

B. Company Background

1. Corporate Experience

a. Describe the Vendor's experience in the provision of managed care services to the populations specified in this Contract. Include the following information in the response:

Humana has broad experience serving vulnerable citizens through a variety of different models, having served Medicaid-eligible populations continuously for more than two decades through programs including traditional Medicaid Managed Care (MMC), Managed Long Term Services and Supports (MLTSS), Centers for Medicare and Medicaid Services (CMS) Financial Alignment Initiative Dual Demonstrations, Medicare Advantage (MA), Dual Eligible Special Needs Plans (D-SNP), and Medicare Part D Prescription Drug Plans (PDP). We currently manage Medicaid benefits for more than 615,000 Enrollees in Kentucky, Florida, and Illinois. We have significant expertise providing care coordination, care planning, and specialized clinical management within a social-supports-based framework for the complex needs of Temporary Assistance for Needy Families (TANF); Children's Health Insurance Program (CHIP); Affordable Care Act (ACA) Expansion; Aged, Blind, or Disabled (ABD); dual eligible; serious and persistent mental illness (SPMI); and substance use disorder (SUD) populations. Through years and breadth of experience, we have developed substantial experience integrating medical, behavioral, and social services to positively impact health, social, and experiential outcomes. **Humana's MMC 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.**

In Kentucky, Humana has been contracting with the Commonwealth for its MMC program since 2013. Initially, we began in Region 3, the Louisville metropolitan area. We subsequently expanded coverage across the entire Commonwealth and began to serve the ACA Expansion population. Humana covers more than 145,000 Enrollees through this program, covering TANF, CHIP, ABD, dual eligible, and ACA Expansion populations. Humana covers integrated preventive, primary, acute, pharmacy, and behavioral health (BH) services for Enrollees. **We are particularly proud to operate as a Managed Care Organization (MCO) in the Kentucky MMC program and look forward to continuing to enhance our partnership with the Commonwealth to improve the health of Kentucky's Medicaid Enrollees.**

Humana has covered capitated Medicaid benefits in Florida since 1997 and currently serves as an MCO in Florida's Statewide Managed Care (SMMC) program. As part of the SMMC program, we serve Enrollees in the Managed Medical Assistance (MMA) program, which covers TANF, CHIP, ABD, and dual-eligible populations. Through the MMA program, Humana covers primary, acute, pharmacy, BH, and transportation services for more than 433,000 Enrollees. As part of the SMMC program, Humana also covers Long Term Services and Supports (LTSS) for ABD Enrollees through the Long-Term Care (LTC) program for more than 28,000 Enrollees. **In 2018, the Agency for Health Care Administration (AHCA) further expanded our longstanding partnership, selecting Humana as one of only two MCOs awarded a Comprehensive SMMC Contract 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).**

In Puerto Rico, Humana covered Medicaid benefits for more than 411,000 TANF, ABD, and dual eligible Enrollees from 1995 to 2013. This program covered integrated preventive, primary, acute, and pharmacy services for our Enrollees.

In Illinois, we contract with the Department of Healthcare and Family Services (DHFS) and CMS to participate in the Greater Chicago Region for the Medicare-Medicaid Alignment Initiative (MMAI) Dual Demo. We serve nearly

8,000 dual eligible Enrollees, providing integrated, preventive, primary, acute, pharmacy, LTSS, and BH services. Following strong performance in the program, Humana agreed to expand the MMAI plan statewide in 2021. We also provided managed Medicaid coverage under the Integrated Care Program (ICP) for more than 5,600 non-dual ABD Enrollees from 2014 to 2017. In this program, we covered integrated preventive, primary, acute, pharmacy, LTSS, and BH services.

In Virginia, we contracted with the Department of Medical Assistance (DMAS) and CMS for the Commonwealth Coordinated Care (CCC) Dual Demo program from 2014 to 2017. We operated in all participating regions, serving more than 8,600 dual eligible Enrollees. Humana covered integrated preventive, primary, acute, pharmacy, LTSS, and BH services through the CCC program.

Over 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. In fact, **we are the largest MA plan in the Commonwealth**, with more than 170,000 Enrollees. Further, **more than 675,000 of our MA Enrollees nationwide are dual eligible**. We understand these individuals, their needs, and how to drive positive health and personal well-being outcomes. Humana also has broad 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.

a.i.

Experience in implementation of population health management programs and initiatives. Include information about how the Vendor has addressed social determinants of health.

Population health is a foundational element to Humana’s enterprise mission and a core component of our managed care programs. **We apply our Population Health Management (PHM) approach in every market we serve and every line of business**. In all 50 states and Puerto Rico, we implement PHM programs assessing 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 behavioral health (BH) and Social Determinants of Health (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.



Our approach to population health (depicted in Figure I.B.1-1) has been developed over time through our experience serving similar populations in our other Medicaid and dual eligible plans and strengthened locally by Humana’s **nearly 60-year presence in the Commonwealth**. It includes the following key elements.

