

Executive Summary

A.

Provide an Executive Summary that summarizes the Vendor’s proposed staffing and organizational structure, technical approach, and implementation plan. The Executive Summary must include a statement of understanding and fully document the Vendor’s ability, understanding and capability to provide the full scope of work. Address the following, at a minimum:

Humana is proud to submit our proposal to the Kentucky Department for Medicaid Services (DMS) for the Kentucky Medicaid Managed Care (MMC) program. We are also pleased to submit our proposal for the Kentucky Supporting Kentucky Youth (SKY) program, covering Foster Care Enrollees, certain Adoption Assistance Enrollees, and certain Juvenile Justice Enrollees. Founded in Louisville, Kentucky, in 1961 and headquartered here since, Humana is an integral part of the healthcare system of the Commonwealth. **We have been a Managed Care Organization (MCO) in the Kentucky MMC program since 2013** and currently manage services for more than 145,000 Enrollees. As the Commonwealth’s largest Kentucky-based company and private employer, we are deeply engrained in the fabric of the community through charitable contributions, community service, and economic development of the healthcare segment. With more than two decades of Medicaid program experience, population expertise, a rich history of innovation, and strong provider and community relationships in Kentucky, we are ideally positioned to help DMS meet its goals for the MMC program.

HUMANA’S LONGSTANDING COMMITMENT TO KENTUCKY

Since 1961, Humana has been cultivating strong community and provider relationships in Kentucky and developing an intimate knowledge of the health and social needs of its vulnerable citizens. Humana has an in-depth, intimate understanding of the unique cultural and geographical dynamics at play. Humana currently serves Kentuckians through our MMC, Medicare Advantage (MA), MA Dual Eligible Special Needs Plan (D-SNP), Medicare Part D Prescription Drug Plan (PDP), and Commercial programs. We also cover all of Kentucky’s military service Enrollees and their families through the U.S. Department of Defense TRICARE program. **In total, Humana serves more than 900,000 Enrollees in plans across all 120 counties in Kentucky.**

Table I.A-1: Humana Enrollment in Kentucky

Medicaid Managed Care	Medicare Advantage	MA Dual Eligible	Dual Eligible Special Needs Plan	Prescription Drug Plan	Commercial	TRICARE
145,668	172,242	15,023	2,596	199,400	243,100	144,700

In addition to the Commonwealth being Humana’s home and national corporate headquarters, we have substantial Kentucky-based market teams and operational infrastructures with a detailed understanding of local health issues and key stakeholders. In 2019, Humana employed more than 12,000 individuals in Kentucky and paid approximately \$1.3 billion in wages and salaries across Kentucky. We have 25 physical office locations throughout the Commonwealth, including two Humana Neighborhood Locations in Louisville and Covington that provide access to fitness classes, health and wellness seminars, and disease-specific education classes for Humana Enrollees and the broader community.

In addition to our long-standing partnerships and programmatic involvement with Community-Based Organizations (CBO), the Humana Foundation [a 501(c)(3) entity with a governing and grant-making body separate from Humana business operations] 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. As part of these grants to Metro United Way, Humana also provided nearly \$1.5 million to help expand their pilot financial literacy and training program, aimed at improving financial independence and providing families and residents experiencing economic distress with financial literacy coaching and other social services. In 2018 and 2019, the Humana Foundation made more than \$1 million in

grants to Family Scholar House to build upon their Health-Education-Resilience-Opportunities-Economic Success (HEROES) program, focused on engaging low-income individuals in improving their overall well-being through education, career advancement, and family support services. The Humana Foundation also announced in 2019 a \$1.5 million grant in partnership with Actors Theatre of Louisville on community initiatives to address underlying social conditions that affect health risks and outcomes in under-resourced parts of Louisville. Finally, the Humana Foundation recently announced it will grant \$2.2 million to Kentucky non-profits in 2020 as part of its Community Partners Program.

Humana associates have also contributed nearly 552,000 volunteer hours in the Commonwealth since 2014, demonstrating Humana's commitment to community development and our associates' dedication to the communities we serve. Humana supports and encourages volunteerism through our Volunteer Time Off benefit, which allows associates to volunteer during work hours without impacting their vacation and leave benefits.

Humana is also committed to hiring veterans as we understand and appreciate the extraordinary commitments veterans have made for our nation and Commonwealth. In 2011, Humana launched the Veterans Hiring Initiative, and **since then we have hired more than 5,100 veterans and military spouses, nearly 700 of whom are located in Kentucky**. Our objective is to: provide employment and development opportunities to veterans and their spouses; meet our talent demands with uniquely qualified military talent that enhances the service provided to our Enrollees; and act as a corporate leader in support of the military and veteran community.

HUMANA'S HISTORY AND NATIONAL SCALE AND EXPERIENCE

Humana's nearly 60 years as a health services organization has afforded us broad experience serving vulnerable citizens through a variety of different models and approaches. David Jones and Wendell Cherry founded Humana in 1961 as a nursing facility provider on the belief they could impact many of the challenges facing the care delivery models of the day. Over the course of the following decades, Humana evolved and grew into one of the nation's largest hospital systems and then a national leader in MA and Medicaid. This adaptability and flexibility remains a core principle of Humana as we continue to strive toward improving the health and well-being of all of the individuals we serve. Through our extensive experience serving diverse populations with complex health needs, we have developed best practices and identified innovations for managing and improving individual and population health. **We continue to adapt to the needs of the individuals and communities we serve, evolving and growing to promote and enable increasingly integrated whole-person models.**

Nationally, Humana serves Medicaid Enrollees through MMC, Managed Long Term Services and Supports (MLTSS) programs, Centers for Medicare and Medicaid Services (CMS) Financial Alignment Initiative Dual Demonstrations, MA, D-SNPs, and PDPs. Humana has served Medicaid populations continuously for more than two decades and currently manages Medicaid benefits for more than 615,000 Enrollees nationally. We have developed expertise providing care management, care planning, and specialized clinical management for the complex needs of Temporary Assistance for Needy Families (TANF); Children's Health Insurance Program (CHIP); Medicaid Expansion; aged, blind, or disabled (ABD); and dual eligible populations within a social supports-based framework. Through these years of experience, we have also developed significant expertise in integrating behavioral health (BH) services, pharmacy services, and social supports to improve the health and well-being for our Enrollees.

Humana's Medicaid experience demonstrates a strong ability to manage complex populations in large numbers while continually improving health and well-being outcomes for Enrollees. In 2018, Humana was one of only two MCOs awarded a Comprehensive Medicaid Contract for the Florida Statewide Medicaid Managed Care (SMMC) program across all 11 regions statewide (against 13 other bidders across the state). **Further, in each year since 2011, Humana has been the first- or second-ranked Florida Medicaid health plan, according to the National Committee for Quality Assurance (NCQA).**

For the past 30 years, Humana has become a national leader in MA and PDP, both in terms of quality and scale, managing Medicare benefits for more than 4 million Enrollees through MA plans and more than 4.2 million

through PDP plans. **Humana leads all national MA plans with 92% of Enrollees enrolled in 4.0-Star plans or higher, and we currently have 1.3 million Enrollees in 4.5-Star contracts.** More than 675,000 of our MA Enrollees are dual eligible. Humana also has extensive experience with care coordination for the dual eligible population through our D-SNPs, which we have operated since their inception in 2006. Today, we are a national leader in D-SNPs, with more than 285,000 Enrollees across 24 states and Puerto Rico. This experience has enhanced our expertise in managing care and impacting outcomes of complex populations.

Humana emphasizes our organizational culture daily in a way that strives to give associates a sense of security, purpose, and belonging. We aim to inspire our associates and empower them to help others, leading to an organization with world-class associate engagement. Humana pays a minimum wage of at least \$15 per hour across all associates, providing a sense of economic security and personal empowerment.

