

C. Technical Approach

22.

Special Program Requirements (Section 32 Special Program Requirements)

Describe the Contractor’s approach to meeting the Department’s expectations and requirements outlined in RFP Attachment C **“Draft Medicaid Managed Care Contract and Appendices.”** The approach should address the following:

a.

Approach to ensuring Enrollees and Providers are aware of special program services

Serving more than 145,000 Enrollees in our Kentucky Medicaid Managed Care (MMC) plan today, Humana is highly experienced in delivering approaches that meet the diverse and often complex physical health, behavioral health (BH), and social needs of this population. Humana is focused on creating tailored, simple, and collaborative experiences to help our Enrollees and their support systems understand how to successfully navigate the healthcare system, guiding them to available services (both covered and non-covered) that meet their needs, goals, and preferences.

Our multi-faceted approach to engaging Enrollees and improving health outcomes includes, but is not limited to: educational materials; targeted telephonic and electronic outreach campaigns; partnerships with providers and State agencies; and innovative community partnerships that deliver multi-cultural, multi-lingual engagement activities. We have developed working relationships with locally-based organizations, such as Women, Infants and Children (WIC), the Department for Community Based Services (DCBS), and Head Start, to deliver special services to our Kentucky Medicaid Enrollees, enhance care coordination and the Enrollee experience, and improve the quality of care delivered to our Enrollees. We are committed to meeting the Department for Medicaid Services’s (DMS) expectations and requirements (as outlined in Section 32.0 Special Program Requirements of the Draft Medicaid Contract) for the following services:



- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services
- Dental Services
- Emergency Care, Urgent Care, and Post-Stabilization Care
- Out-of-Network (OON) Emergency Care
- Maternity Care
- Voluntary Family Planning
- Non-Emergency Medical Transportation (NEMT)
- Pediatric Interface
- Pediatric Sexual Abuse Examination
- Lock-In Program

We will guide our Enrollees and providers participating in each of these 10 Kentucky Medicaid special program services using the following methods for outreach and education.

ENROLLEE MAILINGS

Humana mails a Welcome Kit to all new Enrollees within five business days of receiving DMS’s enrollment file. We mail the Welcome Kit in clearly marked packaging to ensure that it is not discarded. The Welcome Kit includes the Enrollee Handbook (that includes descriptions of many special program services, including EPSDT), a description of our value-added services, a welcome letter listing next steps the Enrollee can take to better manage their health, a consent for release of medical information form, and the initial HRA with a postage-paid return envelope. We provide additional written resources to Enrollees throughout their journey with Humana,

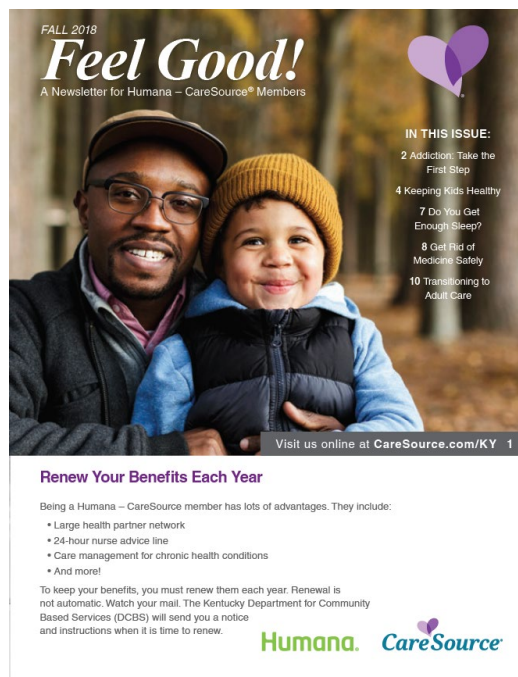
including targeted condition management resources and programmatic updates. We stress the importance of preventive care through our Enrollee mailings, including routine dental care.

ONLINE RESOURCE FOR ENROLLEES

Our website contains information for our Enrollees about each of our 10 Kentucky Medicaid Special Programs in the following forms:

- **Enrollee Handbook:** In addition to the copy that is mailed to our Enrollees, our Enrollee Handbook is available online in both English and Spanish. The handbook informs Enrollees about the importance of the EPSDT program, **Humana's Go365 Enrollee incentive platform for rewards** for completing healthy behaviors (e.g., dental visits), and our Population Health Management (PHM) program.
- **Enrollee Newsletters:** Our quarterly Enrollee newsletters are filled with educational information and useful news about the Enrollee's healthcare coverage, social service programs, preventive healthcare, safety tips, and benefit updates. Our newsletters cover a range of topics and repeatedly stress the value and importance of timely access to preventive care. We design our newsletters to address the needs of the Enrollee and their entire family. Recent newsletter topics include dental care, BH diagnostic assessments, screening children for lead poisoning, and immunizations. The cover of our Fall 2018 newsletter is depicted in **Figure I.C.22-1**.

Figure I.C.22-1: Fall 2018 Newsletter



In addition to our website, we will inform our Enrollees about access to **benefind** services. Benefind allows Kentucky families to easily access public assistance benefits and information 24 hours a day, seven days a week through an online application and account. Through benefind, Enrollees can find services such as child care providers, the Kentucky Transitional Assistance Program (KTAP), and the Supplemental Nutrition Assistance Program (SNAP).