- **Embed population health strategies in operations:** Population health is the overarching framework that informs our approach to improve health outcomes and promote better value. To reflect that in our organization, our care management team (and other supporting PHM Program staff) reports directly to the **Kentucky Medicaid Population Health Management Director, Dr. Adrienne McFadden**. Further, given the integral and value-added nature of a population health approach across many other areas of our plans and national support organizations, Humana has established an enterprise-wide approach of embedding population health strategies throughout our operations. This applies to areas such as Behavioral Health, Quality, Utilization Management (UM), Enrollee Services, Provider Services and Value-Based Payment Innovation, and Community Engagement, among others.
- **Employ dedicated Community Engagement associates and Community Health Workers:** Part of our population health strategy is connecting with the communities we serve. To do this, we employ associates, such as **Community Engagement coordinators**, led by our **Kentucky Medicaid Culture and Community Engagement Director, Bryan Kennedy**, and **Community Health Workers (CHW)** to build relationships with

community partners and address the needs of individual Enrollees. Humana's Comprehensive Care Support (CCS) team is the anchor of our PHM program. As part of this structure, we have personnel dedicated to building relationships with community partners, specialists to support Humana Care Managers (CM) in linking Enrollees to resources that address Social Determinants of Health (SDOH)-related needs.

- Integrate population health priorities into quality management: We take a population-wide focus on quality to inform improvements in care delivery and outcomes, including **advancing health equity and reducing disparities, and align our PHM Program with NCQA's PHM component requirements** as demonstrated by Humana receiving **full NCQA Medicaid Health Plan Accreditation** in November 2019. Our Quality Improvement team is led by Humana's **Kentucky Medicaid Quality Improvement Director, Audra Summers**.
- Address SDOH needs as critical gaps in care: We integrate SDOH needs as part of Humana's comprehensive and integrated model of care. Humana screens Enrollees for unmet SDOH needs during the Health Risk Assessment (HRA), Enrollee Needs Assessment, supplemental assessments (as needed), and on an ongoing basis within care management. Our **Kentucky Medicaid SDOH coordinator and Housing specialist** roles are designed to address the needs of individual Enrollees, to include social services and supports, as part of our care management process for those with emerging/complex risks and conditions, and are also available to assist those in our lowest risk tier of the PHM Program, Health Promotion and Wellness. As part of this structure, we have specialists to manage resources and strategies related (but not limited) to housing (eviction prevention and diversion), medical respite, employment, education, food insecurity, transportation, legal assistance, financial literacy, and childcare support.
- Build and maintain sustainable strategic relationships: We cultivate relationships with community partners, State agencies, and providers to create evidence-based, scalable, and financially sustainable population health solutions. Humana recognizes that effective partnerships are foundational to delivering effective care, and our teams are dedicated to using our data to inform our outreach and engagement strategy.

Figure I.B.1-1: Humana Medicaid Population Health Management Program Framework



In 2015, Humana founded our focused enterprise-wide population health strategy, known as **Bold Goal**, with a commitment to develop programs and partnerships to improve the health and well-being of the communities we serve. We began this journey by selecting seven pilot communities around the country in which to drive initiatives, with the goal of applying the learning to our core approaches nationwide. Currently, we have 14 Bold Goal Communities throughout the country, with planning efforts underway to expand further. **Because of Humana’s deep roots in Kentucky, we selected Louisville as one of these first priority communities.** Now in its fifth year, our Bold Goal team has forged highly valued working relationships with providers, non-profit organizations, and business and government leaders to co-create solutions aimed at addressing some of today’s most complex health and social problems. In collaboration with community partners, we reviewed internal and external data and held consumer discovery sessions and a Clinical Town Hall to align our priorities with the community. We are focused on implementing culturally competent initiatives that, through our care management model, address priority conditions and SDOH needs, such as food insecurity and homelessness, recognizing they are significant barriers to accessing healthcare and

Humana is an inaugural investor and supporter of **Unite Us**, a Louisville, Kentucky, community-wide initiative to initiate and close community resource referrals across many organizations via an innovative shared technology platform.

overall health. To measure our progress, we employ the Centers for Disease Control and Prevention (CDC) Health-Related Quality of Life measure, Healthy Days.

As we apply our Bold Goal community learnings nationwide, improving population health remains at the center of our approach to serving our Enrollees and communities. This includes taking a holistic view to healthcare and service delivery by integrating physical, behavioral, environmental, and social factors into our clinical interventions, as well as by engaging providers and community stakeholders to advance health equity and outcomes. **To ensure population health is at the forefront of the operations and strategic leadership of our Kentucky Medicaid plan, our Population Health Management Director, Dr. Adrienne McFadden, reports to our Kentucky Medicaid Medical Director, Dr. Lisa Galloway.** This leader will bring backgrounds in both healthcare and public health. Dr. McFadden supervises our **Kentucky Medicaid Culture and Community Engagement Director, Bryan Kennedy**, who will develop and implement strategic partnerships and engagement activities across the Bluegrass state to address gaps in care and SDOH needs, and to promote education and health equity within the context of our model of care. Humana will also convene a quarterly working group with the Department for Medicaid Services, Department for Public Health, sister agencies, other MCOs to discuss health and social issues among Medicaid Enrollees.