We are also proud to have earned the following honors:

- **#4** on Robert Wood Johnson Foundation’s **Top 100 Companies Supporting Healthy Communities and Families**
- **#1** in **Customer Service** among Health Insurance Companies by Newsweek for the second consecutive year in 2020
- **#1** Health Care Provider in Forbes’s **“The Just 100: America’s Best Corporate Citizens”** for three consecutive years
- **#2** in Health Care: Insurance and Managed Care in **Fortune’s “World’s Most Admired Companies”**
- **100%** on Human Rights Campaign’s **Corporate Equality Index for six consecutive years**
- **5 Stars** in Employment and Philanthropy from the **Hispanic Association for Corporate Responsibility**

HUMANA AWARDS & RECOGNITIONS



#1 in Customer Service
among Health Insurance Companies by Newsweek



Mogul’s **“Top 100 Innovators in Diversity & Inclusion”**



Military Times Best for Vets: Employers **8th Consecutive Year**



#4 on JUST Capital & Robert Wood Johnson Foundation’s Top 100 Companies Supporting Healthy Communities and Families List



JUST 100 List #1 in Health Care Providers industry and 11 overall

1.

The Vendor’s statement of understanding of the healthcare environment in the Commonwealth, the Kentucky Medicaid program and vision for this procurement, and needs of Medicaid Enrollees.

Being headquartered in Kentucky, Humana understands the Commonwealth faces significant health challenges. More specifically, we know Kentucky is geographically and demographically diverse, and as such, the issues facing metropolitan and suburban areas, such as Louisville, Lexington, and Northern Kentucky, may not necessarily be the same as the issues facing rural areas, such as southern Kentucky and Appalachia. We know tobacco use continues to exceed national averages. Similarly, we realize Kentucky also experiences higher-than-average obesity, diabetes, and asthma rates. In more rural areas, especially in Eastern Kentucky, we understand access to care and provider shortages present challenges to these communities. Importantly, the opioid epidemic has particularly impacted the Commonwealth. The crisis is especially evident in Appalachia. Moreover, we know



Appalachia – in addition to other regions in Kentucky – struggles with numerous health and social outcomes, including infant mortality, low birthweight, teenage pregnancy, heart disease, and educational attainment. We appreciate the significant impact these issues – from limited care access in rural areas to chronic disease and addiction throughout the Commonwealth – have on Kentucky and have designed initiatives and partnerships, which we will discuss later in this section and throughout our entire response, to specifically address these matters. **Through our person-centered and value-based care approach to health and well-being, Humana will support DMS in achieving the Triple Aim** of improving the health of populations (**better health**), enhancing the experience of care for individuals (**better care**), and effectively managing Medicaid per capita care costs (**better value**).

While these issues affect Kentuckians generally, many of the Commonwealth’s Medicaid Enrollees face them at even higher rates and, in many cases, with more severity. **Moreover, the Kentucky Medicaid program faces more unique opportunities, such as the need for addressing BH integration and Social Determinants of Health (SDOH).** To effectively address these matters for this vulnerable population, we are excited to offer a fully integrated, internally-built and -operated BH and pharmacy benefit manager (PBM) model of care. Through this integrated, internal model, we can seamlessly share data across all physical, BH, and pharmacy services, enabling us to better predict needed services, prevent unnecessary events and complications, and improve health outcomes. This ability is particularly important for Enrollees with co-morbid BH issues, such as opioid abuse. We have made significant strides developing our SDOH program, incorporating it as a key component of our population health model and how we engage with providers, including offering pay for performance relationships to reward successful outcomes.

Many of the needs facing Kentucky’s Medicaid Enrollees are socially oriented. The Commonwealth’s rates for unemployment, workforce participation, and wages, as well as overall poverty, are all measurably worse than the national average. Collectively, these forces place heavy strains on the resources of communities and adversely impact health and social outcomes of communities. **Humana’s primary goal is to improve the health of the communities we serve.** While many services may be delivered in clinical settings, Enrollees’ health and well-being are also largely driven by the influences present in their communities. Humana understands the influences of health are often multigenerational and come from a wide range of sources. We recognize it is important to intervene during critical periods and moments throughout the entire life and health cycle of individuals to improve long-term outcomes, specifically with certain vulnerable populations.



Our key focus is addressing determinants (social, clinical, and behavioral) of health, improving healthcare access, and reducing unnecessary costs. Addressing SDOH helps make the healthy choice the easy choice, and it empowers individuals to focus on health promotion and disease prevention. **To that end, and to support and drive broader population health goals, Humana established an enterprise-wide initiative, our “Bold Goal,” to improve the health of the communities we serve,** working toward this goal through **innovative partnerships with local CBOs, businesses, government agencies, and providers.** By enhancing the quality of our relationships with these organizations and developing innovative community-based initiatives, Humana’s Bold Goal drives Enrollee well-being and quality of life within the community. Moreover, we have adapted this population health and community engagement initiative to be an integral component of how we provide care and improve the health and well-being of our Enrollees across all lines of business.

2.

An overview of the Vendor’s proposed organization to provide coordinated services under the Contract.

HUMANA’S ORGANIZATIONAL AND MANAGEMENT STRUCTURE

Jeb Duke



Chief Executive
Officer

Humana’s organizational structure is comprised of our established **local Kentucky-based market resources, supported by our local executive team, and overseen by our national leadership**, bringing together best practices, infrastructure, and feedback from multiple sources (e.g., providers, Enrollees, associates, Subcontractors) that ensure the achievement of programmatic goals, enable the delivery of high quality care to improve health outcomes, and allow our local structure to respond quickly to emerging Enrollee and provider needs. We base our organizational structure upon our more than 40 years of experience from multiple lines of business, industry best practices, organizational values, Commonwealth and federal regulations, DMS Contract requirements, and national healthcare agency guidelines. Through our aligned corporate and local organizational structures, Humana’s Kentucky Medicaid MCO will combine the breadth and scale of Humana’s national experience with our strong, long-standing local presence in Kentucky.

Samantha Harrison



Chief Operating
Officer

Our Chief Executive Officer (CEO), Jeb Duke, who has been with Humana for 12 years and supported Humana’s Kentucky Medicaid Contract for two years, leads our Kentucky Medicaid Executive team. Mr. Duke is accountable for the operational and financial success of the health plan. Mr. Duke leads our Kentucky-based team; is the face of our MCO to local providers, consumers, and the wider community; and is the key link to our corporate leadership, which supports our market operations with rich technical expertise. Our Chief Operating Officer, Samantha Harrison, reports to Mr. Duke and assists with overseeing the day-to-day operations of our Enrollee Services and Provider Services units. Ms. Harrison was born in Kentucky and has supported Humana’s Kentucky Medicaid program for the last seven years; prior to joining Humana, she was an Assistant Director for the Kentucky Cabinet for Health and Family Services, Office of the Inspector General.

Lisa Galloway



Medical
Director

Our Kentucky-based clinical team is led by our Medical Director, Lisa Galloway, MD, who reports to Mr. Duke, and oversees our Population Health Management (PHM), Quality Improvement, and Utilization Management associates. Dr. Galloway was raised and educated in Kentucky and has practiced medicine for three decades. Prior to joining Humana’s Kentucky Medicaid program, she was the Medical Director for Baptist Health Plan in Lexington, Kentucky. In recognition of the important role of SDOH needs in our care delivery model, our PHM Director, Adrienne McFadden, MD, JD, reports directly to Dr. Galloway and collaborates with our BH Director, Ms. Liz Stearman, CSW, MSSW, to improve the health of Enrollees through innovative, person-centered interventions that address physical health, BH, functional, and social needs. Dr. McFadden has been a Medical Director at Humana since 2017; prior to joining Humana, she was previously the Director of the Office of Health Equity at the Virginia Department of Health. Ms. Stearman was born in Kentucky and has lived here the majority of her life; she has worked in BH in Kentucky Medicaid since 2016 and has worked in BH and counseling generally for nearly two decades. Our Pharmacy Director, Joseph Vennari, PharmD, reports to Dr. Galloway and collaborates with Dr. Galloway on the integration of pharmacy services with physical health and BH, particularly with respect to complex, multi-faceted problems such as the management

Adrienne McFadden



Population Health
Management Director

Liz Stearman



Behavioral Health
Director

of Enrollees with substance use disorder (SUD). Mr. Vennari has supported Humana's Kentucky MMC program for the past two years and has worked in the pharmacy field for nearly two decades. Prior to joining Humana, he was the Director of Pharmacy Services for Baptist Health Plan.

