

C. Technical Approach

15. Marketing (Section 25.0 Marketing)

a. Provide a summary of the Vendor’s marketing and distribution plan, describing the following at a minimum:

Humana is, at our core, a health and well-being company with a vision to improve the health in the communities we serve. We serve Enrollees as their partner in health and deliver a personalized and simple experience through an integrated, value-based care delivery ecosystem. Enrollee-centric and technology-enabled, we are evolving our operating model to be wellness driven and segmentation-based. Informed by the needs of our Enrollees, our brand positioning focuses on whole-person care to help Enrollees confidently achieve their best health as we evolve with their unique needs.

Our marketing and advertising begins with the fundamental idea of, “know me, show me you care, make it easy, and help me,” and is focused on the following objectives:

**Pioneer Simplicity:** As healthcare products and regulations become increasingly complex, we recognize this can be overwhelming. Consequently, we strive to make the healthcare system, including Medicaid and its enrollment process, easy to understand, and accessible. We have designed our Kentucky Medicaid website and other digital tools to be clear and easy to navigate in order to reduce complexity.

Humana’s marketing organization, led by an experienced management team, has more than 300 associates focused on health education, brand strategy, and consumer analytics/data strategy.

**Community Building:** We believe that building community goes hand-in-hand with promoting health and well-being. We actively build communities in several ways so that people may find community in the manner that best suits them. We help build community through onsite programs at our Humana Neighborhood Locations and at community events so people feel connected to Humana and each other. Additionally, we host digital communities so that like-minded people can easily find each other and bond over similar health experiences.

**Embrace Innovation:** We use multiple methods that allow Enrollees to go beyond interacting with their health plan that allow them to manage their health and well-being, including our innovative digital tools Enrollees can use to inform their decision-making. This includes articles about healthcare topics, tracking tools, and video resources.

Humana invests in broad marketing campaigns and localized grassroots efforts in order to become a trusted resource in the community. Our brand awareness marketing for our Medicare, Commercial, and Medicaid lines of business leverages multiple channels, including print, digital, television, radio, and billboards. We advertise throughout the Commonwealth with the goal of driving awareness of Humana and our coverage options and instilling confidence as Enrollees choose us as their health plan. Our brand recognition strategy centers on building an accessible, high-quality network across Kentucky, which can support nearly one million Kentucky Medicaid Enrollees. Furthermore, Humana ensures that all marketing activities and campaigns are compliant with State and federal regulations.



Our Medicaid marketing strategy focuses on both raising awareness of Medicaid enrollment opportunities and engaging deeply with our communities to help potential Enrollees learn about their health options.

Below we describe our Marketing and Distribution Plan, the team that implements this Plan, as well as our overall approach to Medicaid marketing in Kentucky.

### **MARKETING AND DISTRIBUTION PLAN**

Our Marketing and Distribution Plan describes our goals and how we plan to accomplish them (please see **Attachment I.C.15 Humana Statewide Marketing Plan**). We also describe the structure of our approach to marketing, the education resources we develop, and how we ensure our messages reach the intended target in a way that is accessible and easily understandable. Our plan includes actionable objectives that demonstrate our understanding of the needs of communities across the Commonwealth. For example, our plan describes:

- Our efforts to promote health literacy, including an understanding of how to access the health system, the Medicaid program, and benefits of managed care
- Generating awareness of enrollment opportunities
- Community visibility and awareness of Humana
- General health and wellness education and outreach program
- The role of our Quality and Member Access Committee (QMAC) in ensuring our messages are clear, easy to comprehend, and provide useful information in the best format to achieve our goals

Our Marketing and Distribution plan also describes in detail how we comply with the marketing restrictions defined in 42 CFR §438.104 and Section 25 of the Draft Medicaid Contract. This plan, along with our detailed policies and procedures, describes our controls for ensuring all our materials, including our education and outreach materials, are in compliance with applicable requirements. The plan describes our policies and procedures for:

- Receiving, logging, and resolving marketing grievances
- Prohibiting marketing materials being sent by mail to prospective Enrollees
- Prohibiting direct or indirect, door-to-door, or cold-call marketing activities
- Prohibiting dissemination of marketing materials targeting Medicaid Enrollees through our provider network
- Ensuring the outreach and education materials we distribute to providers do not include information about Medicaid enrollment or disenrollment processes for an Enrollee or potential Enrollee
- Prohibiting financial incentives to induce Enrollees to enroll, choose Humana, or select a specific provider

The Department for Medicaid Services (DMS) has approved our Marketing and Distribution plan for the past five years. A summary of the information contained in our Marketing Plan is described below.

### **MARKETING TEAM**

Our Medicaid marketing function is led by our Kentucky-based Medicaid Marketing lead who drives strategy and leads the development of segmentation (i.e., population and demographic groups), targeted engagement approaches, and grows and maintains relationships across business functions to effectively support them. Our Kentucky-based marketing organizational structure is comprised primarily of two departments:

**Community Engagement Team:** Humana’s Community Engagement Team, led by our Kentucky Culture & Community Engagement Director, Bryan Kennedy, educates the community on Medicaid benefits, enrollment processes, accessing and facilitating connections to community resources, and assistance navigating the healthcare system. Comprised of eight Humana community engagement coordinators, who are dispersed across the Commonwealth, educate both individuals eligible for Medicaid and community partners assisting these individuals and their families. **Our community engagement coordinators are located in Paducah, Owensboro, Northern Kentucky, Eastern Kentucky, Lexington, and Louisville, where they often lead outreach and education efforts in their communities.** Community engagement coordinators are licensed associates who offer or participate in local events in order to perform outreach activities, coordinate approved giveaways, and order and deliver educational materials and literature. When approached by attendees at these events, whether a Humana Enrollee or not, our well-trained, licensed community engagement coordinators discuss plan benefits

and answer questions. We regularly train these associates regarding federal and State marketing rules and regulations, as further described in sub-question I.C.15.a.i of this response. We utilize a strict internal review process before community engagement coordinators attend any marketing events.

**Marketing Support Team:** Our Marketing Support Team is responsible for Humana’s advertising, social media, website, and other materials and tools, which are designed to support the Community Engagement Team’s activities. Marketing Support also conducts in-depth market research, enabling associates across Humana to reach residents across Kentucky and better understand their individual health needs. Humana’s corporate marketing infrastructure includes more than 300 associates with expertise in brand strategy, Enrollee engagement, consumer analytics, and data, as well as experts within our product lines such as Medicare to assist the Market Support Team.

When developing marketing campaigns, Humana takes a customer-based approach to develop a deep understanding of behavior so that we may effectively engage with our community. Components of our corporate Marketing Team include:

**In-House Creative Agency:** Humana has invested in a fully in-house, end-to-end marketing process to reduce costs, improve quality, and improve the Enrollee experience. We have established an in-house creative agency, The Hive, with deep expertise in our business and understanding of the Enrollees we serve. The Hive is focused on bringing our brand to life. The Hive has an account manager dedicated to the Medicaid line of business who works with the Marketing Support and Community Engagement Teams to deliver consumer experiences that influence choice, inspire action, and build the Humana brand.

**Figure I.C.15-1 Marketing Bus Wrap Mock-Up**



**Strategic Communications Team:** Our Strategic Communications Team focuses on developing and executing our regulatory and discretionary communications. This Team strives to deliver a simplified, personalized, cross-channel experience for consumers. The Strategic Communications Team supports our Marketing Team with deep communication expertise, assistance with large program strategy, and development of consumer messaging.

**Innovative Data and Analytics:** Data and analytics are the cornerstone of our marketing strategy. We actively measure the impact of our marketing efforts, employing proven and effective tactics and tools, such as web analytics, focus groups, etc., to refine our strategies and messages. Using the data we collect, our Marketing Team can refine brand messaging and segmentation for maximum impact.