TARGETED OUTREACH

Upon identification of a care gap for an Enrollee, we provide mailings and outbound calls to assist with appointment scheduling. We use our clinical rules engine, **Anvita**, and predictive algorithms built around our integrated clinical technology platform, **CareHub**, to develop targeted clinical messaging for our Enrollees. If we see a gap in care for EPSDT services or dental care, we prioritize messaging to get these gaps closed. Our **Customer Relationship Management (CRM) tool** integrates CareHub data to personalize our Enrollee messages to include topics most relevant to them and to stay aware of what other communications they have received. We can then use the CareHub information to prioritize an Enrollee's health needs so that our CRM tool can send personalized messages via **text messaging**, our Enrollee portal, or during communication with a Member Services Representative (MSR) in a sequence that aligns with the urgency of those needs. **From January to August 2018, we closed 1.6 million clinical care gaps and sent 30.4 million personalized messages across all Humana lines of business using our CRM tool.**

To further promote Enrollee engagement, close gaps in care, and improve overall health outcomes for individuals participating in special programs, **we will offer rewards to our Kentucky Medicaid Enrollees as an incentive for the following activities: HRA completions, annual preventive care and well-child visits, prenatal and postpartum care visits, flu shots, dental visits, and completion of the appropriate level of care training (upon approval from DMS).**

MEMBER SERVICES LINE

Whether an Enrollee is connected with a Humana MSR through a Welcome Call, a call campaign, or an inbound call for assistance with obtaining a new ID card or other request, our MSRs can educate them on special programs, help them find and schedule an appointment with their provider for a well-child visit, family planning appointment, or any other need, and refer them to our care management team for further assistance with special programs, as needed.

CARE MANAGEMENT

Upon enrollment in one of our PHM programs, our Care Managers (CM) work with Enrollees to identify which special programs are appropriate for them and to facilitate appropriate referrals. The special programs accessed by the Enrollee are noted in their care plan. This documentation in the care plan ensures that all members of the Enrollee's care team, including providers, can access information on special program services through **Humana's integrated clinical platform, Clinical Guidance eXchange (CGX)** and our provider portal, Availity. Over the last several years, we have made significant investments in CGX to support the efficient delivery and coordination of Covered Services, including special program services. CGX's functionality enables direct management of physical health, BH, and social services, enhancing our ability to document gaps in care (related to EPSDT, dental services, and maternity care), automate care planning, monitor plan compliance, and proactively address co-occurring needs and changes in condition that may affect the Enrollee's use of special program services. As a fully integrated approach, this enterprise solution enhances our capabilities to identify candidates for special programs and target undesirable outcomes for further intervention.



Humana's approach to Population Health Management (PHM) is anchored by our fully integrated **Kentucky Medicaid Comprehensive Care Support (CCS) team**. Our CCS team uses an integrated and collaborative structure to provide comprehensive services and supports to meet the Enrollee's physical health, BH, and social needs, while maintaining a single point of contact through the Enrollee's assigned CM. The Enrollee's CM is supported by the members of their respective CCS team, including our CHWs, physical health/BH/maternity specialists, Social Determinants of Health (SDOH) coordinators, medical directors, Transition/UM Coordinators, Housing specialists, and pharmacists. With the support and oversight of our Kentucky Medicaid Medical Director, Dr. Lisa Galloway, the CCS team serves as a forum for associates with expertise in the physical health, BH, and SDOH needs of the Medicaid population to exchange information and ideas on how to best support Enrollees who receive special program services. The CM is then responsible for bringing this information back to the Enrollee, as needed, answering clarifying questions, and implementing the CCS team's recommendations as they relate to special program services.

PROVIDER TRAINING AND ENGAGEMENT

We require providers and Subcontractors responsible for delivering special programs and/or implementing special program requirements to complete onboarding training that covers topics pertinent to the delivery of these services, including State and federal regulations concerning EPSDT. In addition, our provider manual (available on our public website) contains in-depth information about several special programs, including EPSDT, dental services, maternity care, and family planning. We will also soon disseminate an EPSDT provider toolkit that provides Kentucky-specific guidance on the provision and reporting of EPSDT services. A draft version of this toolkit can be found in **Attachment I.C.22-1 Kentucky Medicaid EPSDT Provider Toolkit**. Our Provider Services staff (comprised of local, experienced associates) also educate our providers on special programs, and help our providers learn how to identify Enrollees who may require special program services. Our Provider Services staff are led by Michelle Weikel, our Kentucky Provider Services Manager. Our Provider Services staff conduct onsite visits to provider offices, deliver and discuss Healthcare Effectiveness Data Information Set (HEDIS) reports, and establish one-on-



one communication with the provider about special program beneficiaries in their practice, including Enrollees engaged in lock-in programs.

To further equip our providers (including PCPs and BH providers) with the information they need to ensure their patients receive recommended screenings and treatments, we offer access to **Humana's provider portal, Availity, and our Population Insights Compass (Compass)**. These secure online tools, available on demand, allow providers to easily access critical information about the Humana Enrollees under their care, including claims data, assessment results, care plans, and other services related to EPSDT, dental services, maternity care, and family planning. This allows our providers to both pinpoint those Enrollees that are receiving these services, to facilitate proper follow-up care and coordination, and to follow-up with those Enrollees not receiving the recommended services to promote engagement in care.

Humana reviews the frequency of special program usage, emergency department (ED) visits, inpatient measures from HEDIS, and certain Consumer Assessment of Healthcare Providers and Systems (CAHPS) data for over- or underutilization trends. Operational dashboard reports provide skilled associates with actionable data to identify Enrollees who are at high risk for high-cost utilizations or overutilization of services, including special programs. We also analyze utilization data and produce a series of internal reports that monitor utilization at the population and Enrollee levels. Our Quality Improvement Committee (QIC), Provider Advisory Committee (PAC), and PAC BH Subcommittee use these reports to identify and prioritize training needs. These are then coordinated and conducted by our Provider Services staff or offered via our online tools.