Our health plan managers participate in our Kentucky Local Market Operating Committee (LMOC), which meets monthly. The LMOC, headed by Mr. Duke, provides a forum for structured information sharing and the identification of opportunities for ongoing improvement. The LMOC reviews operational dashboards containing performance reporting in areas such as quality improvement, call center performance, Enrollee grievances and appeals, along with provider grievances and appeals. Mr.

Duke represents LMOC on our corporate Operations Steering Committee. The Operations Steering Committee, which consists of leaders from across our National Medicaid program, identifies cross-market synergies, strategic opportunities, and plan-wide Medicaid changes.

Joe Vennari



Pharmacy
Director

Humana maintains our health plan's key operational functions in the Commonwealth, including our Member Services Call Center, Provider Services Call Center, Provider Relations and Network Operations, Enrollee and Community Engagement, Care Management, Quality Operations, and Claims processing associates. Humana's local Kentucky MMC program leadership has direct authority to make executive decisions and have formal leadership over all health plan associates. Our national operations teams, which include many nationally recognized experts (e.g., program integrity, information systems, and data analytics), collaborate with our local Kentucky Medicaid team to continuously improve service delivery. We support their work with significant investments in data analytics and state-of-the-art Information Technology (IT) systems.

INTEGRATED, INTERNAL MODEL

Humana is proud to offer an integrated, internally-staffed care management and operational model for the Kentucky MMC program. Humana deploys an integrated clinical model that manages physical, BH, and pharmacy services – in addition to addressing social needs – internally. Using an internal model improves the overall quality of care integration and information-sharing capabilities, allowing us to seamlessly access and share information from the spectrum of Enrollees' services and needs, creating better coordination between behavioral and pharmacy services. This is particularly helpful for managing populations with co-morbid conditions and SUD, which is especially impactful for the opioid crisis facing the Commonwealth. Moreover, to further enable our ability to impact health and social outcomes, **Humana brings a proprietary and integrated suite of internal administrative and clinical technology platforms.** With these tools, our Care Managers (CM) and representatives can coordinate to manage Enrollee health and outcomes across the full spectrum of their care and social supports – as well as across any coverage, including SDOH, they may have with Humana (e.g., Medicaid and MA for dual eligible Enrollees). **This includes our proprietary integrated clinical platform, CareHub**, an innovative enterprise solution to support program integration for Humana's provider community and Enrollees. **CareHub's clinical workflow system, Clinical Guidance eXchange (CGX)**, enables a holistic, fully-integrated approach to care management for Enrollees by **combining all aspects of their care – physical, behavioral, and social services – into one unified platform.** Furthermore, this platform advances data analytics and predictive modeling functionality that allows Humana to identify high-risk Enrollees for engagement in tailored, localized PHM programs. These are all connected to our administrative infrastructure through a common set of claims and enrollment platforms, completing a comprehensive approach to whole Enrollee data sharing and accessibility.



3. A summary of the Vendor’s strategy and approach for administering services for Enrollees.

We are committed to helping people achieve their best health and lifelong well-being. To create the perfect experience, our associates are guided by a core set of values that are people centered. We focus on creating personal, simple, connected experiences that inspire the people we serve to embrace us as a health partner for life.

POPULATION HEALTH

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 and preferences; employ strategies to improve health and well-being; and implement interventions for priority populations, Enrollees with emerging risks and significant BH and SDOH issues, and segments of our population experiencing health disparities. Our continuous quality improvement methodology measures data, tracks trends, and monitors outcomes to adjust our approach and achieve the Triple Aim – better health, better care, better value.



The development of our approach to improve health and well-being outcomes for the Kentucky Medicaid population stems from our long-standing presence in the Commonwealth, as well as our broad experience serving similar Medicaid-eligible populations continuously for more than two decades through other state-based programs. Humana’s PHM Program includes the various key elements to address the physical needs and psychosocial well-being of our Enrollees at all points along the care continuum.

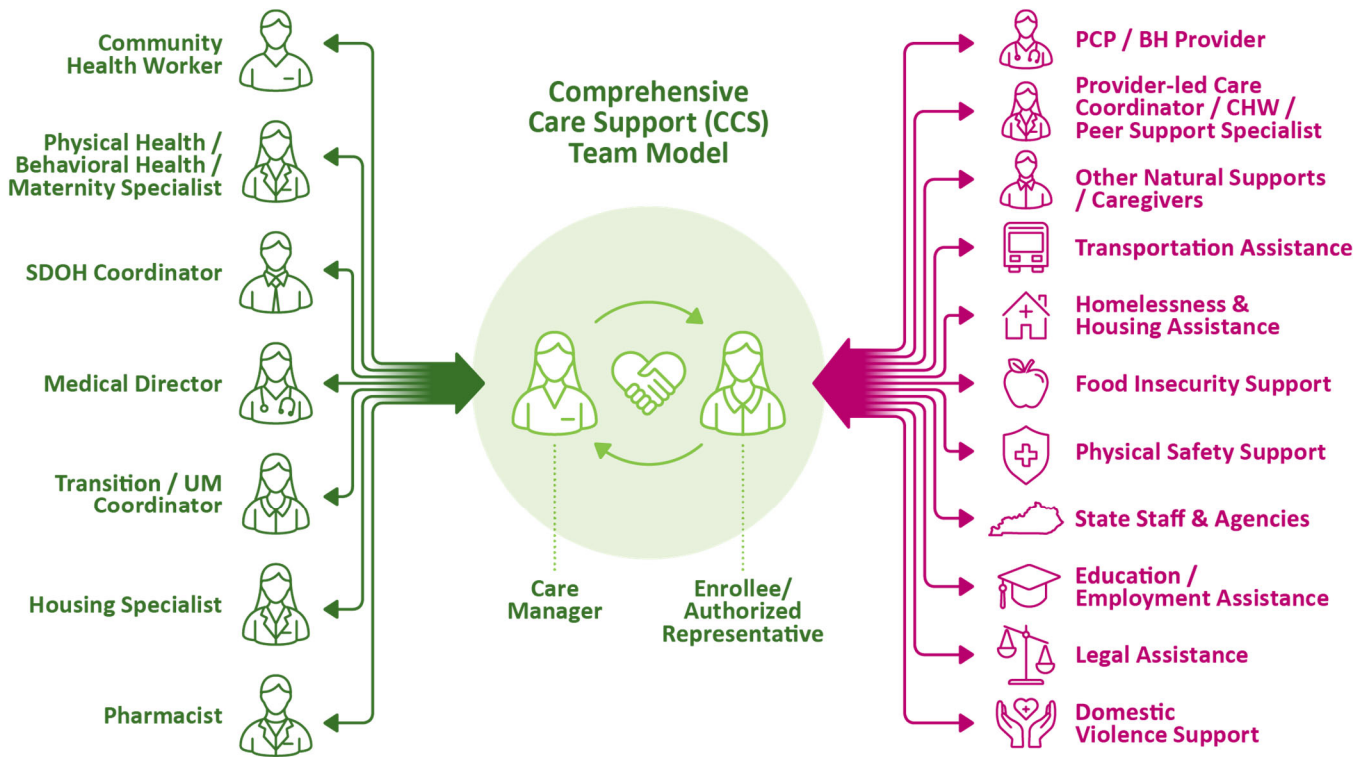
Social Determinants of Health

Humana’s strategy to achieve our goals integrates care delivery, proactive clinical outreach, and Enrollee experience to encourage engagement, behavior change, and wellness. Humana envisions our Bold Goal as one of the means to improve health outcomes and address health disparities. By developing innovative, community-based, evidence-based initiatives with local stakeholders and providers, Humana’s Bold Goal drives population health outcomes and quality of life within the community. Addressing SDOH helps reduce barriers preventing individuals from improving their health and enables them to progress along their journey to better health and well-being.