Humana continuously strives to engage consumers and keep them engaged. Humana’s **Studio H**, a center for digital health and analytics, is dedicated to advancing technological capabilities in support of our integrated care delivery model and ongoing work to develop differentiated healthcare experiences that promote and maintain engagement.

“  
We’re trying to bring different disciplines together to wrap around the whole idea of agile development, and the ability to have consumer design individuals, analytics capability, data scientists...  
”

– Bruce Broussard, Humana  
President & CEO

## **APPROACH TO MARKETING**

Humana's marketing approach encompasses three types of consumer engagement:

**General Education:** Our community engagement associates distribute DMS-approved materials in settings where prospective Medicaid Enrollees may be present and answer questions from the public. This includes health literacy topics such as the benefits of health insurance coverage, how to enroll, and health promotion and disease prevention materials. Our general education approach does not include any encouragement or inducement to join Humana.

**Promotion:** Our primary marketing avenue leverages our licensed community engagement associates to promote Humana's Kentucky Medicaid plan through conducting presentations and distributing educational and informational materials as well as nominal gifts. These community engagement personnel represent Humana in the community and are available to explain benefits and promote Kentucky's Medicaid programs.

**Focused Promotional Events:** Humana community engagement associates attend scheduled events throughout the Commonwealth in collaboration with our community partners. These prescheduled, DMS-approved events take place throughout the Commonwealth at places such as food banks, soup kitchens, faith-based organizations, health fairs, back-to-school activities, and at events held in subsidized housing complexes.

### **Acting as an Education Resource for Safety Net Organizations**

Across the Commonwealth, our community engagement associates form strong relationships with and serve as important resources for safety net organizations that provide services to the Medicaid and Medicaid-eligible population in Kentucky. Our Humana associates train safety net organizations' staff about Medicaid and about Humana, assist them at community events, and involve them in our QMAC meetings (further described below). These relationships provide important insight into the Medicaid population's Social Determinants of Health (SDOH).

We also frequently connect safety net organizations with our other partner organizations in order to facilitate the sharing of best practices. For example, Humana is a founding member and key facilitator of the Louisville Health Advisory Board, a health collaboration comprising businesses, government, schools, and civic and nonprofit organizations. Through this organization, which launched in 2015, Humana has engaged the community and partnered with them to address key public health priorities such as diabetes, respiratory health, and barriers to care. The Board also addresses health literacy topics and provides a collaborative forum for sharing ideas to improve health literacy and community education.

### **Improving Health Literacy and Understanding of Medicaid Opportunities**

Health literacy is a focus area across Humana for all of our lines of business and is key to our education and engagement approach. To support the education of Kentuckians, our website displays information about Medicaid, Medicare, and employer-sponsored insurance in an easy-to-navigate format that includes tools, such as videos, to help residents maximize the benefits available to them.

Our Community Engagement Team designs health literacy campaigns to help Enrollees understand how to obtain, read, and access healthcare services. The Community Engagement team often attends community events to create awareness for Medicaid enrollment opportunities. This team provides helpful information through visual displays that include DMS-approved materials at community events; in neighborhoods where our target population lives; and at a wide variety of venues including local schools, community agency forums, retail locations, and other locations we or DMS identifies and approves. During these events, the Community Engagement team encourages consumers to enroll in the Kentucky Medicaid program and select a health plan by visiting the DMS website and calling or visiting a DMS office. The following is a sample of health fairs and community events the Community Engagement team has already participated in in 2020 or are scheduled to participate in throughout the rest of the year. These examples, from one of our regions (i.e., Region 3), are illustrative of the types of events that the Community Engagement team participates in throughout all regions of the Commonwealth:

- Paroquet Springs Health Fair, Bullitt County
- Bullitt Health Dept. Health Fair
- "It Takes A Village - Conference, Jefferson County
- Annual System of Care Academy Conference
- Centerstone Conference, Louisville
- Shelby County Community Baby Shower
- Henry County Community Baby Shower
- Home of the Innocents Breakfast, Louisville
- Fall Institute 2020 FRYSC Conference
- FRYSC Annual Victory Over Violence Conference
- KIPDA Fan Fair, Louisville
- Southwest Community Festival Annual, Louisville
- North Central District Health Department Baby Showers
- Rangeland Elementary Kindergarten Orientation, Louisville
- Early Childhood Institute, Louisville
- South West Community Ministries Sponsorship, Louisville
- The ARC of Kentucky 2020 Annual Conference
- 2020 Kentucky Asthma Symposium
- Kentucky Statewide Diabetes Symposium, Louisville
- Grandparents raising/Grandchildren conference, Louisville
- Park DuValle Give Kids A Smile, Louisville
- Shively Area Ministries Banquet, Louisville
- Healthy Hearts Wear Red Luncheon
- Steps to Independence Walk, Down Syndrome Louisville
- Park DuValle Community Health Fair
- Walk for Epilepsy, Louisville
- Building A Stronger Kentucky 2020 KY Affordable Housing Conference
- Wellspring Annual Benefit Sponsorship, Louisville
- 2020 March of Dimes March for Babies, Louisville
- Americana Community Center's World Festival, Louisville

### **MARKETING STRATEGY**

When developing marketing campaigns, the Marketing team collects and reviews data from many sources from across the community, healthcare industry, payer markets (e.g., Medicare, Commercial, etc.), and technology landscapes. Deep understanding of Enrollees' behavior enables us to effectively engage and build meaningful relationships with them by delivering targeted, personalized communications along their health journey at the right time and in their channel of choice. A key component of our strategy also includes focus groups to help us better understand the Medicaid population across the State.

To supplement our in-person approach, we work with expert consultants to identify the most effective way to reach consumers with our messages. For example, Humana has nationally recognized ad campaigns, such as our **"Start with Healthy"** campaign that includes widely-seen television ads

intended to make health insurance simple to understand for viewers. "Start with Healthy" reminds viewers what having health and well-being really means, which is the ability to take full advantage of the opportunities life

**Figure I.C.15-1 Marketing Billboard Mock-Up**



brings, whether celebrating with family or attending a carnival. The message from these ads is that Humana believes in health and well-being and is here to assist viewers in achieving their version of their own best health.

We plan to use a combination of the following media venues for advertising our DMS-approved marketing materials to reach Medicaid consumers throughout all regions of Kentucky:

- Radio – A mix of radio stations will be used to air 60 second, 30 second, or 15 second Humana commercials
- Print ads – Targeted circulation to the Medicaid population
- Television sponsorships
- Bus (transit), including signage, audio, and video
- Outdoor billboards
- Posters and signage within the community or in retail settings
- Web marketing

We have a robust internal product development and approval process (described in our response to sub-question I.C.15.a.i below) that ensures our brand marketing strategies and materials do not target Medicaid Enrollees and remain in compliance with applicable restrictions in 42 CFR §438.104 and Section 25 of the Draft Medicaid Contract.

Humana’s marketing strategies are a vital tool for achieving our population health goals. Humana has an array of effective strategies, including broad marketing and outreach campaigns, as well as local community engagement teams promoting health literacy through strong leadership and collaboration. These efforts aim to impact communities as a whole.

**a.i.** The system of control over the content and form of all marketing materials.

Humana has 30 years of experience offering Medicare Advantage (MA) plans and more than 20 years of experience offering Medicaid plans. As a result, Humana has comprehensive processes in place to ensure compliance with federal and State regulatory requirements, including those that govern marketing practices. Humana’s marketing and Subcontractor oversight policies, procedures, and processes are in place to help ensure we do not commit any practices prohibited by the Centers for Medicare and Medicaid Services (CMS) or DMS in our brand marketing activities. Our partners, providers, and Subcontractors will comply with all federal and State laws and regulations related to marketing, gifts, and other inducements, including all Draft Medicaid Contract requirements set forth in Section 25 of the Draft Medicaid Contract and Appendices.