To foster greater provider engagement, we invite all treating providers (with Enrollee consent) to the Enrollee's multidisciplinary team (MDT), led by the Enrollee's CM. MDTs assist in facilitating communication between providers and the creation and implementation of a comprehensive, integrated care plan. During these meetings, we review the Enrollee's care plan and progress toward meeting goals, invite the provider to discuss how they are supporting the Enrollee, and discuss additional avenues for coordination of and collaboration with special programs.

COMMUNITY-BASED OUTREACH AND EDUCATION

To further encourage our Enrollees to access special program services, our **Kentucky Medicaid CHWs** are responsible for assisting Enrollees in person, providing a range of supporting functions such as setting and/or accompanying them to appointments and/or community resources, providing education, and even targeting difficult and unable-to-contact Enrollees. CHWs support our CMs and play an integral role in increasing Enrollee engagement, continually building trust and cultivating relationships with not only Enrollees, but also providers and Community-Based Organizations (CBO). This helps to facilitate greater access to special program services and resources for health promotion and cultural competency, as CHWs have a close understanding of outreach strategies and the providers and CBOs in their assigned region.

Along with our CHWs, Humana's **Kentucky Medicaid SDOH coordinators** are experts in community resources for SDOH and are regionally based throughout the Commonwealth. They manage a queue of Enrollees not in care management who need support in accessing SDOH-related special program services, such as Non-Emergency Medical Transportation (NEMT). In addition, the SDOH coordinators provide support and advice to CMs and CHWs to address SDOH-related needs for Enrollees who are in care management.

In addition to the work of our CHWs and SDOH coordinators, our relationships with community-based partners throughout the Commonwealth present additional opportunities to engage our Enrollees in outreach and education about available special programs, promote medication adherence, and provide education on the importance and impact of chronic condition self-management. Some of the strategic partners with which we will work to facilitate outreach regarding special program services include:



- **The Bounce Coalition:** Humana has entered into a partnership with Bounce Coalition to implement the Centers for Disease Control and Prevention’s (CDC) "Whole School, Whole Community, Whole Child" model, a student-centered framework designed to address health in schools and promote academic achievement. We will collaborate with teachers, parents, and others who interact with children and families to recognize the impact of Adverse Childhood Experiences (ACE) and equip children with resiliency-building skills and coping mechanisms for dealing with trauma.
- **The Nest – Center for Women, Children & Families:** The Nest provides a safe place for education, counseling, and support to children and families in crisis situations, focusing on the prevention of physical and sexual abuse, neglected children, and family unit stabilization through four programs: parenting education and advocacy, domestic violence counseling and advocacy, crisis care for basic human needs, and child care services for children from birth to age five. Humana provides event sponsorship, education, outreach, and resource support for Enrollees receiving services from The Nest, ensuring that they are aware of and have access to special program services. We work with staff on how to better help individuals and families, and ensure that we are present for meetings with our Enrollees while they are receiving essential services.
- **Arbor Youth Services:** Arbor Youth offers a safe, supportive environment for unaccompanied youth (from birth to 24 years of age) who have suffered abuse, neglect, or are at-risk of being victimized and/or homeless. Humana works with Arbor Youth to sponsor events, support open houses, and provide education/resource support related to Medicaid special programs. Beyond providing financial support, Humana has an established direct line of contact with Arbor Youth to facilitate ease of communication when a youth, young adult, or caseworker has a question related to Medicaid eligibility, changes to Medicaid plans, or Medicaid services, including special programs.

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Humana’s efforts will address the core needs of our community’s vulnerable children and families – fostering resiliency-building knowledge, skills, and practices across Kentucky. The Bounce Coalition is proud to collaborate with Humana to help the citizens of Kentucky who are served by Medicaid to thrive.
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– Matthew L. Bacon, Vice President & Chief Financial Officer, Community Foundation of Louisville
– Betty “BJ” Adkins, Co-Chair, Bounce Coalition
– David Finke, PhD, Co-Chair, Bounce Coalition

We support each of our partners by collaborating on events driven by our **Kentucky Medicaid Community Engagement team** (under the leadership of a newly designed role, our **Kentucky Medicaid Culture & Community Engagement Director**, which will be filled by Bryan Kennedy upon contract award), and providing onsite marketing, funding, and educational offerings to workers and volunteers. As part of Humana’s outreach efforts, we currently work with community agencies to develop a calendar of promotional health events that our associates participate in throughout the year. These public events allow our Community Engagement team to share important health information with Kentucky residents about our special programs, including EPSDT and dental services. We will also commit to developing an event calendar on our external Kentucky Medicaid website so our Enrollees can stay informed on upcoming activities nearby.

b. Description of medical necessity review process

Humana uses a dynamic, person-centered Utilization Management (UM) program, guided by nationally-recognized criteria, to deliver comprehensive healthcare services and ensure our Enrollees continuously receive the appropriate level of care based on medical necessity. We have built the program upon decades of lessons learned serving high-need populations on a large scale, and we continually enhance it based on our ongoing

experience. Our Kentucky UM program is led by our UM Director, Kathy Kauffmann, RN, CCM, and overseen by our Kentucky Medicaid Medical Director, Dr. Lisa Galloway.