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

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

Through Humana’s experience working with Medicaid Enrollees and other vulnerable populations, we are keenly aware of how proactively addressing SDOH needs leads to improved health outcomes. We deploy robust SDOH interventions to address the SDOH needs present in the populations we serve. Our CMs, CHWs, SDOH coordinators, and Housing specialists, among others, conduct outreach and engage with Enrollees to respond to the unique SDOH needs as identified by the HRA, Enrollee Needs Assessment, supplemental assessments/surveys, referrals, and data mining methods.



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 community resource directory (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, and 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. Community-based organizations (CBO) are connected via the platform, facilitating 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, Louisville Health Advisory Board, and other community partners for the **United Community Louisville pilot**) has 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.

We also have experience addressing specific SDOH needs such as:

- **Eviction Prevention:** Key to our strategy in serving our at-risk Enrollees is continuing to take steps with our community partners to prevent evictions in the first place. We will support the efforts underway at both the Volunteers of American (VOA) and Legal Aid Society to develop constructive relationships with developers and landlords and provide education and an avenue for early identification of at-risk Enrollees. At the same time, using the results of our HRA and the VI-SPADT, we can target services and supports to promote financial literacy and connect Enrollees to our **Humana Workforce Development Program**.
- **Eviction Diversion:** In cases where eviction cannot be prevented, partnerships with VOA Mid-States, Inc., **Legal Aid Society**, and other local community organizations will enable us to:
 - Understand the underlying risks and issues that may lead or have led someone to potential eviction
 - Develop a viable action plan with the Enrollee
 - Negotiate with the housing authority and/or landlord on behalf of Enrollee
 - Provide legal aid and support to individuals in need

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

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At the Hope Center, we address the underlying causes of homelessness.
Our goal is to empower each client with the tools they need to stand on their own
and to live a happier, healthier and more productive life.

Humana has been an information source, an advocate, a partner, and a
tremendous resource for our clients and the case workers who help them. We at
the Hope Center give them our highest recommendation and look forward to many
more years partnering together to uplift those who need it most.

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– Carrie Thayer, Director of Development, Hope Center and One Parent Scholar House, Lexington, KY

- **Food Insecurity:** We recognize food insecurity can exacerbate chronic disease, complicate pregnancies, and lead to poor school performance, behavioral issues, and impaired growth and development. In Kentucky, 15.8% of households reported experiencing food insecurity, according to the Kentucky Department for Public Health. To combat food insecurity, our CCS team actively supports Enrollees’ access to food security programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutritional Assistance Program (SNAP). We also recognize that not all Enrollees qualify for these programs; some may still require additional food supports. To augment these important programs, we maintain a robust network of national and local food

Humana has committed to a partnership with **Share Our Strength** and **Feed Kentucky** to provide nutritional counseling and cooking classes to support families in cooking and providing healthy meals on a SNAP budget.

resources to address Enrollee food insecurity needs, including a national partnership with **Feeding America**. One of the solutions that our partnership with Feeding America has produced is our **Food Insecurity Toolkit**, which provides food insecurity resources for providers, CBOs, and government organizations. As an added benefit, **we offer delivered meals to our Enrollees who are engaged in transitional care management or who have a CM-identified food insecurity need.**

- **Physical Safety:** Through the HRA, we assess the physical safety of Enrollees to determine any resources or support needed. Our CCS team has resources at their disposal to address the range of physical safety issues that can affect our Enrollees, including support for domestic violence, self-harm, child abuse, and natural disasters. In the event of a natural disaster, we leverage geographic data to identify Enrollees in flood and hurricane evacuation zones and reach out to provide assistance. Our CCS team can also help Enrollees develop a disaster plan, including where they can go in the event of a disaster and supplies to pack (e.g., prescription medications, potable water, etc.).
- **Transportation:** Limited access to transportation can have significant impacts on our Enrollees' ability to access vital services. When our CMs, CHWs, or SDOH coordinators identify high-risk Enrollees who require transportation assistance to reach a needed SDOH service – such as seeking employment or attending a community baby shower– we provide vouchers for transportation to these services at no cost to the Enrollee.
- **Employment:** Humana recognizes the health of our Enrollees is dependent upon their well-being and stability. Our voluntary, holistic workforce development program is designed to assist Enrollees find 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 who successfully place and stabilize employees. Additionally, we will connect Enrollees to resources across the community to address any unmet needs that present barriers to finding and retaining employment.
- **Education:** Humana will offer reimbursement for tools that empower our Enrollees to get their GED. Humana Enrollees will have access to **GEDWorks™**, a program that includes the assignment of a bilingual advisor, access to guidance and study materials to prep for the tests, unlimited use of practice tests, and a test pass guarantee. The test pass guarantee ensures that Enrollees can take the test multiple times (at no cost to the Enrollee) until they are able to pass. With the exception of the actual GED tests, all other components are offered virtually, allowing maximum flexibility for our Enrollees to meet their goals.

Humana also helps Enrollees arrange proper support to maintain employment, such as childcare assistance through the **Child Care Assistance Program**. To support our female Enrollees seeking employment, we are building a direct referral process with **Dress for Success – Louisville**, which serves job-seeking women through career mentoring, financial education, and professional career attire in the greater Louisville area.