Compliance Review of all Materials: Prior to implementation of the Draft Medicaid Contract, our Contract Management Unit (CMU) will conduct the initial review, examining the impact of all rules, regulations, and new Draft Medicaid Contract requirements on our existing policies, processes, and procedures. The CMU also maintains an ongoing process for the intake and implementation of new or revised rules. This review includes all required Enrollee communications, as well as DMS guidance around marketing communications and activities. The CMU distributes this information to all impacted departments, including Marketing, so that we revise our current policies and procedures in accordance with all current regulations and Draft Medicaid Contract requirements.

Our multilayer review process ensures marketing materials are reviewed at least five times by multiple subject matter experts.

Marketing Department Review: Our Marketing department also reviews all processes and procedures annually for accuracy and for the impact of any new or changed regulations or policies. The Marketing department coordinates with Humana Enterprise Policy Management to ensure proper review of any modified policy. When necessary, a Marketing representative presents new or modified policies to the Policy Governance Committee. This presentation includes a plan for training if required, and a communication plan to ensure impacted associates are aware of all new policies and changes.

All associates involved in marketing activities, including but not limited to our Marketing team, are engaged in this process and trained regarding our procedures. Marketing team associates receive thorough training on Humana’s marketing policies and procedures during onboarding and are required to know and follow all State and federal regulations, as well as all Contract requirements when conducting marketing activities within each state. Areas responsible for marketing support or communications regularly consult with our Marketing, Regulatory Compliance, Product Compliance, and Legal departments when conducting marketing, advertising, and communication activities.

Quality Control Review: All content and forms of materials and communications undergo rigorous and consistent internal quality control review prior to required submission to DMS for approval and, ultimately, any public dissemination. Our Business Review committee (consisting of operational experts in our business areas) examines all marketing materials for content. Our Corporate Review committee (consisting of representatives from our Regulatory Compliance, Product Design Compliance, and Legal departments) conducts an additional review to ensure that all marketing, including digital marketing, complies with all rules, regulations, and contractual requirements related to consumer marketing. We only submit marketing materials to DMS for review and approval once they have passed our rigorous internal review. If DMS does not approve a material for whatever reason, our associates re-engage this process from the beginning to ensure a thorough review of the revised material/communication.

Ensuring Compliance for our Community Engagement Associates: Humana’s community engagement associates are responsible for interacting with consumers and potential partners across the Commonwealth to provide education and information about health plan benefits and enrollment. Because they are on the frontline with our consumers and community stakeholders, we have a rigorous process in place to ensure they maintain compliance with all State and federal rules and regulations. As a first step, we require in-depth training for these associates about the restrictions defined by the Federal Code of Federal Regulations (42 C.F.R. §438.104), Kentucky Revised Statutes, and Administrative Regulations, as well as the Kentucky Draft Medicaid Contract, particularly Section 25. New associates must attest to the completion of the training and to compliance with the applicable requirements. We also conduct annual trainings for all community engagement coordinators, followed by an attestation of compliance and understanding.

**a.ii.** The methods and procedures to log and resolve marketing Grievances.

Humana follows our well-established grievance policy to process any marketing grievances. Humana has an “open door” policy for receiving grievances. Grievances, including marketing grievances, may come to Humana in three ways: 1) from an Enrollee submitting a grievance, 2) from a provider submitting a grievance, or 3) from a complaint or grievance that is submitted to DMS and forwarded to Humana. Regardless of who submits the grievance to Humana, our associates enter the grievance into our Customer Relationship Management (CRM) system. Enrollee grievances are tracked in our state-of-the-art inventory management system, mhk, from submission to resolution. Humana’s inventory management system automatically includes a configurable dashboard for service level agreements and internal and external escalation alerts so associates can monitor compliance timeframes and receive alerts when they are at risk of non-compliance. Humana’s system also allows for comprehensive monitoring of trends and root cause analysis.

