C.	Technical Approach

13.	**Enrollee Selection of Primary Care Provider (PCP)** *(Section 23.0 Enrollee Selection of Primary Care Provider)*

a.	Describe the Vendor's proposed approach to helping Enrollees to identify and make voluntary selections of PCPs, within specified timeframes, who meet their needs, ensure continuity of care. Include information about differences in the Vendor's approach, if any, to supporting Enrollees without Supplemental Security Income (SSI), Enrollees who have SSI and Non-Dual Eligible, and Enrollees under Guardianship through the selection process.

APPROACH TO HELPING ENROLLEES IDENTIFY AND MAKE VOLUNTARY SELECTION OF A PRIMARY CARE PROVIDER (PCP)

Finding a PCP is critical for all Enrollees to ensure continuity of care and promotion of a healthy lifestyle. Humana has a structured PCP selection methodology that aligns with our goals to improve Enrollee's experience and improve outcomes. This methodology, enhanced by our vast experience, ensures that Enrollees are educated on their options, have the appropriate tools to choose a PCP, and can enroll in the plan quickly to receive the benefits of their coverage. As part of our onboarding strategy, Humana ensures all new Enrollees receive Welcome Calls and a Welcome Kit from Humana, which includes educational material on how to choose a PCP. We target outreach to ensure that they select the most appropriate PCP for their needs. For example, Enrollees with Special Health Care Needs (ESHCN), including those with Supplemental Security Income (SSI) and potentially high-risk individuals, receive targeted outreach including face-to-face visits via our "feet on the street" campaign conducted by our Community Health Workers (CHW).

Our Member Services Representatives (MSR) are experienced in assisting Medicaid Enrollees and are trained to understand their needs and identify the best solutions for them. These associates use our Physician Finder Tool to help Enrollees choose the best PCP for them. Our proprietary Customer Relationship Management (CRM) tool provides our associates with enhanced data about Enrollees in a single resource, including language and communication preferences. Our experience with Kentucky Medicaid Enrollees has informed our process, which we have adjusted to meet the needs of the populations served, and in particular, our ESCHN.

The quality of Humana's primary care network maximizes Enrollees' options for selecting a PCP who best reflects their cultural preferences and abilities to address their health and social needs. Humana has a strong, well-developed statewide network of PCPs. We are able to leverage all of our lines of business (i.e., Medicare, Commercial, and TRICARE) to deliver patient volume and revenue to providers that extend beyond the Kentucky Medicaid program. Our scale and diversity are invaluable both in attracting high-quality PCPs and in achieving a larger, more sophisticated, and effective working relationship with our network PCPs. With provider ratios as low as 1:200 for our PCP network, access is not a challenge. This broad, diverse, high-quality group of PCPs increases the chance Enrollees will find a PCP they feel comfortable with and who best suits their needs and preferences.

Our approach to helping Enrollees make a voluntary PCP selection begins with initiating contact with new Enrollees early in our relationship, which we refer to as our Member Journey outlined below.

LEARN	CHOOSE	ENROLL	ORIENT	USE	RENEW

Our Member Journey is a series of steps an Enrollee takes when first learning about Humana, from educating the Enrollee about their healthcare options to stabilizing the Enrollee and ensuring healthy behaviors through tailored outreach efforts. **Our Member Journey is designed to ensure that we have a pulse on the end-to-end**

Enrollee experience as they interact with our plan. A detailed description of our Enrollee Journey is included in **Section I.C.12 of the RFP.**

We have a comprehensive onboarding outreach campaign to assist Enrollees in beginning this journey, including assisting the Enrollee in selecting the PCP best suited to address their needs and preferences. We complete two key activities in our onboarding outreach campaign: (1) Humana conducts a Welcome Call and (2) our print management associates mail a Welcome Kit during this time frame. Following our Welcome Kit, these associates mail Enrollee ID cards and a PCP Selection Letter that that underscores the importance of Enrollees selecting a PCP quickly after becoming a Humana Enrollee.

PCP Selection Process
As a first step, for all Enrollees, we attempt an initial Welcome Call within one day of receiving the roster information of an Enrollee. Within the first 30 calendar days of enrollment, Humana makes three to five telephone calls to complete a Welcome Call with the Enrollee. These calls will occur at different days (including weekends) and times (including evenings) in an attempt to reach Enrollees at a time that best fits their schedule. The time of call is noted, as well as the data and time of each attempted call in order to ensure variation.

During the Welcome call, if an enrollee indicates wanting to learn more or an interest in selecting a PCP, our MSR works with the Enrollee to educate them on the role of a PCP, identifies the Enrollee's auto-assigned PCP, and guides them through evaluating whether this is the best PCP choice for them. If the Enrollee would like to choose another PCP, the MSR helps them select a PCP who meets their healthcare needs and personal preferences, including factors such as those defined by the Kentucky Department for Medicaid Services (DMS). If they are satisfied with their provider, the MSR helps the Enrollee schedule an appointment.