Case Study: Addressing Food Insecurity in Florida Medicaid

Issue identification: An evaluation by our population health analytics team revealed that Humana Enrollees with food insecurity were almost **twice as likely to have poor health outcomes and almost four times as likely to be disabled**. Humana chose to dive deeper into this issue in our Florida Medicaid market to refine our approach to this issue.

Interventions: In partnership with Feeding South Florida, **we screened more than 4,000 patients** for food insecurity in three primary care clinics (based on practice affiliation, not just Humana membership). Patients who screened positive received a referral from the clinician to meet with an onsite Feeding South Florida representative, who connected the patients with programs like SNAP and offered them an emergency box of food.

Assessment of impacts: **Approximately 1,400 patients screened positive** and agreed to enroll in the study. Roughly two-thirds of patients were placed in the intervention group, which received care management, education, and support in accessing healthy foods through community resources. About one-third of the patients were placed in the control group, which also received information about community resources but without the oversight and care management that the intervention group received.

Outcomes: While we are still analyzing outcomes of this study, our preliminary findings indicate that **food-insecure patients had nearly twice as many Unhealthy Days each month** and that transportation is important in helping them get the food they need. To build upon this study, Humana has launched a larger, randomized control trial to demonstrate that applying a high-touch intervention to address food insecurity positively impacts health outcomes.

Application to population health: Food insecurity has a demonstrated link with obesity. This study has demonstrated the importance of care management and ongoing support in resolving food insecurity among a Medicaid population.

a.ii.

Three (3) examples of initiatives the Vendor has implemented for Medicaid managed care programs that have supported improved outcomes. Describe whether such initiatives were cost effective and resulted in sustained change.

With more than 40 years as an MCO, including more than 20 years serving Medicaid populations, Humana has extensive experience developing initiatives across all operational areas that have a meaningful impact on the populations we serve. Through our experience developing and refining initiatives, we have integrated lessons learned to inform future initiatives that promote sustained change. Enterprise-wide, our initiatives are guided by evidence-based best practices, supported by robust data analytics, and are designed and implemented to foster sustained change across our Medicaid population. Below we include three initiatives in three different areas of our operations – clinical, provider network, and Enrollee Services – to demonstrate our commitment to improvement across our organization.

Clinical Initiative: Increasing Preventive Dental Care

A strong tie exists between dental health and physical health. In the 2016 “Dental and Oral Health Services in Medicaid and CHIP” report, CMS states that tooth decay is the most common chronic condition in children enrolled in Medicaid and CHIP health plans. If left untreated, tooth decay can exert strong negative effects on a



child’s physical and social development and school performance, which leads to expensive medical and BH treatments. Through our emphasis on preventive care, **we deploy initiatives that effectively mitigate the development of chronic conditions.**

In partnership with the State of Florida, Humana implemented a Performance Improvement Project (PIP) to **increase the number of Medicaid Enrollees receiving preventive dental care** Annual Dental Visit (ADV), a Healthcare Effectiveness Data and Information Set (HEDIS) measure. Our initiative included the following methods to contact and inform providers and Enrollees.

- We distributed our Medicaid HEDIS, Consumer Assessment of Healthcare Providers and Systems (CAHPS) Guide and Checklist to providers, educating them on the importance of preventive dental services and the periodicity schedule associated with those services.
- We delivered the Monthly Action List and Report Card to Primary Care Providers (PCPs) and our dental subcontractor to help identify enrollees with care gaps.
- Our Quality Improvement Advisors (QIA) visited pediatricians’ offices to deliver the Provider Educational Pamphlet for dental services and worked with PCPs on how to educate Enrollees on Covered Dental Services.
- Our Dental Call Campaign targeted outbound calls to Enrollees with open dental care gaps.

These interventions yielded a sustained improvement in Enrollees receiving preventive dental care, as reflected in Table I.B.1-1 below.

Table I.B.1-1: Sustained Improvement in Annual Dental Visits

Year	Annual Dental Visit (Total) Rate	YOY Variance
2015	46.10%	Baseline
2016	48.54%	2.45% 
2017	51.93%	3.38% 

To ensure cost-effectiveness, Humana implemented this initiative using existing resources, such as our Quality Improvement Advisors. Moreover, we have found preventive dental care reduces avoidable hospitalizations related to associated oral infections – this further supports the cost-effectiveness of this initiative.

Provider Network Initiative: Increasing Value-Based Payment Relationships

As one of the first health plans nationwide to develop value-based payment (VBP) models, and with more than 30 years transitioning providers into value-based purchasing arrangements, **Humana has become an industry leader in creating cost-effective and outcome-driven risk arrangements** that lead to significant increases in preventive screenings, decreases in emergency department (ED) visits and hospital admissions, and increases in management and adherence measures among engaged providers.

Our **Quality-Cap Bonus program** offers our Florida Medicaid providers opportunities to be recognized for providing high quality care to our Enrollees. PCPs who exceed NCQA benchmarks across a series of HEDIS quality metrics related to access to primary care, immunizations, well-child visits, cancer screenings, and disease management can receive quarterly bonuses. To increase the number of providers engaging in VBP relationships, we conduct the following activities.