MEDICAL NECESSITY REVIEW PROCESS FOR PHYSICAL AND BEHAVIORAL HEALTH SERVICES

Our UM program ensures Enrollees receive safe, medically appropriate services. Experienced nurses with an active and valid Kentucky license and the qualifications to perform UM in the Commonwealth use approved clinical criteria to perform Medical Necessity reviews. Under appropriate supervision by a Registered Nurse (RN) or Licensed Mental Health Professional (LMHP), experienced medical professionals with an active and valid Kentucky license use approved clinical decision support (CDS) tools to review requests against plan benefits and established criteria. When conducting reviews, our Utilization Review associates accept information from various sources, including all submitted clinical information and previous claims history, to assist in the authorization process. Clinical associates review whether requests meet plan benefits and established criteria and may either approve services meeting criteria or refer the review to a physician when the request has not met criteria. **We will use MCG® as the primary medical/surgical and BH criteria** for our medical necessity reviews for our Kentucky Medicaid program and will apply **American Society of Addiction Medicine (ASAM) criteria** to substance use determinations.

Our UM program is also responsible for review of EPSDT Special Services requests that may help correct or ameliorate defects, physical and mental illnesses, or other conditions. If a request for services for an Enrollee under the age of 21 is out of scope of the guidance provisions, we route it to a Humana Medical Director. For EPSDT services, our Medical Director's authorization decision is always based on medical necessity, not Covered Services.

Consistency in the UM decision-making process is critical to the uniform application of medical necessity by physicians and non-physician reviewers. Medical Directors and other licensed physician reviewers use available criteria and clinical judgment to facilitate consistent medical necessity determinations. We offer a **peer-to-peer review process** for our network providers through which they can **consult with Humana's Kentucky Medicaid Medical Director, Dr. Lisa Galloway, or a Kentucky-licensed psychiatrist** to discuss the details of a case prior to rendering a determination. Physicians are the only clinical associates that can approve requests or render adverse coverage determinations based on unmet criteria for establishing medical necessity.

MEDICAL NECESSITY REVIEW PROCESS FOR DENTAL CARE

Humana recognizes that dental care is an imperative part of overall physical health. We are committed to providing appropriate care for all of our Kentucky Medicaid Enrollees, and offer preventive and primary dental services through our strategic partner and dental services provider, Avësis.

Avësis uses a standardized process to determine clinical and medical necessity criteria for dental services.

Medically necessary services are defined as:

- Diagnostic and preventive services due under the American Academy of Pediatric Dentistry (AAPD) periodicity schedule
- Services to relieve significant pain or eliminate acute infection
- Services required to treat traumatic clinical condition
- Services required to allow the Enrollee to attain basic activities of daily living (e.g., eating, talking)
- Services that prevent a condition from seriously jeopardizing the Enrollee's health or functioning or that prevent an imminent and more serious dental problem

Avësis' practice guidelines, clinical care standards, and parameters of care are used to make utilization review decisions that meet or exceed nationally accepted standards. These include a review of the best

Prior authorization (PA) data for dental services are reviewed annually to determine the need for continued monitoring. If 90% or more of requests were approved for a specific service during the year, senior members of the Avësis Clinical Management team remove the service from the PA list to minimize provider burden.

practices of professional associations such as the American Dental Association (ADA), the AAPD, and the American Association of Oral and Maxillofacial Surgeons. As part of guideline development, we also review local community standards of care to ensure consistency with both the concept of local community standards and the current ADA concept of evidence-based dentistry. Medical necessity decisions are directed by Avēsis's internal clinical guidelines on the following dental topics:

- Periodicity schedules
- Criteria for diagnostic imaging
- Criteria for application of fluoride varnish
- Criteria for restorative treatments (e.g., crown and on-lays, core build-ups, post and core)
- Criteria for endodontics
- Criteria for periodontal treatment (e.g., gingivectomy or gingivoplasty, periodontal scaling and root planning, full-mouth debridement, periodontal maintenance)
- Criteria for prosthodontics (e.g., implant services, criteria for fixed prosthodontics)
- Criteria for oral and maxillofacial surgery (e.g., dental extractions, surgical extractions, orthodontia, billing for orthodontics, continuation of orthodontic treatment)
- Criteria for anesthesia
- Criteria for professional consultation

UM processors have the authority to make an administrative approval when a policy and procedure for a specific service code is established and the authorization request meets all required criteria. UM processors also have the authority to deny services that are not covered, that exceed frequency limitations, or that are duplicate service requests. However, only dentists who are licensed in Kentucky can make approval or denial decisions based on medical necessity and clinical criteria.

c.

Outreach methods to engage Enrollees

We apply a targeted approach to ensure we reach out to our Kentucky Medicaid Enrollees and engage them in relevant and effective special programs. Below, we describe our approach for each special program described in Section 32 Special Program Requirements of the Draft Medicaid Contract.

EPSDT

As a longtime coordinator of services for Kentucky Medicaid Enrollees under the age of 21, including Enrollees with special health care needs (ESHCN), Humana is committed to the design and implementation of successful outreach methods that improve compliance with special program services such as the EPSDT periodicity schedule and special services requirements. As of January 2020, we serve more than 52,000 Kentucky Medicaid Enrollees under the age of 21. Our approach to EPSDT education and outreach incorporates both population-level and individual strategies that leverage data and the unique knowledge of our associates, providers, and community partners to develop programs and interventions that will increase compliance with the EPSDT periodicity schedule. As outlined in Section 32.1 EPSDT of the Draft Medicaid Contract, we will adhere to all requirements set forth for EPSDT services, including those pertaining to EPSDT special services.