CARE MANAGEMENT

We improve Enrollee health using an integrated, person-centered, relationship-based approach for our model of care. Comprised of Humana associates with expertise in physical health, BH, and SDOH needs of the Medicaid population, our fully-integrated **Kentucky Medicaid Comprehensive Care Support (CCS) team** anchors our Kentucky Medicaid care management program. On behalf of the Enrollee, this team serves as a forum to exchange information and ideas and ensure optimum outcomes. With the support and oversight of our Kentucky Medicaid Medical Director, Dr. Galloway, subject matter experts within the CCS team are available for outreach by a CM to discuss any aspect of care and inform decision-making, taking the Enrollee’s goals and preferences into account. In their role as the Enrollee’s single point of contact for Humana support, our CM then brings this information back to the Enrollee for further discussion, to answer any questions, and to actively engage them as full participants in their health and well-being journey. This integrated model is an important mechanism to efficiently coordinate care and deliver targeted interventions and services that meet the needs of our Enrollees with emerging risks and/or chronic, complex conditions. This structure also permits the Enrollee to remain with the same CM, even if their needs change.

Figure I.A-1 Comprehensive Care Support Team Model



Our initial stratification relies on enrollment data included on the State 834 files and the completed Health Risk Assessment (HRA) and Enrollee Needs Assessment. This information quickly identifies Enrollees with Special Health Care Needs (ESHCN), Enrollees who are pregnant, and other priority populations for our Kentucky Medicaid program. This initial stratification prioritizes our outreach efforts and also identifies Enrollees who may benefit from one of four of Humana’s Kentucky Medicaid PHM Program tiers – **Health Promotion and Wellness, Management of Chronic Conditions, Intensive Care Management, and Complex Care Management.**

Predictive Models

In addition to these tools, Humana conducts an ongoing review of our membership’s characteristics, utilization, and demographics to generate a quantifiable level of risk. The primary predictive model we use across our Medicaid population is our proprietary **Medicaid Severity Score Model**. This allows us to create a severity score based on physical health, BH, pharmacy claims, SDOH needs, and other data to identify Enrollees with changing care needs who may benefit from care management. Our **Readmission Predictive Model** uses more than 50 variables to assess the probability of a readmission to a facility within 30 days of discharge. We use this score, coupled with our transitional care management, to prioritize our post-discharge outreach efforts and support referrals for ongoing care management. Our **Emergency Department (ED) Predictive Model** prospectively identifies Enrollees who are likely to use EDs, become high ED utilizers, and/or use EDs for non-emergent reasons, which are considered identifying factors for care management. Our **Opioid Predictive Model** reviews pharmacy claims data to identify Enrollees at risk of opioid use disorder.

Supplemental Assessments, Surveys, and Methods

Humana Kentucky Medicaid CMs will also administer supplemental assessments, surveys, and methods (when deemed appropriate) to identify more complex Enrollee conditions, care needs, and specialized services and supports for those who stratify with high risk factors.

Community Health Workers

As another key component of our care management strategy, **Humana is enhancing our Kentucky Community Health Worker (CHW) program, which is designed to bridge cultural and linguistic barriers, expand access to coverage and care, and improve health outcomes.**

Figure I.A-2 Community Health Worker Critical Functions



Enrollee Outcomes

Our care management approach has demonstrated improvement in patient outcomes, reduced costs, and supported self-management of chronic conditions among Medicaid Enrollees. Our achievements include:

- 85% of diabetic Enrollees had at least one primary care provider (PCP) visit during 2017, increasing to 88.3% in 2018
- 80.1% of asthmatic Enrollees had at least one PCP visit during 2017, increasing to 85.7% in 2018
- 100% Enrollee satisfaction with our CMs, among Enrollees participating in our Florida SMMC care management program

QUALITY MANAGEMENT AND HEALTH OUTCOMES

At Humana, quality improvement is a core value that guides our day-to-day behaviors, decisions, and actions. Our multidisciplinary quality improvement program integrates all business units to promote Enrollee safety, quality of care, and effective service. Quality is more to us than meeting targets on performance measures.

Nationally, our cutting edge Quality Organization employs more than 1,000 associates dedicated to enhancing quality throughout our organization. In each year since 2011, Humana has been the first-or second-ranked Florida Medicaid health plan, according to NCQA. **Humana leads all national MA plans with 92% of Enrollees enrolled in 4.0-Star plans or higher for 2019.** We were the first publicly-traded MA health plan with a perfect 5.0 Star rating and currently have 1.3 million Enrollees in 4.5-Star Contracts.

Humana draws upon the extensive expertise of our Clinical Practice Guideline (CPG) Committee, comprised of Humana physicians with varying specialty expertise and backgrounds, to research and review CPGs annually in order to maximize health outcomes. We also tailor CPGs based on the population’s needs and any areas of concerns we may identify through serving our Enrollees. Through the use of CPGs, our CCS team has achieved notable health outcomes. For Enrollees engaged in our Florida SMMC care management program between 2017 and 2018, we saw the following improvements:

- 43.4% decrease in admissions per thousand for pediatric Enrollees with diabetes
- 59.5% decrease for adult Enrollees with asthma
- 50% decrease in admissions per thousand

VALUE-BASED PAYMENT

Humana offers a wide continuum of value-based payment (VBP) models that incentivize providers to undertake initiatives to improve preventive care, reduce costs, and improve Enrollee satisfaction. Our Kentucky Medicaid VBP programs will extend to a wide scope of provider types, including PCPs, BH providers, and OB/GYNs and are structured to help providers gradually advance their abilities to take on more advanced risk-sharing arrangements over time. Today, Humana has nearly 131,000 Kentucky MA Enrollees assigned to PCPs engaged in VBP models that align reimbursement with quality of care, representing 81% of our total MA Enrollees in Kentucky as of mid-2019. Nationally, Humana has more than 52,000 PCPs in VBP arrangements across 43 states. **For Humana providers in VBP arrangements, our models have resulted in higher Healthcare Effectiveness Data and Information Set (HEDIS) scores, more preventive care, lower hospital admission rates, and lower overall care costs.** Further, we support providers in achieving quality outcomes through robust data analytics, including care gap alerts integrated with comparative metrics and benchmarks.

81% of Humana's Kentucky MA Enrollees are attributed to PCPs in VBP arrangements

BEHAVIORAL HEALTH

Humana understands BH is as essential to the well-being of our Enrollees as physical or social health. Today, more than one-quarter of our Kentucky MMC Enrollees have a BH condition, including approximately 10% with a serious mental illness (SMI) diagnosis and approximately 13% with an SUD diagnosis. 75.7% of Humana's BH-diagnosed Enrollees had at least one PCP visit during 2017; this proportion increased to 80% in 2018. These Enrollees averaged 4.8 PCP visits during 2017 and 5.2 PCP visits during 2018. Further, the total number of ED visits decreased 3.7% among our BH-diagnosed Enrollees from 2017 to 2018, and ED usage for Enrollees with five or more visits decreased 38.4% from 2017 to 2018.

We are committed to addressing the BH needs of our Enrollees through a fully integrated, internally-developed and -operated BH model of care that integrates physical health, BH, pharmacy, and social support services while proactively empowering Enrollees to engage in their health. We will also leverage how our innovative provider partnerships use the expertise of Kentucky's BH environment to ensure our Enrollees receive evidence-based, high-quality services. For instance, **Humana is partnering with Springstone (a BH provider focused on improving the delivery, access, and quality of mental health and addiction services) to invest in the expansion of step-down services, including intensive outpatient therapy and partial hospitalization, for the population that needs more intensive care than a typical psychiatrist or therapist can provide.**

Through our quarterly meetings with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) and development of collaborative agreements with Commonwealth facilities, we aim to support the delivery of evidence-based and innovative models of care to our Enrollees, including the provision of the Commonwealth's recently implemented 1115 waiver for SUD services. In particular, we look forward to collaborating with DMS and DBHDID to implement the State Plan Amendment for school-based services (if approved) to expand access to child and adolescent BH services for Kentuckians.