Grievance and Appeals team: Our Enrollee Grievances and Appeals (G&A) team is led by Andrea Harvel, Director of Humana’s Resolution team. Ms. Harvel has been with Humana for 30 years and has led our G&A operational teams for the last 13 years. She is responsible for ensuring that we resolve all grievances and appeals in a fair and timely manner and that we adjust our policies and procedures to avoid future grievances and appeals. Our G&A team and leadership currently has **58 full-time associates with a combined 516 years of experience** and an average tenure of nine years with Humana. Our G&A team processes grievances and appeals submitted to us directly.

Grievances that Humana receives from DMS (as opposed to an Enrollee) are processed by our specialized Critical Inquiry (CI) team. The CI team consists of 18 full-time associates with a combined 190 total years of experience and an average of more than 10 years with Humana. Our CI team is uniquely qualified to play this role, as CI analysts are drawn from internal associates with experience in Humana's operations. We also ensure these associates have strong investigative and writing skills. We provide specialized training to all CI associates regarding the lines of business relevant to their substantive responsibilities and the Enrollee grievance process so they are familiar with every potential source of dispute. We also train CI associates on Contractual requirements, compliance, and provide retraining when there are changes to procedures or as needed based on internal reviews, Contract amendments, and new federal or State regulations.

The Provider Resolution team is responsible for researching and resolving provider grievances in compliance with required timeframes. The Provider Resolution team is comprised of highly trained and experienced associates with specific areas of expertise (e.g., claims review and payment, clinical authorizations, Contract requirements, etc.) to resolve grievances and appeals accurately and expeditiously.

Our Kentucky-based Enrollee and Provider Complaint, Grievance, and Appeal Coordinator, Andrea Williams, works closely with the Provider Resolution, G&A and CI teams to review and resolve grievances and appeals and to identify areas for operational improvement based on trend and root cause analysis.

Methods and Procedures to Log Enrollee Grievances: Enrollees, or their legally authorized representatives (LAR), may file a grievance with Humana in multiple ways. They can call the Member Services Call Center, mail or fax a grievance to Humana, visit a local Humana Neighborhood Location, ask their provider to submit on their behalf, speak with their Care Manager (CM) if they have one, or speak to one of our Subcontractors. Enrollees may also submit a grievance verbally through our automated systems, which records real-time feeds of the verbal grievance that are then automatically routed to a G&A associate. Once submitted, we send grievances to our centralized G&A team. We log all grievances with the date received and enter them into mhk, which tracks grievances. Once logged, mhk routes the grievance to a G&A associate, who researches the issue to compile a clear case file and render a decision. Upon resolution of the grievance, a G&A associate will send a written resolution to the Enrollee. mhk codes all grievances, including marketing grievances, by topic.

In 2019 we did not have any marketing-related grievances for the Kentucky Medicaid program.

Methods and Procedures to Log Provider Grievances: Humana has an established process for resolving provider grievances that gives providers multiple ways to submit a grievance (e.g., through their Provider Relations representative, by mail or email, via a call to the Provider Services Call Center, or online via our website or provider portal). Our Provider Resolution team is highly trained and experienced, comprised of associates with specific areas of expertise, such as claims payment appeals, to resolve grievances and appeals accurately and expeditiously. The Provider Resolution team tracks and researches all complaints using our inventory management system, which is configured to comply with Kentucky's requirements. This policy ensures that we comply with all Contractual and regulatory requirements concerning notice and resolution. Our inventory management system also codes all provider grievances based upon the subject matter or topic of the grievance and is configured to identify marketing grievances.

Resolving Enrollee and Provider Grievances: A G&A or Provider Resolution team associate assigned a grievance, including a marketing grievance, researches the issue. Our service level agreements require cooperation from our business units, which assist the associate. The associate assigned the grievance then researches the issue(s) raised, including contacting the individual submitting the grievance and other relevant associates such as the Marketing team, to compile a clear case file and render a decision.