Recognizing the importance of EPSDT for our Medicaid population, Humana has instituted a comprehensive outreach and education plan to ensure Enrollees (and Enrollees' parents, guardians, or other support systems) are aware of the importance of EPSDT services and receive extensive opportunities to complete their screenings and immunizations according to DMS's periodicity schedule. We combine the general outreach described previously with targeted, individual outreach to identify and close gaps in EPSDT services among our Enrollees, under the direction of our **Kentucky Medicaid EPSDT Coordinator, Martha Campbell**. Our EPSDT Coordinator ensures eligible Enrollees (and Enrollees' parents, guardians, or other support systems) receive written notices and verbal explanations regarding the value of preventive healthcare, benefits provided as part of EPSDT

services, how to access these services, and the Enrollee's right to access these services. In addition, our EPSDT Coordinator is responsible for overseeing policies and procedures that facilitate prompt access to medically necessary treatment for identified conditions. To further engage these Enrollees and their support systems, we will also provide face-to-face counseling or home visits when appropriate or necessary.

EPSDT Quality Campaigns

Humana reminds our Enrollees of well-child visits and immunizations using Enrollee mailings and targeted inbound and outbound Enrollee calling campaigns. We send reminder mailings to Enrollees for immunizations and EPSDT visits at one, three, five, eight, 11, 14, 17, and 23 months, and yearly thereafter. If the MSR learns the Enrollee has not connected with their PCP or has not scheduled their upcoming EPSDT visit, they conduct a three-way call (with the Enrollee's and caregiver's permission) to connect the Enrollee with the PCP's office and help schedule an appointment for their annual well-child visit. **In the first and second quarter of 2019, we contacted 2,748 households with at least one Kentucky Medicaid Enrollee out of compliance with the periodicity schedule and successfully spoke with the head of household in 439 instances.**



Our EPSDT Coordinator receives a report of pediatric Enrollees who are overdue for a well-child visit and arrange follow up with parents/guardians to educate and assist with making appointments as needed. This outreach is documented in CGX, providing a single system for information about Enrollees' EPSDT services and associated outreach.

Provider Partnerships

Provider Outreach and Education

Providers play a key role in ensuring EPSDT compliance among their patients. The PCP assigned to each eligible Enrollee is responsible for providing or arranging for complete assessments at the intervals specified by DMS's approved periodicity schedule and at other times when medically necessary. To improve compliance with the EPSDT periodicity schedule, our proprietary Compass tool gives our network providers access to comprehensive information about Enrollee utilization, including:

- **Quality reports:** These reports identify HEDIS gaps in care, as established by NCQA guidelines. They are an actionable breakdown of open gaps in care by Enrollee with specific non-compliance reasons and suggested calls to action to aid providers in gap closure.
- **Patient detail reports:** These reports provide an in-depth look at each Enrollee, including their visit history, diagnoses, HEDIS gaps in care, authorizations, physician visits, and clinical program participation.

Humana's Provider Relations Team, led by Michelle Weikel, is a key component of our overall quality strategy and is designed to support providers as they interpret analyses and make informed decisions about closing care gaps and improving quality. We employ two types of associates who support the delivery of EPSDT services:

- Our **Provider Relations representatives** stand at the center of Humana's interactions with providers. Provider Relations representatives will visit all PCPs and providers in a value-based payment arrangement at least quarterly. In these meetings, Provider Relations representatives review reports with the providers who highlight their performance against their quality targets, including those pertaining to EPSDT. They also review gaps in care and make recommendations to providers on possible interventions to help close those gaps.
- Our provider-facing **Quality Improvement Advisors** supplement the work of our Provider Relations representatives with specific clinical expertise. When performance reports identify underperforming quality measures, they work collaboratively with providers to guide practice-specific strategies to improve quality performance and close gaps in care.

Through our onboarding and routine trainings, we train all providers in our Kentucky Medicaid network to meet the requirements set forth under 907 KAR 1:034. In addition, we have produced a Kentucky Medicaid Provider Toolkit for the EPSDT program. This toolkit outlines the preventive and special services covered under the EPSDT

program, the EPSDT exam frequency, Kentucky-specific requirements, billing tips, referral codes, and other references. The draft toolkit is attached as **Attachment I.C.22-1 Kentucky Medicaid EPSDT Provider Toolkit** and will be made available to our providers via our public website.

To monitor compliance with EPSDT requirements, our Provider Services department conducts site visits to evaluate compliance with DMS's periodicity schedule and EPSDT requirements, document the education it provides to our Kentucky Medicaid provider network on the EPSDT requirements, and ensure a sufficient network of EPSDT providers. We provide a report on these activities at our quarterly QIC meetings, including any non-compliance that we have detected and addressed.

Provider Partnership Innovations

Telemedicine in Public Schools

School-based telehealth programs can be an impactful way to improve health outcomes for children. With new telehealth technology, special computer-connected otoscopes and stethoscopes allow doctors to check ears, noses, throats, and heartbeats from remote locations. Students referred to the school nurse can receive a virtual doctor's visit to diagnose common illnesses such as inner ear infections, allergies, conjunctivitis, and upper respiratory infections, among other conditions. These innovative programs improve access to care, and perhaps more importantly, they offer convenient access to care. Without school-based telehealth programs, children often need their parents to take time off of work for doctor visits. For low-income families, skipping a shift at work to visit a provider can have serious consequences but delaying treatment leads to preventable ED visits and hospitalizations.