If an Enrollee requests a practitioner who is in Humana's network, we match them to that PCP. When the Enrollee identifies an in-network practice site such as a Federally Qualified Health Center (FQHC), which itself is not an individual practitioner, we work with the Enrollee to select a specific practitioner (within that practice site) as their PCP. If the Enrollee has specific or special needs, our MSRs assist the Enrollee in identifying a PCP appropriate for their needs. For example, MSRs assist pregnant Enrollees in choosing an OB/GYN or an Enrollee with behavioral health (BH) needs in selecting a PCP with integrated services.

Welcome Kit
Within five business days of receiving an Enrollment notification from the Department, Humana sends an Enrollee Welcome Kit, including a clearly written explanation of the PCP selection process including instructions on accessing Physician Finder Plus (PFP), a welcome letter, the Enrollee Handbook [with a description of Covered Services and value-added services (VAS)], the Health Risk Assessment (HRA), and a phone number for our Enrollee Services department.

The Welcome Letter and Enrollee Handbook include information about the importance of selecting a PCP and how to do so. We also send Enrollee ID cards via first-class mail to ensure Enrollees are able to obtain services upon their effective date. The ID card includes a PCP (either because the Enrollee selected the PCP upon enrollment or we assigned a PCP in order not to disrupt care) that Enrollees are able to change by calling our Member Services Call Center.

PCP Selection Letter
Assisting Enrollees in selecting a PCP is a priority area for Humana. To encourage selection, we send Enrollees a separate, targeted letter solely focused on the importance of choosing a PCP that is right for the Enrollee, and we offer detailed instructions on how to accomplish this.

Selecting a PCP within Specified Time Frames
Following our Welcome Call, distribution of our Welcome Kit, and PCP Selection Letter, we make at least three additional attempts to contact the Enrollee to select a PCP within 60 days of receiving the PCP Selection letter (if they have not chosen a PCP). We use multiple channels to contact an Enrollee through writing and by telephone. If we have an email address for the Enrollee, our Member Services Call Center associates also attempt to contact

them via email. The onboarding campaign is supported by data we have about the Enrollee, including enrollment files (834), Welcome Calls and assessments, and claims, including those submitted to Humana, and any available historical claims. We personalize outreach methods based upon the information we have.

Selecting a PCP Who Meets the Enrollee's Needs

If the Enrollee does not have an existing PCP relationship with an in-network provider, we take several steps to assist the Enrollee in making their best choice. During the Welcome Call, MSRs use Humana's CRM, the PFP tool, and our Provider Directory to assist Enrollees in making a selection. **The Provider Directory indicates whether a provider has completed our cultural competency training, experience serving ESHCN, and what languages the provider speaks, as well as quality ratings to ensure Enrollees are able to consider a provider's quality indicators when making a choice**. To guide the Enrollee through the PCP selection process, our MSRs prompt Enrollees to consider the following variables:

- Practices nearest the Enrollee's place of residence or work (at the Enrollee's option)
- The most appropriate specialty (e.g., pediatricians for children, OB/GYN for pregnant women) and sub-specialty designations
- Their language and cultural preferences

In some situations, **Humana allows for the selection of a non-traditional PCP when desired by the Enrollee or caregiver** (e.g., a child with a disability who requires a developmental pediatrician) **to best tailor the program to that individual's unique needs**.

Physician Finder Tool

The PFP tool assists Enrollees in identifying a PCP that is both a good fit for and accessible to the Enrollee, and it is designed to provide accurate information, with clean and simple search criteria. First, the Enrollee (either independently or with the MSR) accesses the PFP tool to learn about available providers. The Enrollee and MSR can view 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.

Contacting Hard to Reach Enrollees

Humana's Unable to Contact (UTC) specialists are responsible for connecting with new Enrollees when the information available to us on the enrollment roster does not result in a successful contact. Our experience in serving Medicaid populations has underscored the challenges in reaching certain cohorts within our membership. After 30 days with no successful contacts, we will designate the Enrollee as UTC. We then forward the Enrollee's file to our UTC queue within CGX for our UTC specialists to manage. Our UTC specialists are part of our outbound call team dedicated to reaching Enrollees for HRA completions, who we have been unable to contact in the initial 30-day window of enrollment.

Our UTC approach leverages data mining techniques and our Kentucky relationships to successfully locate and engage difficult-to-reach Enrollees. Data sources include:

- Claims data, including pharmacy data
- Information collected during discharge planning
- Clinical data feeds from participating providers
- Online search engines (e.g., LexisNexis) to access government records, including death certificates and correctional facility admissions
- Reports of updated contact information from our strategic partners that provide our Medical advice line, BH Crisis Line, dental, and vision services
- Contacting previous PCPs, pharmacies, and homeless shelters to determine if they have obtained updated or alternative contact information

This data mining and outreach effort has substantially increased the proportion of our new Medicaid Enrollees, making a proactive PCP selection.

Enhanced Outreach for Enrollees with Special Health Care Needs
Understanding that many ESHCN require additional assistance, we have developed additional methods to support them in selecting an appropriate PCP. Beyond telephonic outreach, our CHWs provide additional outreach. We hire CHWs from the communities they serve and to conduct feet-on-the-street functions to target ESHCN. CHWs are trained to administer the HRA, to identify Enrollee risks and SDOH needs, and to select an appropriate PCP for their needs.

