Attachment I.C.12-5 Medicaid Member Journey

HUMANA MEMBER JOURNEY

Health Plan Experience	LEARN	CHOOSE	ENROLL	ORIENT		USE	SUPPORT	STABILIZE
Humana Goals	EDUCATE THE Enrollee	ASSIST THE Enrollee	SELECT A PCP	ONBOARDING	RE-ORIENT	MANAGE & ARRANGE CARE	SUPPORT	STABILIZE
	• Help all Enrollees think about their health • Ensure Enrollees understand the value that Humana brings and how well we can meet their healthcare needs • Provide enrollment broker with clear materials tailored to the health literacy and cultural competency needs of Medicaid	• Build a trusted and personal connection to Humana • Ensure enrollees have all information and materials they need to get enrolled • Deploy Community Engagement Team to assess community needs and partner with CBOs to address needs	• Leverage award-winning customer service to help answer any and all Enrollee questions • Provide timely materials, including welcome kit and Enrollee ID card • Identify any existing relationship with PCPs and encourage voluntary selection of PCP upon enrollment • Leverage tools such as Physician Finder Plus and MyHumana app to help Enrollee identify PCP that is accessible and a good fit for their needs	• Support Enrollees to be ready to use their plan on effective date • Facilitate completion of HRA through various channels • Assist Enrollees in setting up mobile applications and digital platforms e.g., Go365, MyHumana portal • Familiarize Enrollees with additional avenues for engagement e.g. peer support specialists, CHWs, medical advice line • Collect additional information to personalize and enhance experience and target messaging effectively • Begin process of coordinating physical health, behavioral health, and Social Determinants of Health services and supports for Enrollees	• Quickly identify when significant/ destabilizing events occur (e.g., new conditions or life circumstances) and take appropriate action • Have Enrollees know what to expect with their new circumstances (e.g., pregnancy) • Educate Enrollees on using appropriate channels of care (e.g., routine PCP, urgent care, ED)	• Implement individualized care plan based on Enrollee goals, preferences, and strengths with services and supports tailored to their needs and circumstances • Encourage Enrollees to use most appropriate care options • Communicate with Enrollees identified as high-needs population • Address health needs and SDOH issues • Assist Enrollees in accessing care through MSRs, care managers, and Enrollee portal resources • Provide health services in person and through telehealth mechanisms • Engage high-risk Enrollees in appropriate care management programs	• Outreach and multiple touch points for Enrollees to access care • Connect Enrollees to community resources to meet their needs • Provide mobile clinical support through mobile apps • Incentivize Enrollee actions to support and sustain their own health (e.g., reward for completing annual preventive care visit) • Continue effective care management and improve outcomes • Ensure enrollees understand how to use their plan and get their questions answered	• Review selection of PCP to ensure Enrollee can maintain relationship and continue to access services • Encourage and empower self-management • Build digital outreach campaigns based on proactive care predictive algorithm • Referral to training or workforce development program, if willing • Promote a positive experience to encourage consistent engagement with providers and empower enrollees to improve and maintain their personal well-being