions and behaviors of our Medicaid call center associates through computer-based training and optimization of support materials. Monthly, we monitor metrics on critical areas that, from our data analysis, correlate to increased Enrollee satisfaction following a call to our call center, including issue resolution, associate courteousness, and NPS. We immediately saw improvement in all key areas in the year following initiation, as illustrated in **Figure I.C.12-14**.

**Figure I.C.12-14 Enrollee Satisfaction Results from Humana Heroes Initiative**



**We continue to see improved performance as a result of our Humana Heroes campaign.** Between 2018 and 2019, we saw the below improvements in our Medicaid VOC scores:

- Perfect call metric increased by 5.5 percent
- Associate knowledge rate increased by 3.6 percent.
- Associate satisfaction rate increased by 3 percent
- Issue resolution rate increased by 1.5 percent
- Associate courtesy rate increased by 0.36 percent

Each year, we design and implement performance challenges and tangible goals to increase associate engagement and behaviors that will result in an enhanced Enrollee experience and boost Net Promoter Score transaction (NPSt), Perfect Call Metrics, and CAHPS performance. Humana Heroes campaigns provide education on methods to increase Enrollee satisfaction and incentivizes improved performance for Humana call center associates. We use interactive games, incentives, training sessions, cross-site competitions, and frequent check-ins to encourage improved performance. A flyer of one of our 2019 CAHPS campaigns, Game of Phones, is included below.

Figure I.C.12-15: Humana Heroes 2019 CAHPS Campaign Game of Phones

**Humana Heroes**  
**GAME OF PHONES**

**WHO WILL SIT ON THE IRON THRONE**

Individual Internal   Individual C3   Individual Conduent   Individual TP   Individual TRC   Individual HGS   Individual H1036   Group Medicare   Group Medicaid

**From February through April, all Retail Contact Center sites and LOB's will be engaged in an initiative to increase performance during the CAHPS season, through the use of cross-site competitions, Humana Swag and a traveling trophy**

**Goals:**

- To obtain a 3 point increase overall in Agent Courteous for Individual Medicare
- To obtain a 1 point increase overall in Agent Courteous for H1036
- To obtain a 1 point increase overall in Agent Courteous for Group Medicare
- To obtain a 1 point increase overall in Agent Courteous for Medicaid
- January performance will be used for baseline data

**Winner will be determined by:**

- LOB/partner with the highest Agent Courteous performance increase between Individual, H1036, Group and Medicaid from prior month (Issue Resolution performance to be used as tie-breaker)
- Traveling trophy would go to the top site (or H1036 Team) from winning LOB

**CAHPS SURVEYS ARE COMING**

Please review and share the attached CAHPS Survey attachment with your teams to help connect with the importance of this Humana Heroes Challenge

For more information and training on CAHPS, visit [go/heroes](http://go/heroes)

Leader Resources and Documents Library - STARS and CAHPS folder

Our 2019 challenges and resulting successes include:

- From February to April, we launched the CAHPS Challenge aimed to increase our associate courteousness rate by one percent for our Medicaid line of business. We achieved a one-point increase in associate courteousness and a three-point increase in NPSt.
- Our Summer Challenge focused on the perfect call metric, rewarding associates with the highest percent increase in their rating of associate courteousness. As a result of this campaign, our Medicaid Perfect Call Metrics remained three points above our goal throughout the challenge. We also saw a zero point three (0.3) increase in associate courteousness.
- Finally, from October to December, the Jungle Expedition Challenge was designed to increase our Perfect Call and VOC metrics. We remained multiple points above our goals throughout the length of challenge.

**We will replicate the successes of our Humana Heroes Campaign or our Kentucky associates under the new Contract.**

**Provider Education on the Patient Experience**

In 2016, we implemented a provider education program with our contracted pediatricians in our Florida Medicaid program to improve patient experience and Enrollee satisfaction. These sessions educate providers on the correlation between positive patient experiences and adherence to medical advice (especially among patients with chronic conditions), as well as better health outcomes. Education topics include facilitating appointment scheduling, managing specialist referrals, mitigating confusion with recommended tests or treatments, discussing medication treatment, discussing results or treatment from specialists, and discussing mental health. This initiative contributed to measurable improvements in our Florida Medicaid Child CAHPS scores regarding Enrollee experience in the subsequent CAHPS rating year, as depicted in Table I.C.12-3.

**Table I.C.12-3: Child CAHPS Results for Humana Florida Medicaid Program**

CAHPS Measure	2017 Rate	2018 Rate
Rating of Personal Doctor	88.89	90.72
Getting Needed Care	75.87	80.09
Getting Care Quickly	86.94	87.34

**We will replicate the successes of our provider education on patient experience training for our Kentucky providers under the new Contract.**

- f. Provide the following sample materials:
  - i. Draft Welcome Packet and Enrollee ID card aligned with the requirements of RFP Attachment C “Draft
  - ii. Sample Enrollee Handbook meeting the requirements of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices.”
  - iii. Three (3) sample Enrollee materials with taglines and displaying the ability to meet translation, accessibility, and cultural competency requirements.

Please find attached the following Enrollee information materials:

- Attachment I.C.12-6 Kentucky Medicaid Enrollee ID Card
- Attachment I.C.12-7 Welcome Packet Letter
- Attachment I.C.12-8 Sample Kentucky Enrollee Handbook

Three Sample Enrollee Information Materials:

- Attachment I.C.12-9 Child Well Care Visit Reminder Letter
- Attachment I.C.12-10 Male Wellness Campaign Letter
- Attachment I.C.12-11 Mom’s First Congratulatory Letter