PHARMACY

Humana views pharmacy solutions as essential to improving the health of our Medicaid Enrollees. We operate our own Utilization Review Accreditation Commission (URAC)-accredited PBM, Humana Pharmacy Solutions, Inc. (HPS). As a PBM that exclusively serves Humana plans, HPS is deeply integrated into Humana operations, including our clinical programs. HPS has more than 20 years of experience serving the complex and special needs of the Medicaid population and will bring this expertise to manage the pharmacy benefit for Kentucky Medicaid Enrollees. Across all lines of business, **HPS provides PBM services for more than 10 million Enrollees, including more than 700,000 Kentucky residents.** In total, HPS

In 2019 (for the second consecutive year), **Humana Specialty Pharmacy** received a Specialty Pharmacy Patient Choice Award from Specialty Pharmacy Times®, the leading journal for the specialty pharmacy industry.

manages pharmacy benefits for more than 570,000 Medicaid Enrollees, 1.3 million Commercial Enrollees, and 8.5 million Medicare Enrollees nationwide. HPS processes more than 490 million prescriptions annually (totaling \$29 billion in spending) and employs more than 7,400 associates, including 900 in-house pharmacists, who focus on supporting the overall health and well-being of our Enrollees.

HPS applies a total net cost management philosophy that encourages providers and Enrollees to choose medications with the best value, while preserving high quality care and positive outcomes. We will tailor HPS supports and services to the needs of Kentucky Enrollees, drawing upon the expertise of HPS's pharmacists serving populations like those covered in Kentucky. HPS has a proven track record of managing pharmacy costs, providing access to medications, and providing comprehensive pharmacy-related Enrollee support programs. In addition, since HPS is a subsidiary of Humana Inc., our Kentucky Medicaid plan will benefit from having full transparency into PBM costs and network financial rates. **Pass-through pricing has been, and will continue to be, a main feature of HPS's operations.** HPS has never used a spread pricing payment model.

Pharmacy Integration with Humana's Population Health Management Program

Through our experience supporting Medicaid Enrollees (including ESHCN), we understand that pharmacy solutions are essential to improving the health of our Medicaid Enrollees. We therefore prioritize integration between HPS and our Medicaid clinical operations and our broader PHM Program, recognizing the fundamental connections between our Enrollees' physical health, BH, and social needs and services and their medication use. Our clinical associates work hand-in-hand with HPS to implement quality initiatives targeting medication adherence and associated clinical outcomes, develop data-sharing infrastructure to permit our CMs to view pharmacy data for their assigned Enrollees, conduct post-discharge medication reconciliation for identified Enrollees, and create enterprise-wide solutions that affect the needs of our Enrollee population.

A prime example of this collaboration is **Humana's enterprise-wide Opioid Task Force**. Our Opioid Task Force designs and implements solutions that combat the topic of opioid use among Humana membership and the communities we serve. Tackling a problem with the magnitude of our nation's opioid crisis cannot fall to one single business area, such as pharmacy; rather, it requires the input of experts from a broad range of areas. Our Opioid Task Force includes HPS, as well as associates in charge of Humana's network operations, clinical services (including BH), digital solutions, marketing, and Enrollee education.

Between 2016 and 2018, use of medication-assisted treatment (MAT) among Humana Kentucky Medicaid Enrollees increased by **111%**, while **the number of opioid prescriptions decreased by 19%**. Humana does not require prior authorizations (PA) for preferred MAT products to help address opioid dependencies for our Kentucky Medicaid Enrollees.

ENROLLEE SERVICES

Humana's Enrollee Services programs are based on delivering a Perfect Experience, which reflects our commitment to helping Enrollees achieve their best health and well-being. We have received numerous awards recognizing our efforts to create a superior Enrollee experience. **Humana is proud to have been ranked first in Customer Service Among Health Insurance Companies by Newsweek for the second consecutive year in 2020.**

We have defined the following principles that guide all that we do:

- **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

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 inform our education efforts by developing a deep understanding of the communities we serve and use data to provide insights into our Enrollees' needs to establish and maintain a 360-degree view of our population.

Humana uses services and tools to ensure culturally competent support of our Enrollees' communication and cultural needs and preferences. Humana develops our associates' 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. In addition to hiring associates who reflect the diversity of Enrollee demographics, Humana recognizes that associate training is a key component in providing culturally competent care. **Humana is currently pursuing the NCQA Distinction in Multicultural Health Care.** We also establish local collaborative forums comprising clinical and community leaders to identify what is making health hard for local populations and to explore opportunities to work together to address these challenges in a culturally competent way.

Our Member Services Call Center is an integral part of our model in serving our Medicaid Enrollees. In 2014, we established a Medicaid-focused Member Services Call Center in Florida, where we currently handle more than three-quarters of a million calls per year. We prepare our Member Services Representatives (MSR) to respond to a wide range of calls and situations from all of our Enrollees, including those with language barriers, hearing impairments, literacy limitations, or other challenges. Moreover, **our Customer Relationship Management (CRM) tool integrates CareHub data** to personalize our Enrollee communications to include topics most relevant to them and to stay aware of what other communications they have received. MSRs can then use the CareHub information to prioritize an Enrollee's health needs so that CRM can send personalized messages in a sequence that aligns with the urgency of those needs.

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. **We recently expanded our Kentucky Member Services Call Center and intend for it to be our national hub, serving as a model for our other Member Services Call Center operations and have invested in state-of-the-art technology to develop best practices. This hub is designed to support our growth and be staffed by Kentucky residents, demonstrating our commitment to our community.**

ENROLLEES WITH SPECIAL HEALTH CARE NEEDS

Humana has more than 30 years of experience serving ESHCN. We bring best practices, lessons learned, and innovative models that have been deployed and piloted across the country to ensure the best possible care to our Kentucky Medicaid Enrollees. In addition to the individuals identified as ESHCN by the Commonwealth in Section 35 ESHCN of the Draft Medicaid Contract, Humana will also consider the following Enrollees as priority populations for our Kentucky MMC program:

- All pregnant women
- At-risk and imminent-risk children for out-of-home placement
- Persons who inject drugs
- Post-incarceration population
- Enrollees with extraordinary SDOH needs
- Enrollees with limited access to care

In 2017, Enrollees in Kentucky engaged in our Complex Care Management program experienced a:

- **17%** decrease in ED utilization
- **40%** decrease in inpatient admissions
- **36%** decrease in overall medical costs

Enrollee Engagement Strategies

Humana is committed to improving outcomes for a variety of conditions, empowering our Enrollees with engagement tools, resources, and innovations that promote healthy behaviors and self-management. One of

the solutions we offer to individuals identified as ESHCN (as appropriate) is a remote monitoring tool to improve diabetic care. Humana has teamed with WellDoc to provide Enrollees with a digital therapeutic application, BlueStar, to control the blood sugar levels of persons with diabetes by providing real-time feedback on critical behaviors such as diet and exercise and by communicating lab results to the Enrollee and their clinical team. Humana's care management team will connect directly with Enrollees through a two-way chat functionality. In a six-month trial with Medicaid Enrollees, BlueStar resulted in a 55% reduction in hospital admissions and a 16% decrease in ED visits.

IMPLEMENTATION PLAN

While Humana has extensive experience implementing MMC and other programs such as Medicare and TRICARE, Humana is an incumbent with a fully operational plan in the Kentucky MMC program. Our approach to support the readiness review process is to engage in a collaborative process with DMS to identify the operations they seek to test. The Medicaid Implementation Program Director, Cathy Stull, leads the transition process guided by the implementation playbook methodology, which Humana initially developed in consultation with leading industry experts and has been updated based on Humana's experience with successive implementations, including traditional managed Medicaid and MLTSS programs in Florida, an MLTSS program in Illinois, and Financial Alignment Initiative programs (Dual Demonstration) in Illinois and Virginia. We have designed the playbook to establish a repeatable framework for program management, use a common set of tools to drive projects to deliver on Humana's strategic objectives, leverage prior expertise, and focus on improving both communications within Humana, as well as externally with DMS and Subcontractors.