- Offer substantial incentives to drive practice transformation and compensate providers for associated costs
- Use flexible program designs to meet providers where they are in VBP readiness then support progress along a continuum of programs

- Use our Provider Services staff and our QIAs to conduct face-to-face meetings with our providers regarding VBP arrangements
- Select a targeted, thoughtful list of measures that have a greater impact on provider engagement and quality outcomes
- Analyze results at the end of each year to make necessary adjustments and determine if different measures should be selected, based on Commonwealth objectives and Enrollee needs

. The bonuses offered are cost-effective and offered to incentivize providers to implement interventions that improve HEDIS measures related to reducing preventable events. As providers assume no risk in this model, it serves as an introduction to VBP and prepares providers to move along the continuum toward higher-risk arrangements.

In tracking these measures, we identified the following examples that show sustained change and improvement from measurement year 2017 to 2018.

- **9.24% increase in adults receiving body mass index (BMI) assessment**
- **3.95% increase in breast cancer screenings**
- **3.39% increase in cervical cancer screenings**
- **2.48% increase in adolescent well-care visits**

This VBP initiative has proven cost-effective because the investment in preventive care has resulted in much greater savings by reducing avoiding hospitalizations and emergency room visits. Additionally, Humana has developed cost-effective programs by leveraging the scale and best practices of our national VBP strategy.

Services Initiative: Improving Enrollee Experience and Satisfaction

Over the past three years, Humana has launched a multi-pronged initiative to improve our Enrollees' experience and satisfaction. To improve our CAHPS performance across our Medicaid markets, we implemented training initiatives and protocols to educate our network providers and our Humana associates on the importance of Enrollee experience and satisfaction in improving health outcomes.

PROVIDER EDUCATION ON PATIENT EXPERIENCE

In 2016, we implemented a provider education program with our contracted pediatricians in our Florida Medicaid program to improve patient experience and Enrollee satisfaction. These sessions **educate providers on the correlation between positive patient experiences and adherence to medical advice** (especially among patients with chronic conditions), as well as better health outcomes. Education topics include facilitating appointment scheduling, managing specialist referrals, mitigating confusion with recommended tests or treatments, discussing medication treatment, discussing result or treatment from a specialist, and discussing mental health. This initiative was part of a broad, multifaceted strategy that contributed to measurable and sustained improvements in our Florida Medicaid Child CAHPS scores regarding Enrollee experience, included in Table I.B.1-2 below.

Table I.B.1-2: Child CAHPS Results for Humana Florida Medicaid Program

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

HUMANA ENROLLEE SERVICES ASSOCIATE TRAINING









In 2017, Humana implemented enhanced training for all of our Medicaid Member Services Representatives (MSR) focused on more successfully connecting with our Enrollees, helping improve their experience and ultimately improving their engagement in their own healthcare. Our training includes an in-depth overview of the types of challenges our Enrollees are facing. This ensures our associates gain an understanding of our Enrollee’s perspective and more readily aligns our benefit package and enhanced service offerings available to support their needs. Due to the direct engagement MSRs have with our Enrollees, we incorporate **Voice of the Customer principles** to transform our processes to include making outbound calls and inquiries with and/or on behalf of our Enrollees – efforts that facilitate **improved Enrollee experience, coordination of care, and quality of care**. This approach, which ensures Enrollees receive the right care, at the right time, and the right place, prevents conditions from exacerbating and turning into costlier conditions to manage. We also educate our associates on **Net Promoter Score (NPS)** as a measure of customer satisfaction. (The NPS is an index ranging from -100 to 100 measuring the willingness of Enrollees to recommend Humana to others. It is used as a proxy for assessing the customer’s overall satisfaction with and loyalty to Humana.)

This training initiative resulted in a **7 percentage point increase in NPS** (from 34% to 41%) and a **6 percentage point increase in agent knowledge** (from 70% to 76%).

HUMANA HEROES CAMPAIGN

In early 2017, Humana implemented an initiative designed to increase our MSRs’ awareness of Enrollee satisfaction and the importance of the CAHPS survey in assessing the quality of care we deliver to Enrollees. The Humana Heroes campaign reinforced the positive actions and behaviors of our MSRs through computer-based training (CBT) and optimization of support materials. We closely monitored metrics on key areas that, from our data analysis, correlate to increased Enrollee satisfaction following a call to our Member Services Call Center, such as issue resolution, associate courteousness, and NPS. Building upon insights from each campaign, we evolved our Humana Heroes initiative each year and demonstrated sustained improvements in call center performance (Figure I.B.1-2).

Figure I.B.1-2: Enrollee Satisfaction Results from Humana Heroes Initiatives

2017 Campaign	2018 Campaign	2019 Campaign
 5% Associate Courteousness	 7% Issue Resolution	 1% Associate Courteousness*
 1% Issue Resolution	 4% Perfect Call Metric	 3% Net Promoter Score*
 2% Net Promoter Score	 12% Net Promoter Score	*Interim results, initiative to conclude in August

This initiative has been cost-effective because it has improved Enrollee retention, which reduces one-time costs associated with new Enrollees. Improved Enrollee retention also improves cost-effectiveness because maintaining continuity in care planning improves health outcomes.

a.iii. A summary of lessons learned from the Vendor’s experience providing similar services to similar populations.