Selecting a PCP to Ensure Continuity of Care
Whenever possible and appropriate, Humana seeks to sustain existing relationships between an Enrollee and their previous PCP. Assuming a current or historic PCP assignment file is made available to Humana either via the 834 or another supplemental source, Humana assigns Enrollees to the corresponding PCP if they are in-network, meet the PCP criteria, and have historically provided services to the Enrollee. Following enrollment, our MSR's Welcome Call begins by asking the Enrollee if they wish to maintain their previous PCP relationship. If the Enrollee chooses to select a new PCP, our MSR (or CM if the Enrollee has one) assists the Enrollee in scheduling an appointment with their new PCP. To ensure continuity of care during any transitions, Humana pays all claims from the previous PCP for the first 90 days of enrollment.

Additionally, Humana is developing an Enrollee educational tool, building on the written explanation of the PCP selection process and a PFP tool overview, described above. This one-page educational tool will clearly and concisely provide the importance of having a regular PCP, the importance of regular and preventive care, and the process for contacting an MSR for PCP selection. We will partner with community organizations (e.g., community health centers, homeless shelters) to distribute this educational tool and to promote the importance of a PCP and preventive care. Similarly, for Enrollees who have not selected a PCP, we will include a temporary identifier on their Electronic Health Record (EHR) so that if they do seek service [e.g., emergency department (ED), urgent care], the provider will supply the educational tool and encourage the Enrollee to contact an MSR. When the MSR makes contact with the Enrollee, they will follow the PCP selection process described directly below.

TARGETED OUTREACH BY POPULATION

Our Enrollees without SSI, Enrollees with SSI and non-dual eligible, and Enrollees under guardianship each present unique healthcare needs and are able to select providers who are best trained to serve their clinical conditions. Humana has deep-rooted experience dealing with these populations in our multiple Medicaid markets. Each approach to the segmented population has been tested, tailored, and improved overtime to ensure that Enrollees have a successful PCP selection process. However, we have adopted tools to ensure that all Enrollees are aware of the role of a PCP and why selecting one is important to ensure the right place of care. Additionally, our PFP tool and Provider Directory provide the right information at the right time, using search criteria that is clear and simple to understand, making PCP selection easy. As we identify additional clinical needs, our MSRs and clinical associates help our Enrollees select a PCP that most appropriately matches their unique needs and personal preferences.

Enrollees without SSI
Humana offers Enrollees without SSI the opportunity to stay with their current PCP (as long as the PCP is affiliated with Humana's network) or choose their PCP from all available Network PCPs — and under certain circumstances, specialists — as is reasonable and appropriate for the Enrollee.

Supporting Enrollees who Have SSI and Are Non-Dual Eligible: Our SSI Initiative
Humana brings vast experience in engaging with SSI, non-dual eligible Enrollees. Our experience has taught us that gaps in care are particularly challenging for Enrollees who have SSI and are non-dual eligible because their needs or conditions require higher levels of care. Humana has designed a unique program for Enrollees receiving SSI benefits who need assistance with the medical or social aspects of their care. Ensuring that the Enrollee has the appropriate PCP to meet the Enrollee's often complex or BH needs is essential to this program. Humana

utilizes data from the 834 file and any additional internal information, historical or otherwise, we have to target Enrollees receiving SSI benefits with high utilization rates (i.e., a Severity Score >140).

We identify these Enrollees and utilize various methods to contact them. Often, as these Enrollees are high utilizers, we populate Admissions, Discharge, and Transfer (ADT) data provided from EDs, which often contain Enrollees' most recent and accurate contact information, into our integrated clinical platform, Clinical Guidance eXchange, to drive contact ability. Once identified, we quickly work with the Enrollee to decrease barriers to healthcare, one of which is ensuring our provider network is easily segmented in our PFP tool to clearly communicate the importance of PCP selection. These criteria include extended hours and on-call hours and psychiatrist or BH onsite integration; this tool also identifies providers skilled in motivational interviewing and capable of working with Enrollees very low on the engagement scale. Once an Enrollee chooses a PCP with the support of the clinical outreach team, the Enrollee is connected to care management. The Enrollee's CM provides assistance in arranging and accessing appropriate visits to their PCP. The CM or another associate from our Comprehensive Care Support (CCS) team then educates the Enrollee (and their caregiver) on ED utilization and provides alternatives, including encouraging PCP visits in lieu of the ED, if appropriate.

Supporting Enrollees under Guardianship
Frequent moves are often a challenge for Enrollees under guardianship. To assist an Enrollee (and their guardian) in making a PCP selection, we flag these Enrollees for additional assistance through our escalation procedures. Because each Enrollee's situation is unique and often challenging, we ensure a leader or manager in our Enrollment team assists the Enrollee and their guardian in making an appropriate PCP selection to meet the Enrollee's needs and personal preferences. This may include finding a provider closer to where the Enrollee is living (as opposed to their legal residence) or identifying a PCP trained in trauma-informed care. If the Enrollee or their guardian does not select a PCP, our Enrollment team pends the PCP assignment for manual review. The Enrollment team utilizes the county where the Enrollee is living as the county of residence for adults and works with adolescent Enrollees and their guardians to determine the most appropriate residence or location for assignment.