In an effort to improve access to care for Kentucky children, **Humana is supporting the advancement of Norton Healthcare's school-based telemedicine program in Jefferson County Public Schools.** Humana will sponsor the telemedicine technology that Norton Healthcare uses to remotely examine the student with the assistance of the school nurse. **This support will allow expansion of telemedicine technology in public schools located in underserved areas, reducing disparities in access to care while improving the overall health of the community.** Humana and Norton Healthcare see this as an opportunity to keep children in school, healthy, and learning.

Monitoring and Tracking EPSDT Compliance

Humana has established and maintains a tracking system to monitor acceptance and refusal of EPSDT services, whether eligible Enrollees are receiving the recommended health assessments, and all necessary diagnosis and treatment, including EPSDT special services when needed. We maintain a consolidated record for each eligible Enrollee, including reports of education about EPSDT, information received from other providers and dates of contact regarding appointments and rescheduling when necessary for EPSDT screening, recommended diagnostic or treatment services, follow up with referral compliance, and reports from referral physicians or providers.

We deploy additional outreach and education strategies for identified Enrollees who have missed an appointment or who have a gap in care. At the individual level, Humana's providers and CMs are notified of gaps in care detected by our clinical rules engine, through our provider portal or Compass (for providers), and through CGX (for CMs). In addition, we send a mailing to the Enrollee reminding them of the importance of the missed care gap and conveying additional Enrollee incentive program information, as applicable. **For our Kentucky Medicaid Enrollees who have been a Humana Enrollee since birth, we will offer an incentive for the completion of recommended Well-Child Visits during the First 18 Months of Life, accessible through Humana's Go365 Enrollee incentive platform (upon approval from DMS).**

Our QIC is the hub of EPSDT compliance monitoring activities through our Kentucky Humana operations. At each quarterly QIC meeting (attended by our UM, Care Management, Quality, Compliance, Provider Relations, Subcontractor Oversight, and Risk Management departments), all relevant departments share their monitoring activities and results from the most recent quarter, specific to the EPSDT requirements referred to in 907 KAR 11:034, all binding federal precedents interpreting it, and any other State and federal requirements. The QIC, in

addition to addressing or referring any immediate quality or compliance issues to the Compliance Oversight department, develops improvement projects to respond to overall plan trends in the delivery and uptake of EPSDT services.

DENTAL SERVICES

Humana ensures the provision of preventive and primary care dental services for oral health conditions and illness in a timely manner on an emergent, urgent care, or non-urgent care basis (as outlined in Section 32.2 Dental Services of the Draft Medicaid Contract). Our **Kentucky Medicaid Dental Director**, Jerry Caudill, DMD, who is licensed to practice dentistry in Kentucky and will be actively involved in all oral health programs, will oversee our dental programs. Dr. Caudill will devote sufficient time to ensuring timely decisions on dental services, including being available for after-hours consultation, if needed.

Our Enrollees' utilization of dental services exceeds not only the rate of the Commonwealth but also that of the nation. **In 2018, 74.4% of Humana eligible Enrollees received a dental service, far exceeding the Kentucky rate of 51.2% and the national rate of 49.6%. Additionally, 65.2% of Humana eligible Enrollees received a preventive dental service, far exceeding the KY rate of 45.9% and the national rate of 45.7%.** To ensure these rates sustain a positive trend, we will offer a reward (upon approval from DMS) via Go365 to incentivize our Enrollees ages 21 and under to complete an annual child dental visit.



ASSOCIATE SPOTLIGHT:
**Jerry Caudill, DMD, FAGD,
MAGD, CDC, CTCP, FPFA, FICD,
FACD**

Dr. Jerry Caudill serves as Humana's Kentucky Medicaid Dental Director. He has served as a Dental Director for Avēsis, Inc. since 2013 and worked as a private dental provider for more than 20 years. Dr. Caudill is currently a member of the Tele-dentistry and Medicaid Lock-In committees of the Kentucky Board of Dentistry. In addition to being a licensed general dentist in the Commonwealth of Kentucky, Dr. Caudill is a Certified Telemedicine Clinical Presenter and Technology Professional and a fellow of the American College of Dentists, the Pierre Fauchard Academy, and the International College of Dentists.

Mobile Dental Clinics

For our Enrollees who face transportation barriers to accessing routine dental care, we will promote access through mobile dental vans. Through our agreement with Avēsis, dental vans will serve 226 unique locations across the Commonwealth. Mobile units will deliver services in a wide variety of locations including schools, substance use disorder (SUD) care facilities, and other remote locations. Through our extensive mobile/portable provider capacities, 100% of Humana's Kentucky Medicaid Enrollees have access to a dental provider within 50 miles and/or 50 minutes of their home. The average Enrollee has three providers within 4.9 miles or 5.4 minutes of their home. Mobile vans will be equipped with a dental chair, a dental unit for basic exams, a mobile X-ray unit, an autoclave, dental hand pieces, and other necessary equipment.

Our HEDIS data analytics team identifies trends in HEDIS performance by race, ethnicity, gender, language spoken, and geographic location, which allows us to identify Enrollees with care gaps (including gaps in dental services) and identify disparities in access to or use of dental care. We will share these insights with our QIC to inform the approach to engaging Enrollees in dental care, including quality campaigns (as described below).