Note: Given the connected nature of parts a.iii and a.iv, we have addressed them together under the a.iv header below. The response is organized by lesson learned with the application to the Kentucky MMC program described under each.

a.iv. How the Vendor will apply such lessons learned to the Kentucky Medicaid managed care program.

Through our extensive experience managing services for populations similar to those in the Kentucky MMC program, we have encountered various programmatic issues and engrained those lessons learned to improve our operations in both those programs and in Kentucky.

UNABLE-TO-CONTACT ENROLLEES

A common problem facing Medicaid health plans is unable-to-contact (UTC) Enrollees. The UTC issue is particularly problematic for high-risk acuity and dual eligible Enrollees. UTC Enrollees can be difficult to contact due to challenges associated with frequent changes in residences and phone numbers, as well as homelessness. Without contact, these Enrollees are more likely to be unassigned to providers, miss periodic screenings and delay care, not be enrolled in needed care management and disease management programs, and unconnected to crucial social services.

To help alleviate this issue in the Illinois MMAI program, we work closely with DHFS, community organizations, and our care model partners to ensure we receive all available contact information on Enrollees. Our Member Services Call Center also alerts CMs when a UTC Enrollee calls. In both the Illinois MMAI and Florida SMMC program, Humana employs a feet-on-the-street approach to more actively find Enrollees. For instance, we visited community-based partners, such as homeless shelters, to find Enrollees in locations where they might be. We also use periodic text messaging as reminders to Enrollees to contact their CM.

Application to Kentucky MMC

For Kentucky, Humana will employ the lessons learned regarding UTC Enrollees by maintaining close relationships with our community-based partners, ensuring immediate communication both internally and externally when Enrollees make contact, and using text messaging to increase the likelihood of contacting Enrollees. We have also discovered value in screening our population even after contractual timelines may have passed. Therefore, our efforts to complete the HRA for an Enrollee will not end after the initial completion period has passed. After 30 days with no successful contacts, we will designate the Enrollee as UTC. Even after the Enrollee is designated UTC, we continue to attempt HRA completion through subsequent Enrollee interactions. We indicate those Enrollees with an uncompleted HRA in our system, alerting those associates who may interact with the Enrollee and prompting action to complete the HRA.

HOMELESSNESS

Homelessness is a critical issue facing many Medicaid Enrollees. Without stable housing, pregnant women miss important prenatal visits and their children miss check-ups; adults facing extreme weather, crime, and otherwise dangerous environments frequently visit EDs; and Enrollees with complex conditions struggle with medication adherence.

To more proactively address complications related to homelessness in the Illinois ICP Medicaid program, Humana worked to increase communication between and among shelters, healthcare facilities, and health plans about how to place Enrollees experiencing homelessness within shelters. Additionally, Humana is working with local housing agencies to increase the availability of affordable housing. To further address issues associated with homelessness in our service area, Humana had its associates volunteer to fill 1,000 lunch bags and distribute snack packs to local community agency partners. For our volunteerism, Humana received the 2016 Casa Central Community Builder Award, which is presented to companies that distinguish themselves as a close partner and consistently engage in volunteer efforts, special events, educational programs, and in-kind donations.

Application to Kentucky MMC

For the Kentucky MMC program, we have developed a focused outreach and engagement strategy for homeless and at-risk Enrollees. It seeks to:

- Proactively identify Enrollees at risk
- Assess and address individuals' needs
- Use and fortify community-based resources
- Sustain support through tight integration with our care management services
- Implement creative solutions to address the underlying needs of the population

As part of our comprehensive outreach strategy, Humana will identify risks to housing security, and through partnerships with local community organizations, provide structured support for 1) understanding the underlying risks and issues of eviction, 2) developing a viable action plan, 3) negotiating with the housing authority or landlord, and 4) facilitating access to and payment of short-term rent assistance. This program will provide for coordination with care management and health plan resources to provide support for medical, coverage, or other needs that are potentially adding to the individuals' insecurity.

Humana will also implement a homeless medical respite care program. This program will offer temporary post-acute medical respite beds and evidence-based low-barrier medical care, BH services, and social supports with the intention of transitioning Enrollees to temporary or long-term housing solutions. The medical respite bed with wraparound services will be covered up to 89 days. During this time, we will coordinate with Enrollees on next steps to provide for rapid rehousing or more permanent supports. The respite care model will be implemented in partnership with CBOs that can provide the appropriate facilities to house individuals during their respite stay, as well as supplemental services to help support both medical stability and an effective transition to permanent supportive housing.

FOOD INSECURITY

Many Medicaid programs are facing an increase in food insecurity among Enrollees, which can lead to worsened health outcomes. Similarly, food deserts increase the likelihood of poor eating habits among Enrollees.