Similarly, if the Enrollee resides in a custodial nursing facility (NF) setting, Humana's Enrollment team pends the PCP assignment for manual review. Our Enrollment team works closely with our Provider Relations Team to assign a participating Humana PCP who has privileges to care for patients in that facility. If the PCP is not in Humana's network, our Provider Network Management team contacts the provider to contract with the PCP to maintain continuity of care for the Enrollee. **We allow Enrollees under guardianship to change their PCP at any time without cause**.

Post-PCP Selection Communications
Once a PCP has been assigned to an Enrollee, Humana confirms the PCP to the Enrollee in writing. Information includes the provider's name, address, and office telephone number. **Enrollees are able to change their PCP by contacting the Member Services Call Center, either by phone or through our chat function, at any time**. However, after 90 days, the effective date of that change may require a brief postponement of transition to a new provider to ensure continuity of care.

Frequent PCP Change Requests

When an MSR identifies that an Enrollee had more than two PCP changes in the previous six months, the MSR works to identify the Enrollee's rationale for the PCP change and to determine if the Enrollee would benefit from referral to care management and/or if the Enrollee has a lack of understanding of their benefits. Any overall trends noted in Enrollee requests for PCP reassignments, including potential quality of care concerns for specific provider(s), are used to inform our provider outreach and Quality Improvement (QI) efforts.

PCP Changes for Cause

Enrollees have the right to change their PCP at any time for cause. Good cause, as described in Attachment C to the Draft Medicaid Contract, is when the Enrollee was denied access to needed medical services, the Enrollee received poor quality of care, and the Enrollee does not have access to providers qualified to treat their healthcare needs. If Humana approves the Enrollee's request in a For-Cause case, the assignment occurs no later than the first day of the second month following the month of the request. Enrollees can call our Member Services Call Center to change PCPs for cause. An MSR will assist them in selecting a new PCP using the criteria described above, and the printed materials team issues the Enrollee a new ID card. Enrollees may print a new copy of their ID from the Enrollee portal 24 hours after the change as well as from the MyHumana mobile application as referenced in **Figure I.C.13-1 MyHumana Mobile App.**

Figure 1.C.13-1: MyHumana® Mobile App
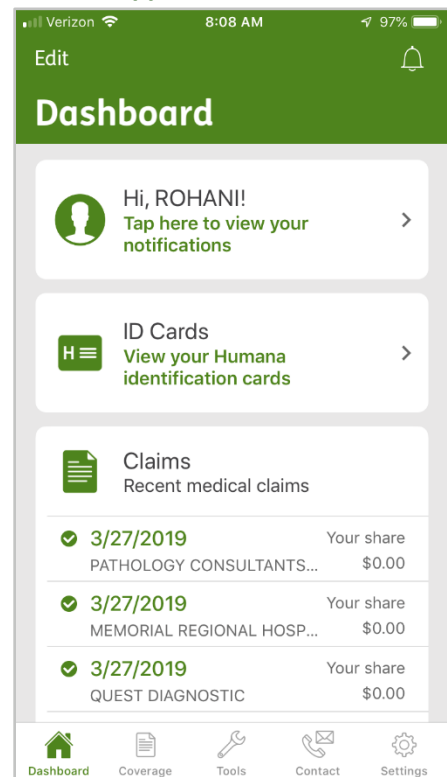
| b. | Describe the Vendor's PCP auto-assignment algorithm for Enrollees who do not make a voluntary selection, including how the Vendor will ensure an Enrollee's continuity of care. |

ASSIGNING ENROLLEES TO AN APPROPRIATE PCP WHEN A PROACTIVE CHOICE DOES NOT OCCUR

Humana's first priority is to ensure Enrollees have access to care immediately upon enrollment with us. To avoid any gaps in care, we automatically assign Enrollees to a PCP based on a tailored algorithm and notify Enrollees of this assignment through their ID card within five days. Humana adheres to the procedures for auto-assignment delineated in Section 23 of Attachment F - Draft Medicaid Managed Care Contract. In making these assignments, our Enrollment team utilizes all information provided by DMS, the enrollment broker, and information gathered by our UTC teams to find existing Enrollee-PCP relationships, and then assigns new Enrollees to a PCP. Persons re-enrolling in Humana are assigned to the same PCP the Enrollee had during their prior enrollment period to promote continuity of care (unless that provider is no longer participating).

Because our PCP to Enrollee ratios are typically 1:200, far exceeding DMS' standard of 1:1,500, we rarely encounter situations where an Enrollee selects a PCP with a closed panel. Should this occur, we contact the provider, who typically agrees to accept the Enrollee, and flag this in our system to override the PCP's closed panel status for that Enrollee.