Quality Initiatives to Improve Utilization of Preventive Dental Care

Avēsis Dental Quality Campaign

In 2017, Avēsis developed a plan for improving the annual dental visit (ADV) rate for Humana Medicaid Enrollees in Kentucky. Data analysis identified 7,068 Humana Enrollees living in 5,147 households in Regions 3 and 5 who had not had a dental visit since January 2016. We elected to focus our telephonic outreach methods on these individuals and households. Over the course of the intervention, we successfully contacted 20% of the non-

compliant households by phone (1,021). As a result of these calls, **6.8% of the non-compliant Humana Enrollees successfully completed a dental visit, contributing to a 2.8% bump in the statewide ADV rate.**

Florida Dental Campaign

In 2016, Humana identified annual dental visits for our Florida Medicaid Enrollees under the age of 21 as an opportunity to improve clinical outcomes and Enrollee satisfaction. We implemented a multi-pronged initiative focused on provider education regarding the importance of annual dental visits by:

- Delivering a monthly action list to all PCP offices to encourage Enrollees to schedule their annual dental visit
- Conducting Enrollee outreach in the form of monthly EPSDT and dental reminder call campaigns to Enrollees identified with a dental care gap
- Delivering monthly action lists and report cards to our dental Subcontractor to identify care gaps

As a result of our efforts, our rate for the HEDIS measure ADV improved **from 46.10 in 2016 to 48.54 in 2017** and contributed to **a statistically significant 3.38% increase** in percentage of Enrollees who completed their annual dental visit ($p < 0.0001$).

Innovative Dental Initiatives

To continue to deliver high-quality dental care to our Kentucky Medicaid Enrollees, Humana will partner with Avēsis on the following quality initiatives:

- Pilot program with Avēsis: During Contract Year (CY) 1, Humana and Avēsis will collaborate to bring dental services to school districts and dental services for children to help close care gaps. Utilization data tell us that Kentucky Regions 1 and 7 would be best for the pilots given their current dental utilization. These regions have about 85% of the Per Member Per Year (PMPY) utilization of the other regions when not accounting for continuous enrollment.
- Community Events: We will host community events (e.g., health fairs) in rural areas of Kentucky to promote dental education and care. We will work with Avēsis and our Kentucky Medicaid Community Engagement team.
- Tele-dentistry: Avēsis uses tele-dentistry as a tool to expand dental services for Enrollees who have limited access to care due to geography, transportation, or other factors. Avēsis has a strong history of tele-dentistry in California, and we will leverage this experience in Kentucky. We will use our existing relationship with the Kentucky Primary Care Association (KPCA) to launch a tele-dentistry program with one Federally Qualified Health Center (FQHC) and one Rural Health Clinic. We will further collaborate with individual county health departments to engage Public Health Hygienists in delivering both synchronous and asynchronous models of virtual care.

EMERGENCY CARE, URGENT CARE, AND POST-STABILIZATION CARE

Emergency Care

Available 24 hours a day, seven days a week (and as defined in 42 USC 1395dd and 42 C.F.R. 438.114), Emergency Care services for Enrollees do not need an approval before such services will be rendered. A physician or other appropriate personnel makes the determination of an emergency medical condition under the supervision of a hospital physician at the ED. An Emergency Medical Services (EMS) provider has a minimum of 10 days to notify Humana of the Enrollee's screening and treatment before we may refuse to cover the Emergency Services based on a failure to notify. An Enrollee who has an Emergency Medical Condition is not liable for payment of subsequent screening and treatment needed to diagnose or stabilize the specific condition. Humana is responsible

We will offer an online course through our Go365 platform on appropriate levels of care. This interactive course will be designed to help Enrollees determine when it is appropriate to visit primary care, urgent care, or an ED. **Enrollees will receive a reward for completion of the course.**

for coverage and payment of services until the attending provider determines the Enrollee is sufficiently stabilized for transfer or discharge.

Enrollee Education

Our Enrollee Handbook includes a description of when it is appropriate to seek ED care. We include examples of emergent situations that required the ED, such as miscarriage/pregnancy with vaginal bleeding, severe chest pain, shortness of breath, loss of consciousness, seizures/convulsions, uncontrolled bleeding, severe vomiting, rape, and major burns. However, we do not limit what constitutes an emergency medical condition on the basis of a list of diagnosis or symptoms. We encourage Enrollees to self-assess by asking themselves the following questions:

- Should I call my PCP now or wait until tomorrow?
- Do I need medical help now?
- Could I suffer a serious injury if I don't get medical help right away?

We inform Enrollees that the hospital or facility for ED services does not need to be part of our provider network or in our service region and that pre-approval is not necessary for receipt of emergency care or other services provided in the ED. We also instruct Enrollees to call their PCP as soon as possible if they are unsure if they need emergency care or when they are in a hospital and have already received emergency care. Our Medical advice line is available 24 hours a day, seven days a week to answer any Enrollee questions and concerns.

24/7 Medical Advice Line and BH Crisis Line

Humana's BH Crisis Line and Medical advice line operate 24 hours a day, 7 days a week for Enrollees to connect with a live individual if they are unsure how to proceed in a crisis or urgent care situation. The trained associates answering these lines can evaluate the Enrollee's situation and recommend the best way to proceed, whether that be directing the Enrollee to the ED, calling 911, recommending a visit to an urgent care center or their PCP, or contacting mobile crisis units to deploy services to our Enrollees at their location.