In the Illinois MMAI program, we have sought to improve problems related to food deserts and food insecurity in our service areas through a health and nutrition program. Specifically, Humana identifies communities with a high concentration of individuals experiencing either food insecurity or food deserts. We provide education on the functionality of various grains, produce, meat, and dairy products and nutrition label interpretation. Additionally, our program demonstrates the cooking of various food products. Finally, our associates help Enrollees through a "grocery store shopping challenge" (meal planning for under \$10) by showing how to find ingredients to cook the most nutritional meals on a minimal budget. Additionally, through our Bold Goal program, Humana develops close working relationships with local food banks to increase attendance among and distribution of food to Enrollees experiencing food insecurity.

In the Florida SMMC program, we have launched a food insecurity pilot. Through this program we partner with Conviva Care Solutions to have PCPs screen Enrollees for food insecurity. After having identified these Enrollees to Humana, Feeding America, our other partner, provides them with a food basket and provides the Enrollees with information on how to connect with local food banks.

Application to Kentucky MMC

For Kentucky, Humana CMs will further develop our food education initiatives, particularly education on nutritious diets and how to cook healthy on a limited budget. Moreover, through both our CMs and Bold Goal initiative, Humana will leverage its existing relationships with food banks, such as Dare to Care in Louisville, to increase food access among our Enrollees. Additionally, through our VBP arrangements, we incentivize providers to screen for SDOH indicators, including food insecurity, and to connect Enrollees with the appropriate resource (or refer them to Humana CMs to do so).

In partnership with the Feeding Kentucky Farm to Food Bank program, Humana will explore addressing food insecurity in the Federally Qualified Health Center (FQHC) setting, through a food prescription program. This programming would focus on impacting child hunger by addressing food insecurity for the family unit. Families

accessing the FQHC for their medical care would be screened for food insecurity and those accepting a referral into the program would 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 are able to 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 the Commonwealth's most vulnerable children and families.

In partnership with Cooking Matters, Share our Strength, and Feeding Kentucky, Humana will work with these community partners to teach families basic cooking skills and how to budget and use SNAP and WIC dollars.

PROVIDER TRAINING AND ENGAGEMENT

Strong provider engagement – paired with easy-to-use processes and tools – can improve health outcomes and Enrollee experiences while reducing complaints and avoidable costs. This is especially important when new programs are being implemented or when new populations or benefits are being introduced to managed care.

To ensure strong engagement, all providers are assigned a Provider Relations (PR) representative who personally visits them and acts as a single point of contact for all training. PR representatives are responsible for communicating all policy changes that may impact providers. We schedule training at the providers' convenience and lead group training sessions when there is minimal patient care activity. We conduct one-on-one training to deliver information, helping providers understand their overall performance metrics and determine whether their associates have any questions or training needs. With an understanding that many providers prefer to pull training information on a self-serve basis, Humana offers several additional ways to access important information.

- **Web-based individual training:** Humana offers web-based training through our provider portal, Availity, and Humana.com. Availity offers approximately 50 separate self-directed classes that cover topics like electronic claims submissions, the Health Insurance Portability and Accountability Act (HIPAA), and clinical practice guidelines (CPG). Instructor-led, web-based training is also available at least one day per week.
- **Webinars:** Humana offers interactive webinars throughout the year. Webinar topics include claims processing, encounter submissions, continuity of care, dual eligible Enrollees, referrals, authorizations, contracting, and credentialing processes. Requests from providers, observed trends by our PR representatives, the Provider 360 Committee, and system or programmatic changes, inform these webinar topics.
- **Online reference materials:** Humana has a large array of materials available online, in addition to face-to-face training, web-based training, and webinars. Providers can access online materials at any time including Provider Manuals, quick reference guides, Enrollee Handbooks, phone numbers, and other resources. Materials are all available on our public website; they do not require an account or login to access.

In our Kentucky, Florida, and Virginia Medicaid programs, we have engaged in high-touch, in-person provider education to improve the understanding of programmatic operations and increase programmatic support. Further, in the Illinois ICP and MMAI programs, we have conducted provider town halls to offer education and training on issues resolvable through larger format meetings.

Application to Kentucky MMC

For Kentucky, Humana will continue to offer all of the above resources to ensure strong provider engagement. We will also apply these lessons learned by implementing a new advisory committee to solicit input from the provider community, monitor concerns, and report progress toward addressing them. Moreover, Humana will

effectively communicate the importance of provider participation and the key role they play in supporting Enrollee needs through the MMC program.

MCO-TO-MCO ENROLLEE TRANSITION

Medicaid Enrollees' right to move between health plans is an important freedom, but the transitions need to be carefully managed to maintain appropriate continuity of care for vulnerable Enrollees. There are important considerations from provider assignment to care management, and well-managed transitions depend on data shared between MCOs.

In the Virginia CCC program, Humana experienced numerous Enrollee transitions from other MCOs. However, the other MCOs frequently provided incomplete information on Enrollees. Specifically, the authorization transfer process lacked critical information elements for a smooth process. Humana, working with the program's other MCOs, noted these information gaps and submitted a revised form to DMAS to enhance this method. Ultimately, DMAS selected Humana's revised form as the new template for the authorization transfer process.