Grievances submitted to DMS: Our specially trained Critical Inquiry (CI) team addresses grievances received directly from DMS. The CI team follows the same process and procedure that the G&A team uses. The CI team also logs grievances in CRM and tracks them in mhk. The CI team associate assigned to the grievance researches the grievance, identifies the reason, and follows our procedures for resolution.



**We report all marketing-related grievances to our Medicaid Marketing lead, who reviews all marketing grievances.** In addition, our G&A, Provider Resolution, and CI teams continuously review daily, quarterly, and annual reports to ensure timely and appropriate resolution and to identify emerging or recurring trends that warrant root cause analysis. The dashboards include detailed information on each grievance and clearly identify marketing grievances for root cause analysis.

a.iii.

The verification and tracking process to ensure marketing materials and activities have been approved by the Department and adhere as required by **Section 25.1 “Marketing Activities” and Section 4.4 “Approval of Department”** for the Vendor and its Subcontractors.

Humana has in place a strict system of control over the content, form, and method of dissemination of our education and information materials to ensure compliance with all State and federal regulations. All materials move through a rigorous process for both internal and regulatory review prior to submission for approval to DMS and subsequent release for distribution. We receive written approval from DMS prior to the distribution of any marketing materials. Once approved, all materials are housed in our secure inventory management system. Humana strives to exceed compliance guidelines to ensure consumers, Enrollees, and providers receive accurate, timely, and appropriate materials. Our methods to continuously verify and track the approval process include:

Internal Quality Review: All marketing materials and our Marketing and Distribution plan undergo an internal quality control review prior to the required submission to DMS for approval and, ultimately, any public dissemination. Our Medicaid Duals Member Communications (MDMC) team submits all materials, including marketing materials, for Humana and Humana Subcontractors (if applicable) to DMS for approval and tracks the DMS response. **The MDMC Marketing team uses a custom-built SharePoint form and page to verify and track this process.**

Tracking Approvals: Once DMS approval is obtained, the associate responsible for the document updates the marketing material status to “Approved” within the MDMC approval repository. Following this update, an Operational Compliance associate sends an email notification of the approved communications to the business owners. The notification includes the DMS approval letter and a clean, production-ready version of the communication.

Continuous Monitoring: The MDMC team periodically reviews approved marketing materials and communications to ensure the format of our materials is consistent with the materials approved by DMS and that the items are still relevant. An MDMC associate sends requests to business owners randomly via email requesting samples of the approved marketing materials. Upon receipt, MDMC reviews the materials to ensure the samples they receive:

- Match the DMS-approved version
- Include the required disclaimers and applicable information

If the MDMC associate finds a marketing communication is not compliant, they report the issue via email to our Medicaid Marketing lead, business owner (if not the Medicaid Marketing lead), and Kentucky Medicaid Chief Compliance Officer, Kimberly Myers. Ms. Myers is responsible for communicating with DMS regarding any marketing concerns DMS may have. The Medicaid Marketing lead is responsible for updating the print distribution system and providing an updated sample for validation review in a timely manner.

b.

Describe the Vendor’s understanding of the populations in the Commonwealth and define how it will adapt its marketing materials to reach the various populations and audiences.

Humana has served the Medicaid program for the past six years through our current Contract, and we understand the unique needs of the populations throughout the Commonwealth. Because we are headquartered in Kentucky, our associates and their families live and work alongside our Enrollees. We adapt our materials to reach various populations with messages that resonate with them. To accomplish this, we must understand both our target populations and the most effective way to maximize each message’s reach. The table below describes the framework we use to analyze our outreach and messaging efforts.