We will identify a team of subject matter experts for our Operating team, which is responsible for ensuring full cooperation during the entire readiness review process and providing DMS with easy access to our associates, systems, and information. Humana's Kentucky Medicaid CEO, Jeb Duke, will lead this team, ensuring DMS has an identified, single point of contact during the entire readiness review process. While our existing operations will require modification to incorporate the programmatic changes, which may include system changes, hiring of new personnel, and additions to our provider network, we have already identified these modifications and are working to make the necessary changes. Since each implementation is unique, Humana commits to developing congruent systems, processes, benefits, and relationships to meet DMS's requirements.

4.

A summary of the Vendor's strategy and approach for establishing a comprehensive provider network.

Humana has offered our Medicaid Enrollees in Kentucky access to a comprehensive, dependable network of providers since 2013. Through our extensive experience, Humana has refined our provider network development strategy to forge meaningful relationships and create an accessible network of high quality providers who help Enrollees achieve health and well-being, across all of our lines of business. Our local Kentucky provider network team, led by our Kentucky Medicaid Provider Network Director, Majid Ghavami, has more than 100 years of combined contracting experience and continually works to expand our existing provider network and maintain collaborative provider relationships. We continuously assess, evaluate, and evolve our provider network access strategy to ensure we have a comprehensive statewide network across all provider types while proactively addressing provider needs. To support the development and maintenance of our network and the delivery of high quality care to our Enrollees, our approach includes the following:

- **Deploying innovative recruitment and retention strategies**, which include offering VBP models to recognize providers and help them achieve our shared quality goals, reducing provider burden through administrative simplification, partnering with provider entities and implementing telehealth solutions to increase access in underserved and workforce-shortage areas, and leveraging provider relationships in border states to address network access challenges.
- **Facilitating out-of-network care when necessary** through immediate interventions to ensure short-term care needs are met as well as through longer-term interventions to resolve access-to-care challenges.

- **Ensuring appropriate accessibility and accommodations** for Enrollees by conducting provider site reviews and proactively assisting Enrollees to overcome access-to-care barriers.
- **Providing care that is culturally competent and linguistically appropriate** through training and education opportunities, in partnership with community organizations, for Humana associates and contracted providers.
- **Leveraging our existing Kentucky footprint and relationships to manage unforeseen circumstances**, such as higher enrollment rates, to ensure sufficient network capacity and continuity of care for Enrollees.

In total, Humana has more than 25,000 unique providers in our network for the Kentucky MMC program, meeting network adequacy levels in all regions. We have existing contracts with all Federally Qualified Health Centers (FQHC), Community Mental Health Centers (CMHC), and acute care and critical access hospitals in the Commonwealth, maximizing access to care for our Enrollees. Humana's Kentucky provider network currently provides access to care to more than 900,000 Enrollees across our MMC, MA, TRICARE, and Commercial lines of business. **Our PCP-to-Enrollee ratio of 1:33 ensures our existing provider network can support our Enrollees and is substantially better than the required ratio of 1:1,500 set forth in the Draft Medicaid Contract.**

NETWORK DEVELOPMENT AND MAINTENANCE

Nationally, Humana dedicates more than 1,000 full-time associates to provider network management, recruitment, operations, education, and value-based contracting. Our approach to provider contracting is best described as standardized and simplified. Humana has developed contracting strategy guidelines to ensure all contract agreements are complete, consistent, manageable, legally compliant, as well as contractually administrable. Our provider network contracting teams in Kentucky, and across the nation, negotiate agreements that are fair and mutually beneficial to both parties, thereby, maintaining successful ongoing professional provider relationships. Since our Provider Relations representatives and Quality Improvement Advisors are locally based and often "in the field" at provider offices, we receive insight about new providers, enabling us to target them for recruitment. Our efforts to recruit providers and maintain adequate networks are essential for Enrollees to receive the highest quality care when needed.

Through our credentialing and re-credentialing process, we ensure contracted providers are qualified to deliver the highest quality of care to our Enrollees. Since 2013, we have credentialed more than 11,000 providers and re-credentialed more than 8,000 providers across all lines of business in Kentucky. This includes credentialing more than 7,400 providers and re-credentialing more than 5,500 providers for our Kentucky Medicaid plan. **Humana's proprietary workflow management tool, Accelerated Provider Exchange (APEX), quickens and automates the credentialing, provider load, and provider demographic update processes, allowing us to achieve best-in-class turnaround times.** To ensure providers are ready to provide services to Humana Enrollees, we require all providers to complete a thorough credentialing process and re-credentialing process at a minimum of every three years.

Humana continuously measures and evaluates Enrollee access to care with a robust set of monitoring tools and comprehensive oversight mechanisms that allow for the quick identification and subsequent development of targeted gap resolution. We continuously assess our network and analyze capacity in each region across all available provider types to exceed compliance with network adequacy standards and after-hours availability. Our process measures performance against Contractual requirements, allowing us to identify and resolve network gaps, address potential barriers to care, and enhance preventive care.

VALUE-BASED PAYMENT

Humana's Kentucky VBP programs help with provider recruitment and retention as they offer an opportunity for providers to achieve reimbursement well above baseline Medicaid rates and contribute to a reduction in administration burden for providers in risk arrangements where PA requirements are waived. Today, Humana has nearly 131,000 Kentucky MA Enrollees assigned to PCPs engaged in VBP models that align reimbursement with quality of care, representing 81% of



our total MA Enrollees in Kentucky as of mid-2019. Nationally, Humana has more than 52,000 PCPs in VBP arrangements across 43 states. Our VBP programs extend to a wide scope of provider types, including PCPs, BH providers, OB/GYNs, and specialists. **We reward providers through a continuum of VBP arrangements that incentivize providers to undertake initiatives to reduce potentially preventable events (PPE), improve chronic condition care delivery, reduce medical costs, and improve Enrollee satisfaction.** The positive health outcomes and meaningful incentives help us forge and maintain strong partnerships with providers who serve our Enrollees. Our VBP strategy also includes Practice Transformation Incentives (PTI) that allow qualifying practices to make strategic investments to overcome barriers to VBP success and promote practice transformation. Examples of how providers can use the PTI may include supporting new operating efficiencies (e.g., adding telehealth technology) or expanding services (e.g., hiring a nurse practitioner, opening a new office in an underserved area).

TELEHEALTH

Telehealth is a core component of Humana's strategy to ensure our Enrollees can access the right care at the right place at the right time. We view telehealth as a powerful tool to help bring additional access to urgent care, specialty, and BH services to our Enrollees, particularly those that live in rural and underserved urban areas. Our overarching telehealth strategy includes the following key components:

- Partnering with provider organizations with existing telehealth capabilities to expand the reach of those services into communities
- Offering practices the opportunity to integrate telebehavioral health services into their practices through our partnership with Arcadian Telepsychiatry
- Providing our Enrollees with direct access to innovative digital and virtual health solutions, including partnerships with MDLIVE and Pacify
- Leveraging telehealth technology to help providers learn from and connect with their peers
- Providing resources and education to practices to help them transform their practices to include telehealth services and understand relevant coverage and billing procedures
- Reimbursing consulting providers at parity with similar in-person services in accordance with the Kentucky Medicaid fee schedule or through VBP arrangements

Notably, Humana is investing in bringing telehealth capabilities to providers' offices and community locations through partnerships with Norton Healthcare, Arcadian Telepsychiatry, and Avēsis. For instance, **we are supporting the advancement of Norton Healthcare's school-based telemedicine program in Jefferson County Public Schools through sponsorship of the telemedicine technology, which Norton Healthcare uses to remotely examine the student with the assistance of the school nurse.** Humana is also partnering with Arcadian Telepsychiatry Services to provide Humana Enrollees access to a broad network of licensed and credentialed psychiatrists, psychologists, and other BH therapists. To further bolster access to care in rural areas and to decrease non-emergent use of EDs, Humana Enrollees will also have access to MDLIVE, a telehealth platform our Enrollees can use on digital devices (e.g., smartphone, tablet, or computer). To further extend dental care access to our Enrollees in underserved provider shortage areas, Humana will partner with Avēsis and the Kentucky Primary Care Association to pilot tele-dentistry in select FQHCs and Rural Health Clinics.