To ensure that the Enrollee is happy with the PCP assigned to them, and in an effort to drive voluntary selection by the Enrollee, Humana takes the following actions:
- Sends a PCP selection letter within 10 days of enrollment explaining the PCP selection process and clearly communicating their options to change PCP

- If the Enrollee does not call to voluntarily change or select their PCP within 30 days of the PCP selection letter's mailing, Humana sends a second notice to the Enrollee requesting they select a PCP and directs them to our multiple methods for selection
- In addition to the Welcome Call, we make three additional phone calls to the Enrollee to review the PCP with them and confirm this is the best choice
- If the Enrollee has not called to change their PCP at the end of the third 60-day period, we send a mailer confirming the PCP selection and remind the Enrollee that they can call our Member Services Call Center within the next 30 days to change their PCP

During the automated PCP assignment process, Humana takes into careful consideration several factors such as continuity of care and ease of access to the PCP's office. As outlined below, our auto-assignment algorithm considers not only Enrollee history and preferences along with contractual and regulatory requirements, but it also prioritizes geographically close, high-performing providers to ensure Enrollees receive the highest quality care. Our Enrollment team has detailed procedures to match Enrollees with the appropriate PCP in accordance with their preferences. Our intelligent auto-assignment algorithm accounts for geographic proximity, previous relationships, PCP panel size, and quality scores. Specifically, our auto assignment algorithm accounts for the following factors.

Table I.C.13-1: Automated PCP Assignment Process

Historical Attribution	If an Enrollee is new to Humana, we seek to ensure or obtain retrospective claims data to identify any past PCP visits and make a selection based on data, if appropriate. If that provider is out-of-network (OON), our Enrollment team notifies our Provider Contracting team to contact the provider to discuss bringing the provider in the network, but the Enrollment team does not pend Enrollees assignment to that PCP. If we are unable to identify an attribution, Humana will assign an Enrollee based on the following criteria:
Kentucky Medicaid Specific Algorithm	Humana has experience assigning Enrollees utilizing the prescribed methodology for PCP assignment referenced in Attachment C of the Draft Medicaid Contract. Our Enrollment team applies the assignment algorithm for Kentucky as follows:
Adolescent Need	The algorithm identifies a provider pool that is inclusive of pediatricians and prioritizes the assignment to Enrollees under 18 to these providers.
Special Needs: Humana puts special needs Enrollees into the following categories and assigns appropriate PCPs based on the following criteria:	*Pregnancy*: Enrollees who are identified as pregnant on the 834 are assigned to a PCP who provides obstetrical care or are referred to an obstetrician.
	Severity Scale: SSI data that is attributed on the 834 will match providers who indicate that they provide support for chronic or complex care, are a patient-centered medical home (PCMH) or have integrated BH services.
	To ensure that an SSI Enrollee does not go without a PCP for more than 30 days, we auto-assign a PCP to the Enrollee and provide three follow-up outreach efforts that include: A letter and call at 60 days, and a call at 90 days.
	If the Enrollee arrives in the ED during the 90-day timeframe, a Care Manager (CM) contacts the Enrollee to assist with their needs, reassess their severity scale score, and reviews PCP assignment.
	Language and Cultural Competency: This approach assigns a PCP based upon matching the Enrollee's home address Zip code to the provider's practice

Table I.C.13-1: Automated PCP Assignment Process

	address Zip code and matching the Enrollee's expressed language preference to a provider with a similar "language spoken here" record.
	Area of residence and access to transportation: We utilize a 30 miles/30 minutes rule and consider transportation options or virtual care capabilities.
We also use an enhanced "smart" algorithm (i.e., a Family/Sibling Algorithm) to support Enrollee needs	We are committed to keeping all Enrollees of a family with the same PCP if possible and appropriate. To accomplish this, our algorithm assigns Enrollees under the age of 18 with family Enrollees who are Humana Enrollees to the same in-network PCP.

ENSURING CONTINUITY OF CARE

Humana's continuity of care process for Enrollees is designed to ensure a seamless entry into our plan and between PCPs as possible. Each step is designed to meet Enrollees' needs, to prevent disruptions in their care, and to enable them to remain with the PCP of their choice. For new Enrollees receiving care from an OON provider, we create a continuity of care authorization for the relevant providers to prevent disruptions in care and ensure timely claims processing throughout the continuity of care period. We pay OON providers for up to 90 days after the date of enrollment or until the Enrollee's records, clinical information, authorizations, and care can be transferred to an in-network provider, whichever period is shorter.

If an Enrollee wishes to remain with their current OON PCP, specialist, or BH provider, our Provider Contracting team reaches out to the provider to initiate contracting procedures. If it is not possible to bring that provider into our network, we may issue a single case agreement (SCA) in order to ensure continuity of care. If neither network participation nor an SCA is possible, our Enrollment and Outreach teams work to transition the Enrollee to an in-network provider. We consider paying OON providers beyond the 90-day period on a case-by-case basis when medically necessary.

For Enrollees who are seeing an in-network provider who is not their PCP of record, we contact the Enrollee to change their PCP assignment if it is within the first 90 days of enrollment. We also consider requests to reassign to a new PCP that an Enrollee has seen on a case-by-case basis.

c.	Describe the Vendor's approach for processing provider change requests, to include: i. Enrollee request after initial assignment, ii. For cause, iii. When Enrollees regain eligibility, iv. When the Provider is terminated, and v. For a Provider request.

APPROACH TO PROCESSING PROVIDER CHANGE REQUESTS

At Humana, we make every effort to match Enrollees with PCPs who best suit their needs and personal preferences. Our goal is to facilitate and maintain effective, sustained, and mutually engaged Enrollee-PCP relationships. Despite our efforts, there are some Enrollees who must be reassigned.