**Table I.C.15-2: Messaging Approach**

Demographics and Health Status: Identifying Target Populations	Targeted Messaging: Reaching the Most People Possible
<p><b>Who are they?</b></p> <ul style="list-style-type: none"> <li>• <b>Demographic characteristics</b> including ethnicity, language, special needs, and other characteristics</li> <li>• <b>Population size and distribution within counties or regions</b></li> <li>• <b>Care needs implications based on demographic and health data</b>; for example, high prevalence of mental illness or SDOH factors such as housing insecurity</li> <li>• <b>Resources</b> available in the community</li> </ul>	<p><b>How to maximize reach?</b></p> <ul style="list-style-type: none"> <li>• Overview of the <b>key decision-maker</b> (e.g., Enrollee, parent, caregiver) for each target population</li> <li>• Considerations to refine the <b>media mix and material distribution</b> for maximum impact on each population</li> <li>• <b>Messaging</b> strategy based on health needs and value proposition of the target population</li> <li>• <b>Channel implications</b> based on consumers’ locations and target outreach options</li> </ul>

**Listening and Learning**

Our Marketing team recently completed a “listening tour” to better understand the needs and priorities of our Medicaid Enrollees across the country. This Medicaid Market Exploratory Research project explored the interaction points an Enrollee has along their Medicaid journey. This research produced qualitative findings that have helped us better understand the hurdles Enrollees face in accessing healthcare and using their plan.

The study participants informed us that proximity to providers is the number one factor in choosing or being satisfied with their health coverage. Dental coverage was the second most important factor. As a result, we will tailor our messaging and materials to ensure that Enrollees understand and access their already covered dental services. The participants also told us that although they receive the Enrollee Handbook, they do not read it. We have since revised our Enrollee Welcome Kit (please see **Attachment I.C.12-7 Welcome Packet Letter in Section I.C.12 Enrollee Services of this Request for Proposal**) to provide an easy-to-read pamphlet and folder with information that is broken into shorter, simpler information and prioritized based on Enrollee needs.

<p><b>Key Takeaways: Targeted Messaging</b></p>	<ul style="list-style-type: none"> <li>• <b>Identify the right decision-makers:</b> Identifying family members (for example parents, children, or siblings) and caregivers to influence behavior and decision-making</li> <li>• <b>Focus on getting the message right:</b> Health literacy, language, cultural, and accessibility needs must be considered</li> <li>• <b>Trust is key:</b> Enrollees tend to trust messaging from facilities they frequent, so it is important to build bonds to help them engage in and achieve their best health</li> </ul>
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We will continue with this “listening tour” approach by organizing focus groups that will help us further explore the our Medicaid population’s barriers to accessing information and care, as well as their priorities. We are also

planning a study for 2020 that utilizes a data-driven methodology to gain insights into Medicaid Enrollees' key attitudes, including:

Attitudes toward Health Management: We will leverage consumer data sets to identify attitudes, self-perceptions, and semantics connected to health management more broadly. The goal of this step is to provide a detailed portrait of consumers' perspectives on healthcare at a broader level.

Attitudes toward Health Insurance and Healthcare: We will further explore these data in order to understand the community's attitudes, self-perceptions, and semantics related to healthcare.

The objective of this research is to pinpoint their key needs and how providers and health plans can best connect with Enrollees to meet these needs so that we may refine our messages and delivery strategy.

Combining the lessons learned from the listening tour and our knowledge of the unique characteristics of our target populations, we adapt our materials and communication channels to reach Enrollees. We identify the barriers people face, such as health literacy challenges, and provide them information about topics such as how to navigate the healthcare system and understand the benefits of managed care, along with information about how and why to enroll in the Medicaid program. This also includes steps such as adapting materials to the most prevalent languages (e.g., Spanish, Chinese, Vietnamese, Arabic) and accessibility needs (e.g., braille, reading levels, etc.) and identifying the most effective way to reach Enrollees, such as through mass media (e.g., radio, television, etc.), community-based partnerships (e.g., non-profits, religious organizations, homeless shelters), and local outreach (e.g., sporting events, healthcare facilities).