PROVIDER SERVICES

Our comprehensive and high-touch provider services model, led by our Kentucky Medicaid Provider Services Manager, Michelle Weikel, is designed to allow Humana to truly partner with providers to meet the unique needs of Kentucky residents and to support providers in the evolution and transformation of their practices. Humana offers a comprehensive strategy to support our provider network in addressing these issues, beginning with our initial recruitment discussions and credentialing processes and continuing throughout the provider's path toward value-based care. Our core strategies include:

- Provide administrative simplicity through seamless credentialing processes and minimal PA requirements

- Offer PTIs to enhance data-sharing capabilities to increase provider participation in value-based arrangements
- Ensure provider satisfaction by addressing provider concerns in a timely manner and incorporating feedback into our operational improvement initiatives
- Support the integration of BH and physical health to promote whole-person well-being
- Address geographic barriers to care by leveraging community and provider partnerships that increase utilization of telehealth

5.

A summary of innovations and initiatives the Vendor proposes to implement to achieve improved health outcomes for Enrollees in a cost effective manner. Include a discussion of challenges the Vendor anticipates and how the Vendor will work to address such challenges.

Humana understands the key role innovative programs and initiatives play in improving health and social outcomes. To that end, we have designed numerous initiatives to improve the health and well-being of our Enrollees in a cost-effective manner.

IMPROVING BIRTH OUTCOMES

Quality improvement related to pregnancy and birth outcomes is among Humana’s principal goals, due in large part to the significant proportion of Medicaid Enrollees it impacts. If we have a reasonable belief the Enrollee is pregnant, Humana will make all attempts to administer the HRA within 30 days. If the Enrollee is determined to be pregnant, we will refer the Enrollee to appropriate prenatal care and invite them to participate in our **Kentucky Medicaid maternity care management program, MomsFirst** (open to all pregnant Enrollees). If the expectant mother is at risk for use of alcohol, tobacco, and other drugs, we will refer them to the State’s **KY-Moms Maternal Assistance Toward Recovery (MATR) program**.

MomsFirst Program

Using our Physician Finder Plus tool, MomsFirst CMs assist with identifying appropriate providers for Enrollees, including appointment scheduling and transportation. Our MomsFirst program supplies regular contact during the Enrollee’s pregnancy, as well as follow-up contact during the postpartum period. As a result of this program, Humana performance on Florida’s timeliness of prenatal care (percentage of deliveries with a prenatal care visit in the first trimester or within 42 days of enrollment) and postpartum care (percentage of deliveries with a postpartum visit on or between 21 and 56 days after delivery) quality measures were higher than 86% and 70%, respectively. Both of these outperformed the Florida health plan average on these measures.

MomsFirst offers a wide array of prenatal and birth-related services to improve health outcomes for pregnant Enrollees and their babies, including support with nutrition, breastfeeding, parenting, childbirth, and tobacco cessation. One key aspect of MomsFirst is evaluation of the Enrollee’s support system and to encourage the involvement of the Enrollee’s identified partner in the process. The CM educates the Enrollee and her identified partner on doctor visits; good dental health during pregnancy; Women, Infants and Children (WIC) programs; nutrition; family planning; delivery; postpartum care; and infant pediatrician selection. CMs also make efforts to ensure our pregnant Enrollees and their partners have access to childbirth education and parenting classes offered at convenient times and in locations that are accessible, convenient, and

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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, MD, PhD, Director,
Louisville Metro Department of
Public Health
and Wellness

comfortable, as well as in languages spoken by the Enrollees (with onsite oral interpretation services).

To drive participation within the program, Humana offers incentives to Enrollees for completing all prenatal and postpartum visits, deployed through Go365, our proprietary personalized wellness program. Kentucky Medicaid Enrollees can receive gift cards through the mail or via email to stores like Walmart, Shell, and Amazon.com.

Infant Mortality and Low Birthweight

Humana has processes designed specifically for infant health-related priority conditions, including infant mortality and low birth weight. Our processes begin with outreach to pregnant Enrollees. In addition to those who self-attest, we prioritize identifying pregnant Enrollees early in their pregnancy through:

- Claims review: For example, CMs will flag Enrollees who fill a prescription for prenatal vitamins.
- OB/GYN education: Provider Relations representatives visit OB/GYN offices to educate providers on MomsFirst. MomsFirst CMs will be available as needed to visit with Enrollees at OB/GYN offices.
- Provider incentives: Providers receive a monetary incentive to complete and return the Notification of Pregnancy form.

Humana has seen significant improvement in maternity outcomes. From 2017 to 2018, Humana Enrollees experienced a **33% decrease in low birthweights** and a **32% decrease in NICU admissions**. Additionally, there was an **18% reduction in Neonatal Abstinence Syndrome deliveries**.

Pacify

Humana is also partnering with Pacify to revolutionize the way pregnant women access on-demand care and resources. Pacify will give Humana moms 24 hours a day, seven days a week access to physician extenders 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, and postpartum visits.

BOLD GOAL, COMMUNITY HEALTH, AND SOCIAL DETERMINANTS OF HEALTH

Bold Goal

Louisville is one of the flagship communities of our Bold Goal. In 2015, Humana convened nearly 200 local stakeholders for a Clinical Town Hall, launching the formation of the Louisville Health Advisory Board. We work with a diverse range of community representatives, including more than 70 businesses, government, schools, and civic and nonprofit organizations. **Our mission is to improve the physical, mental, social well-being, and health equity of Louisville and the surrounding neighborhoods**, with the goal of increasing the number of Healthy Days, as defined by the Centers for Disease Control and Prevention (CDC). We work to improve the health of the Louisville metropolitan area by focusing on:

- Behavioral Health
- Community Coordination of Care
- Cultural and Social Impact
- Diabetes
- Respiratory Health

From 2015 to 2017, Louisville had the fewest number of Unhealthy Days of Humana’s original Bold Goal communities across the country. Since 2015, Humana’s MA Enrollees across four priority conditions – diabetes, depression, chronic obstructive pulmonary disease, and congestive heart failure – saw a significant reduction in Unhealthy Days.

Humana supports cross-sector partnerships that benefit public health by leveraging ideas, resources, and expertise from a wide range of partners. In a recent study, we documented the process and impact of AIR Louisville (a collaboration forged among the Louisville metropolitan government, a nonprofit institute, and a

technology company) in successfully tackling a complex public health challenge: asthma. We enrolled residents of Louisville with asthma and used electronic inhaler sensors to monitor where and when they used medication. We found 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.

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 Behavioral Health 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. Louisville's Health Advisory Board and Humana will continue to work on suicide prevention and improving respiratory health while also addressing food insecurity, loneliness, and social isolation with both physician and community partners.

The foundation of Bold Goal is at the local level. Our dedicated team works directly with more than 65 non-profit 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.**

Community Health Workers

CHWs are a critical element of Humana's PHM program and CCS team. Our Kentucky CHWs are responsible for establishing and cultivating relationships with Enrollees, providers, and community partners; connecting Enrollees with critical community support programs; providing Enrollee education; finding and connecting with unable-to-contact (UTC) Enrollees; and helping Enrollees engage in care, including attending appointments with Enrollees as needed and requested. Humana hires CHWs from the communities they serve; they in turn demonstrate strong sensibilities to locate and engage Enrollees in supportive care and provide culturally appropriate supports. Our CHWs have a close understanding of outreach strategies and the CBOs in their assigned region.