Reassignment for Cause
We grant an Enrollee's request for reassignment for a cause when the Enrollee was denied access to needed medical services, the Enrollee received poor quality of care, or the Enrollee does not have access to providers qualified to treat their healthcare needs. If the Enrollee's reassignment was the result of denied medical services or poor quality of care, our Enrollment team contacts our Provider Relations Team. We assign each provider a Provider Call Center Representative (PCCR) who will contact the provider to investigate the situation. In addition, the Enrollment team notifies the Quality team of the incident and re-assignment. The Quality team will

work with the PCCR to identify and address quality of care concerns. The Enrollment team pends auto-assignment to this provider while the investigation is underway.

If a reassignment takes place because the provider was not qualified to meet the Enrollee's needs, our Enrollment team works with the Enrollee to identify a more appropriate PCP. Following the reassignment, the Enrollment team does root cause analysis (RCA) to determine whether the Enrollee had selected the previous PCP or been assigned. If the Enrollee had selected the PCP, our Enrollment team contacts the Enrollee Services team to identify ways to guide these types of selections better. If the PCP was assigned to the Enrollee, our Enrollment team works with our Service Fund team, which provides the Enrollment team with the provider lists used to make assignments in order to identify ways to improve these assignments. The Enrollment team also does RCA to determine whether our auto-assignment algorithm requires adjustments to avoid repeating these types of misassignments.

Re-Assignment when Enrollees Regain Eligibility

Enrollees who regain eligibility typically include incarcerated expansion enrollees and CHIP/TANF enrollees who move in and out of eligibility. Humana aims for a seamless return and ensures continuity of care for all Enrollees who re-enroll with our plan. We keep claims history in our system for two years before we archive it (claims history is always accessible). We coordinate with DMS and the Enrollee's prior Managed Care Organization to receive additional claims and utilization data, including prior authorizations. This information is automatically integrated into the Enrollee's file within Humana's systems. Upon re-enrollment, we automatically assign Enrollees back to their previous PCP unless they select a new PCP during their Welcome Call or through one of our other methods of selection.

Re-Assignment when the Provider is Terminated

If a PCP leaves Humana's network, we provide written notification to Enrollees a minimum of 30 days prior to PCP termination, directing Enrollees to our Member Services Call Center to select a new PCP. MSRs are then able to work with Enrollees to select a new PCP. If the Enrollee is in an NF, the CM will assist with the PCP selection process. If the Enrollee doesn't make a selection, we use our automated PCP assignment process to assign a new PCP. Once an Enrollee selects or is assigned a new provider, we send the Enrollee an updated Enrollee ID card, which they can also print through our Enrollee portal.

Re-Assignment per a Provider's Request

We require all provider requests for Enrollee re-assignment be submitted to Humana in writing. Our network PCPs have the right to request an Enrollee's disenrollment from their practice and to be reassigned to a new PCP in the following circumstances:

- Incompatibility of the PCP-patient relationship
- The Enrollee has not utilized a service within one year of enrollment in the PCP's practice, and the PCP has documented unsuccessful contact attempts by mail and phone on at least six separate occasions during the year
- Inability to meet the medical needs of the Enrollee

We **do not** grant providers' requests for an Enrollee's disenrollment from their practice for the following reasons:

- A change in the Enrollee's health status or need for treatment
- An Enrollee's utilization of medical services
- An Enrollee's diminished mental capacity
- Disruptive behavior that results from the Enrollee's special health care needs unless the behavior impairs the ability of the PCP to furnish services to the Enrollee or others

Humana will not allow PCPs to request Enrollee transfers on the basis of race, color, national origin, handicap, age, or gender.

The initial PCP will serve the Enrollee until the new PCP begins serving the Enrollee, barring ethical or legal issues. The Enrollee has the right to file a grievance regarding such a transfer. Humana has the ultimate authority to approve all transfers on a case-by-case basis.

d.	Describe the Vendor's approach to identifying, outreaching to, and educating Enrollees who do not receive services from their PCP within one (1) year of enrollment with the PCP. What information and support will the Vendor provide to Enrollees to obtain services?

Identifying Enrollees who have not Received Services from Their PCP

The foundation of Humana's approach to quality is based on our philosophy that getting an Enrollee engaged with their PCP and preventive care is the first and most important step in improving that Enrollee's whole person health. Our National Committee for Quality Assurance (NCQA)-accredited Healthcare Effectiveness Data and Information Set (HEDIS) rules engine Cotiviti, and our internal clinical rules engine, Anvita, monitor Enrollees' activity throughout each year and their compliance with a multitude of quality measures and clinical guidelines, particularly Enrollees' utilization of PCPs, ambulatory services, and annual wellness visits. Our rules engine is run weekly in order to identify gaps in PCP visits. Our Quality team reviews these gaps in care and leads initiatives to get Enrollees appropriate care.

We have established incentives to encourage providers to help close gaps for the Enrollees assigned to them. Through our provider portal, Availity, all network providers can see claims data, assessment results, care plans, and admission and discharge information for the Humana Enrollees for whom they care. Through Availity, providers can see gaps in care alerting, such as when an Enrollee has not had a PCP visit in more than a year. When providers indicate Enrollees have not visited them or should not be attributed to them, their PCCR, as well as other associates in our Provider Relations Team, will work directly with the provider to identify ways to support them in engaging the Enrollee.