Application to Kentucky MMC

For Kentucky, Humana will also work with the program's other MCOs and DMS to ensure the MCO transition of care process and form encapsulates complete information to ensure smooth MCO-to-MCO Enrollee transitions. Based on experience in the Commonwealth and with other managed care programs, we are prepared to work collaboratively with other MCOs and DMS to ensure effective Enrollee transitions.

ENCOUNTERS

Obtaining accurate, up-to-date encounter data is an issue with many managed care programs. Without this data, MCOs struggle to maintain insight into Enrollees' service utilization and care management needs.

Since we began operating in the Kentucky MMC program, Humana has collaborated with DMS through various lines of communications to improve the accuracy of encounters. Humana has leveraged the following meetings of communication to successfully work through encounter issues: MCO Encounter Work Groups, Bi-Monthly Encounter Meetings, and Weekly Information Technology (IT) Meetings. These meetings have allowed Humana to work closely with DMS to improve encounters both on the Department's and Humana's side of the work. Through open communication, system enhancements have been made on our side for encounters, enabling improved accuracy and decreased penalties. Using feedback from the MCO Encounter Work Group, DMS completed a 105-day purge of un-repairable encounters, which allowed us to move forward with improved opportunities for accuracy.

Application to Kentucky MMC

Humana will continue to use these meetings to improve encounter data in the Kentucky MMC program. Moreover, we will work with DMS and other MCOs to continually identify additional methods to improve the accuracy of encounter data.

AGENCY MISALIGNMENT

Medicaid MCOs need to comply with associated requirements and regulations from agencies other than the agency overseeing the MMC program. For example, to effectively serve children in the foster care system or incarcerated adults, MCOs need to work closely with the related State agencies. These agencies may have conflicting requirements or misaligned deadlines, which can lead to compliance issues.

In the Virginia CCC program, Humana experienced issues with misaligned deadlines regarding waiver enrollment and renewals. Whereas DMAS required waiver enrollment and renewals to be submitted by a certain date in the new program year, another agency was responsible for making the determinations and frequently missed DMAS' deadlines. Facing compliance issues with DMAS on this issue and similar problems, Humana ultimately worked with DMAS and the other required agencies to reconcile misaligned requirements and deadlines. We

have experienced agency misalignment between Medicaid agencies and Departments of Insurance regarding provider network regulations.

Application to Kentucky MMC

In the Kentucky MMC program, Humana will work with DMS to ensure regulations and requirements are consistent across other agencies. Humana will propose convening interagency workgroups, including DMS, to align requirements across the different departments involved with the Kentucky MMC program.

ELIGIBILITY

Many managed care programs experience issues related to technological system errors, including Enrollee eligibility determination systems. Eligibility system errors can lead to varying programmatic issues, such as wrongful enrollment termination.

In 2016, Humana identified issues with the Benefind System used for eligibility by Kentucky DMS. Issues identified in the system included: Retroactive County Flip, Missing County, Deemed Eligible Newborns, Cases in Change Mode, Age and Program Mismatches, and Retroactive Eligibility Changes. A series of meetings with DMS's Benefind team gave us the opportunity to collaborate with the Department in finding resolutions. The Kentucky Association of Health Plans (KAHP) also assisted in communicating the needs of all MCOs while working to resolve the issue. We worked to provide the Department with multiple data requests and reconciliation files. Humana made system enhancements both for short- and long-term solutions based on feedback and discussions with the Department, leading to successful resolutions for eligibility issues.

Application to Kentucky MMC

As eligibility issues arise in the Kentucky MMC program, Humana will continue to work with DMS and KAHP to resolve these matters. Based on our current work with DMS and other MCOs, we are confident in our ability to continue resolving programmatic issues.

ACCESS TO CARE

Many states face the critical problem of rural or difficult-to-access areas and the provider shortages that often face these areas. As a result of this issue, Enrollee needs can often go unaddressed for significant periods of time, potentially leading to greater complications than if addressed earlier.

To overcome these barriers in Kentucky, Virginia, and Florida, we have used mobile health clinics and telehealth capabilities to reach Enrollees in geographies with limited access to care. Moreover, in addition to mobile and telehealth technologies, Humana ensures its community and PR representative, as well as CMs, invest significant time developing an in-depth understanding and relationships with providers and CBOs in these rural and difficult-to-access regions. Intimate knowledge and close relationships help us to quickly react and manage issues as they happen for Enrollees.

Application to Kentucky MMC

In Kentucky, Humana will also leverage our extensive experience with mobile health clinics and telehealth to reduce access to care issues in rural areas, especially in southern Kentucky and Appalachia. We offer training and expertise to help providers develop telehealth capabilities, and we pay telehealth claims at the same rate as in-person services. Humana will also enable home-based telehealth by offering all Medicaid Enrollees MDLIVE, a mobile telehealth platform. We will also work with providers to offer extended hours making it easier for Enrollees who may have to travel long distances or whose schedules simply do not permit standard working hour visits. Further, our deeply rooted relationships with community-based partners and our robust network will help alleviate issues stemming from limited access to care.