Food Insecurity

Nationally, one in eight Americans is food insecure, including 12.5 million children. In the Commonwealth, food insecurity in children ranks higher than the national average. In 2017, there were more than 186,000 food insecure children in Kentucky, accounting for 18.5% of children in Kentucky. By addressing the immediate food needs of families and connecting them with available resources, we believe we can positively impact the health of Kentucky's most vulnerable children and families. **In partnership with the Feeding Kentucky Farm to Food Bank program, Humana will explore addressing food insecurity in the FQHC setting through a food prescription program.** This programming will focus on impacting child hunger by addressing food insecurity for the family unit. Families accessing the FQHC for their medical care will be screened for food insecurity and those accepting a referral into the program will receive a prescription for seasonal fruits and vegetables.



For one in five Kentucky children, school lunch may be the only continuous nutritious meal they receive. Summer is the most vulnerable time for those children experiencing food insecurity. Of the more than 500,000 children who receive free lunch during the school year, only one in 12 has access to a free meal during the summer. **Humana proposes sponsoring mobile meal distributions through Kentucky Kids Eat, a Feeding Kentucky program, to address the summer hunger issues many of Kentucky's children face.** These mobile meal distribution programs can expand the reach of traditionally free-standing locations in order to provide meals to kids living in more rural and remote areas. By expanding the reach of the mobile food program, Humana will positively impact the food security and nutrition of Kentucky's most vulnerable children and families.

In partnership with Cooking Matters and Share our Strength, Humana will work with these community partners to teach families basic cooking skills and how to budget and utilize Supplemental Nutrition Assistance Program (SNAP) and WIC dollars.

Bounce Coalition

Working with Bounce Coalition, a Louisville-based non-profit focused on improving the future health of children, Humana will train our clinical associates and providers on how best to care for children with adverse childhood experiences. Bounce Coalition will help train Humana CHWs, CMs, and Enrollee-facing associates on how best to interact with these Enrollees. Additionally, in partnership with the University of Kentucky, Bounce Coalition will train Humana's network providers caring for this population. Finally, Humana will work with Bounce Coalition and other MCOs to support referrals from schools and other participating organizations for Medicaid Enrollees who require additional treatment and support. In addition to better supporting Humana's MMC Enrollees, we feel this program will be especially impactful for Kentucky SKY Enrollees.

United Way of Kentucky

Humana is committed to working with **United Way of Kentucky** to broaden coverage of 2-1-1 across the Commonwealth. The Kentucky 2-1-1 CRD is powered by United Way across the Commonwealth but does not have contact centers and coverage in all counties. Through Humana's new partnership with the United Way of Kentucky, we are helping fund and deliver 2-1-1 services to the entire Commonwealth, with an expectation of addressing efficiency and standardization of user experience as we move forward.

United Community Louisville

United Community Louisville is a community-wide, community-driven, agency-linkage technology platform system in which individuals are matched with appropriate community services based on their unique needs across the health, education, and social service sectors and managed to closure. CBOs are connected to services via the platform, which facilitates referrals and information sharing, including "closing the loop" on referrals by sharing information when Enrollees access a community agency service. **Unite Us** [the vendor selected by Metro United Way, the Louisville Health Advisory Board (LHAB), and other community partners for the **United Community Louisville pilot**] operates a proven cross-sector health and social care coordination platform in 40 communities nationwide and is currently hiring locally-based staff to support the program.

HOMELESSNESS

Humana has created an approach to combat homelessness by implementing evidence-based interventions and partnering with CBOs to sustain the work that is already being done throughout Kentucky. Our approach not only seeks to provide the critical services needed to assist homeless individuals 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. **For the Kentucky MMC program, we developed a focused outreach and engagement strategy for Enrollees experiencing homelessness and at-risk Enrollees that seeks to provide:**

- **Intensive Care Support:** Humana has partnered with WellSpring, a Kentucky-based provider of crisis stabilization and supportive housing, to deliver an integrated wraparound service model targeting our Enrollees who chronically experience homelessness. WellSpring will provide a multidisciplinary team that specializes in homelessness 24 hours a day, seven days a week to identified Enrollees to 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.
- **Eviction Prevention and Diversion:** In partnership with Legal Aid, Humana will develop constructive relationships with developers and landlords to provide education and an avenue for early identification of at risk Enrollees to address issues and prevent eviction.
- **Medical Respite:** Our Medical Respite solution is designed to address the acute and post-acute medical care for homeless persons 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 reduce hospitals costs. Our

Medical Respite program will therefore help to reduce homeless individuals' chance of readmission and developing additional health complications. Our Medical Respite pilot program, a partnership with Volunteers of America (VOA), will provide the time necessary to help the individual secure stable housing and get critical supports to improve their housing security. 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.

HUMANA'S WORKFORCE DEVELOPMENT PROGRAM

Our voluntary, holistic workforce development program is designed to assist Enrollees in finding dignified, stable work that affords increased self-sufficiency for themselves and their families. The Humana Workforce Development Program will provide up to 12 months of assistance to support each participant in planning for the future (e.g., education, training, financial counseling) and engaging in and maintaining meaningful work (e.g., job support and retention coaching). We will seek to build access to a network of CBOs with expertise in providing these services by rewarding those organizations that successfully place and stabilize employees.

As an example, Humana has developed a partnership with VOA. The VOA approach uses supported employment specialists in working with program participants to provide job discovery, job search, job placement, and on-the-job support services. VOA brings more than five years of experience with this programming and a strong relationship with employers in Kentucky. Additionally, we will connect Enrollees to resources across the community to address any unmet needs that present barriers to finding and retaining employment.

In partnership with the Foundation for a Healthy Kentucky, Humana will develop initiatives to support educational, vocational, and volunteering opportunities for our Enrollees. We will provide computers for Enrollee locations (e.g., providers, community organizations, shelters, faith-based centers) to access Citizen Connect and identify and report opportunities and activities. Humana will encourage employers, community organizations, and others to create and offer community engagement activities. Further, we will help connect with Enrollees through an Enrollee Focus Group to tailor resources and address their needs.

REDUCING POTENTIALLY PREVENTABLE EVENTS

Humana's clinical approach, predictive modeling, and data analytics capabilities can identify Enrollee trends that can lead to lower PPEs. We leverage utilization data, encounters, claims, and quality reporting to identify Enrollees who are at high risk for PPEs and enroll them in appropriate clinical management programs. Humana's Medicaid Severity Score Predictive Model, a predictor of future costs over the next 12 months, is the primary predictive model used across our Medicaid population. Using this proprietary model, we incorporate a severity score generated from medical, BH, and pharmacy claims into monthly reports identifying Enrollees with high costs and clinically complex health conditions over a rolling 12-month period. This stratification reporting allows us to intervene appropriately, including enrollment in care management, linking to a higher-performing PCP, or addressing SDOH. Humana also uses the 3M PPE suite of reporting products to complement the Early Indicator Report used to assess admit, readmit, and ED visit trends. This suite provides additional insights into utilization trends, identifies PPEs, and creates reporting consistency across all of our Medicaid programs.

When Humana implemented our predictive analytics capabilities in our Florida SMMC program, it led to a **more than 30 percent reduction in hospital readmission rates from in one year**. Through the Frequently Admitted Enrollee initiative, our clinical teams use real-time data and analytics to identify Enrollees with the most acute inpatient admissions during the most recent three-month period. **As a result, we achieved a 50% reduction in readmission rates for Enrollees targeted by this program in a 12-month period.** We also implemented a provider after-hours initiative to increase the number of network PCPs offering after-hours appointments.

LOOKING AHEAD

Through our diverse managed care experience, we have developed expertise providing population health management and specialized clinical management for the complex needs of TANF, CHIP, Expansion, ABD, and

dual eligible populations within a social supports-based framework. This experience allows us to effectively deliver an enhanced coordination and social support model for the Kentucky MMC program. Humana's managed care experience demonstrates a strong ability to manage complex populations in large numbers and at industry-leading levels of quality while continually improving health and well-being outcomes for Enrollees. Humana is uniquely positioned to continue being a Kentucky Medicaid partner given our role as a current Kentucky Medicaid MCO, broader presence, operational infrastructure, and commitment to Kentucky's Medicaid Enrollees. We look forward to working with DMS on supporting SDOH and population health, value-based care, quality outcomes, and innovation in the Kentucky MMC program.