Identifying Enrollees with Potential Gaps in Primary Care

With each monthly refresh of HEDIS rates, HEDIS Enrollee-level detail tables are generated and sent to Enterprise Data Warehouse (EDW), where they are also used for operational progress reporting and clinical and quality analytics. Anvita is Humana's internally managed (non-accredited) HEDIS rules engine that allows us to generate care gap reporting on a more frequent basis in order to source Enrollee alerts, predictive models, and provider reporting on open care gaps and needed preventive services and supports our rapid-cycle QI activities.

Humana uses our rules engines to monitor the activity of Enrollees throughout the year and their use of healthcare services. We couple our clinical rules engines with predictive algorithms built around our clinical technology platform (CareHub) for targeted clinical messaging to Enrollees. Key topics of interest include our Enrollees' utilization of PCPs, ambulatory services, and annual wellness visits. As noted above, we have rules set up in our Anvita engine to identify and flag gaps in care based on these utilization metrics from our claims data at 90 days, six months, and one year. With these care gap rules implemented, we are able to notify our team when an Enrollee has a particular gap in care within the specified intervals of time. These notifications then trigger specific outreach campaigns in our state-of-the-art, award-winning CRM tool. Further, we routinely track in a CRM Solutions dashboard how many gaps we have closed, as well as how many unique Enrollees we have messaged, and what campaigns and materials they have received.

Figure I.C.13-2: Humana Rules Engine
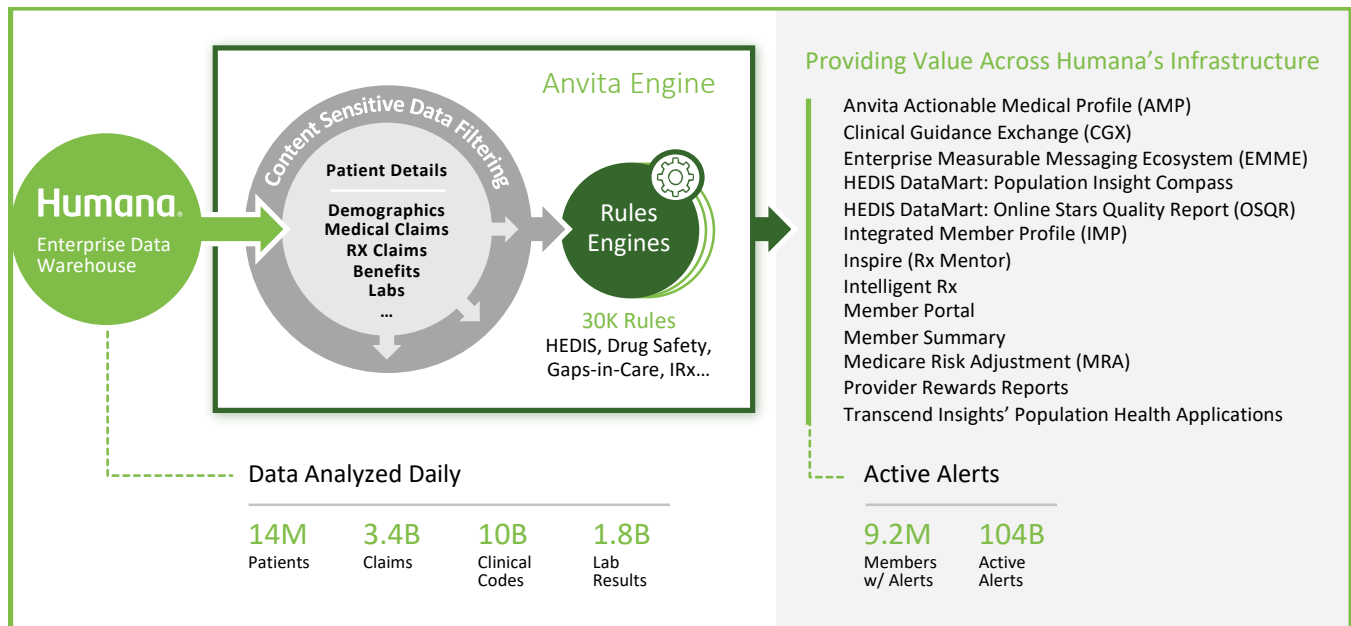
Proactive Outreach and Education to Enrollees who have Disengaged

The foundation of Humana's approach to quality is based on our philosophy that getting an Enrollee engaged with their PCP and involved in preventive care is the first and most important step in improving that Enrollee's health. We have a multi-tiered approach to addressing PCP engagement.

We aim to ensure that Enrollees are communicating with and receiving services from their PCPs as frequently as necessary and will leverage our capabilities in promoting preventive care to also promote consistent engagement with PCPs. To promote this communication and appropriate access to care, we monitor key engagement and utilization metrics on a regular basis and set up notifications of potential gaps in care by programming flags into our system in care at 90 days, six months, and one year. Having these multiple notification points allow our CMs and Outreach and Education associates to be proactive in keeping our Enrollees engaged in their care, and not only identifying people who have already experienced a gap in care, but also those who might be at risk of such a gap.

Humana employs various levels of outreach, contacts, and alerts, depending on how long an Enrollee has been disengaged from their primary care services. Our goal is to keep Enrollees in consistent communication with their PCPs and thus consistently engaged with their own healthcare. To this end, we proactively engage Enrollees in their own care by encouraging them to schedule their next appointment before they leave their current appointment, if appropriate. However, we also recognize that despite our best efforts, some Enrollees will still have the potential to become disengaged. Thus, setting multiple points at which we are notified of potential gaps in care will provide us with early indicators of Enrollees at risk for disengagement. With these indicators, we then proactively reach out to our Enrollees to re-engage them in their care and help to address any barriers they may be facing in getting services. As more time goes by since an Enrollee has visited their PCP, the level and intensity of the personalized outreach increases.

Our targeted outreach efforts are tailored to our populations' needs. For example, our outreach campaign communicates to parents of Enrollees 18 years or younger about the benefits that their child or baby is entitled to, including information about transportation resources and incentives provided for attending a Well-Child Visit. We also target outreach when an Enrollee seeks care outside their PCP. **For example, in our Florida plan, we conducted a study to assess the effectiveness of using ADT data to reach out after Enrollees were discharged from the ED. This outreach campaign resulted in a 21% increase in Enrollees visiting their PCPs.**

As referenced in our SSI initiative above, we have a unique approach to keeping Enrollees with SSI and high severity scores engaged with their PCPs. In addition to Enrollees with SSI, we reach out to other Enrollees with the following approach.

Table I.C.13-2: Target Outreach Efforts Timeline

Time Frame	Outreach
90 days of having been discharged from ED or hospital stay	• Multi-channel messaging campaign to remind Enrollees to schedule an appointment • Reminders tied to gap-in-care alerts in the MyHumana portal and mobile application • Go365 mobile application reminders tied to rewards to incentivize Enrollees for annual wellness visits and Well-Child visits • MSRs to offer assistance in scheduling appointments and non-emergency transportation services if necessary • *Protocols will include multiple attempts if Enrollee is not reached* • *For children 18 and younger, this outreach will be targeted to parents*
Six months without visiting PCP and/or six months from having been discharged from ED or hospital stay	• Targeted outreach by MSRs for adult Enrollees and children who have not visited a PCP • Phone call campaign to ensure the Enrollee is aware of their current selected PCP; if not, help with selection and/or change of PCP • Reminders tied to gap-in-care alerts in the MyHumana portal and application • Go365 mobile application reminders tied to rewards to incentivize Enrollees for annual wellness visits and Well-Child visits • For Enrollees identified as needing a PCP visit, MSRs will offer assistance in scheduling appointment(s) and non-emergency transportation services if necessary • Protocols will include multiple attempts if the Enrollee is not reached
One year without visiting PCP and/or one year from having been discharged from ED or hospital stay	• Live agent and Voice-Activated Technology call campaign, email, and postcard messaging • Large-scale text messaging and mailing campaigns as reminders for annual wellness visits • Reminders tied to gap-in-care alerts in the MyHumana portal and application • High-touch, in-person visits for high-risk Enrollees (feet-on-the-street campaign by CHWs) • Survey to assess barriers to visiting a PCP • Utilize our value-based payment program to incentivize PCP outreach to Enrollees • Protocols will include multiple attempts if the Enrollee is not reached

Proactive Personalized Messaging across Humana's Channels
Humana's CRM tool provides a 360-degree view of the Enrollee by integrating data from more than 90 separate sources. We use the CRM to personalize our Enrollee messages to include topics most relevant to them and to stay aware of what other communications they have received. We leverage this personalized messaging capability to re-engage those Enrollees through targeted messaging most likely to get their attention. We use clinical data from CareHub to prioritize an Enrollee's health needs so that the CRM can send personalized messages in a sequence that aligns with the urgency of the Enrollee's needs. For example, if an Enrollee's A1C level is high, we can prioritize messaging to address their blood sugar, followed by additional planned communications about needing to schedule an eye exam appointment. The next time an Enrollee logs on to their MyHumana portal, they may see a new message about the eye exam. The messages the Enrollee receives can also be customized for the next action for that Enrollee, based upon their interactions with the messages, responses, and actions, to encourage their active re-engagement in their healthcare.

High Touch Outreach and Engagement
Our experience has taught us that each Enrollee faces different barriers in visiting their PCP and that we must leverage our highly qualified associates to engage Enrollees through personal interactions and with VAS designed to address these barriers. Humana's high-touch engagement model includes verbal interactions that

are essential to our Enrollee outreach efforts. We have numerous associates and community partners who play an integral role in the personal component of outreach to foster a connection for our Enrollees.

Our engagement model includes a range of associates who assist Enrollees across a broad range of needs such as CMs for our high-risk or high-need populations, Management of Chronic Conditions nurses, SDOH coordinators, and CHWs. Located in the communities we serve, these associates work as a team towards the goal of helping our Enrollees achieve their best health by accessing the services they need, which begins with visiting their PCP.