Proactive Monitoring of ED Utilization

On a monthly basis, Humana utilizes an ED Predictive Model to prospectively identify Enrollees who are likely to use EDs, become high ED utilizers, and/or use EDs for non-emergent reasons. The model creates a profile of each Enrollee that includes cost and utilization for different physical health and BH conditions as well as socioeconomic conditions. Humana's CMs conduct outreach to Enrollees who have been identified as high ED users (i.e., frequent flyers) to assess them for our Management of Chronic Conditions or other appropriate care management programs and to educate them about when to use the ED and alternate levels of care. **Between 2018 and 2019, ED usage for our Kentucky Enrollees dropped in every eligibility group, with a plan-wide reduction of 17 percent. During the same time period, the ratio of PCP visits to ED visits increased from 4.0:1 to 4.6:1.** In addition to having fewer persons with any ED visits, Humana has made strong impacts within our subgroup of frequent utilizers. Among the high ED utilizers in 2017, defined as Enrollees with at least five ED visits in a year, their ED usage dropped by 44% in 2018 (among persons with continuous enrollment).

Urgent Care

In compliance with Section 32.3 Emergency Care, Urgent Care and Post Stabilization Care of the Draft Medicaid Contract, we will ensure urgent care services are available no later than 48 hours after the Enrollee's request for conditions not likely to cause death or lasting harm but for which treatment should not wait for a normally scheduled appointment. To promote awareness of urgent care center locations and their service offerings for our Kentucky Medicaid Enrollees, we will display such information on our Enrollee-facing Kentucky Medicaid website.

Post-Stabilization Care

Humana covers services involving post-stabilization care stemming from an emergency medical condition for our Kentucky Medicaid Enrollees to improve or resolve their condition until discharge. Expanding the model used for our Kentucky Medicare Advantage plan and Florida Medicaid plan today, **we will place UM nurses onsite in**

high-volume Kentucky facilities (with facility permission) to provide face-to-face discharge planning. Our onsite Nurse Liaisons will work with our UM/Transition Coordinators, our BH UM associates, and the CCS team (including the CM, SDOH coordinator, CHWs, and Housing specialists) to facilitate a smooth discharge and transition back into the community. Post-stabilization services are provided without prior approval.

OUT-OF-NETWORK (OON) EMERGENCY CARE

Our Enrollee Handbook informs our Enrollees that they can visit an OON facility without charge when seeking emergency care. This message will be relayed to any Enrollees who contact our Member Services Call Center with an inquiry regarding emergency care. If an Enrollee is outside of Humana's service area and is in need of emergent services, we encourage them to go to the closest ED or urgent care facility and to follow up with their PCP as soon as possible.

MATERNITY CARE

We recognize the importance of early and ongoing prenatal and postpartum care within the perinatal period and make every effort to identify pregnant Enrollees as early as possible to address challenges they may face in obtaining adequate prenatal and postpartum care. When a woman enrolls in Humana's Kentucky Medicaid plan and has initiated prenatal care elsewhere prior to enrollment, we make every effort to ensure she is aware of (and able to continue with) the same prenatal care provider throughout her entire pregnancy. We are committed to complying with these requirements and others outlined in Section 32.5 Maternity Care of the Draft Medicaid Contract. Below, we outline our approach to ensuring our Kentucky Medicaid Enrollees receive appropriate maternity care.

Humana will offer an incentive to our providers for each Notification of Pregnancy form that is submitted. The form must be filled out completely and accurately.

Prenatal Outreach

Humana will leverage existing community relationships with local organizations, providers, and our strategic partners to locate, educate, and engage pregnant Enrollees in care, including our **MomsFirst maternity care management program** and referrals to **KY-Moms Maternal Assistance Towards Recovery (MATR)** for expectant mothers at-risk for using alcohol, tobacco, and other drugs. Our identification sources include:

- Review of claims and encounter data, including pharmacy data
- Notification of pregnancy form submitted by OB/GYNs
- Admission, Discharge, and Transfer (ADT) data
- Electronic Health Record (EHR) reports from participating providers
- Monthly Prenatal Pharmacy Report
- Welcome calls
- Inbound calls to our Member Services Call Center, Medical advice line, or BH Crisis Line
- HRA
- Enrollee Needs Assessment
- Self-referrals, provider referrals, and community agency referrals

Humana MomsFirst

All pregnant Enrollees are eligible to participate in our maternity care management program, MomsFirst. Our MomsFirst program provides regular contact during the Enrollee's pregnancy as well as follow-up contact during the six-week postpartum period. We tailor the services provided by MomsFirst to the Enrollee's acuity level, as well as their contact preferences.

When we connect with a pregnant Enrollee for the first time, our first priority is ensuring they are receiving prenatal care. If the Enrollee has any difficulties scheduling an appointment, our CMs help them make the appointment with their selected OB/GYN. In addition to promoting attendance at all recommended maternity

care visits, our MomsFirst program educates the Enrollee and their partner on prenatal visits; good dental health during pregnancy; the Women, Infants and Children (WIC) program; appropriate nutrition; family planning; delivery; postpartum care; and infant pediatrician selection. Our MomsFirst CMs also make efforts to ensure pregnant women and their partners have access to childbirth education and parenting classes offered at convenient times and in locations that are accessible, convenient, and comfortable, and in languages spoken and preferred by Enrollees (with onsite oral interpretation services if requested). The CM also helps to reduce transportation barriers, child care barriers, and other barriers that may prevent the Enrollee from engaging in prenatal care by linking the Enrollee to the Kentucky Transportation Cabinet Office of Transportation Delivery and to appropriate community resources. To drive participation within this program, **Humana offers Enrollees a gift card for completing prenatal care visits and a gift card for the completion of one postpartum care visit annually. We will also introduce a portable crib incentive if the Enrollee attends seven or more prenatal visits (pending approval from DMS).**

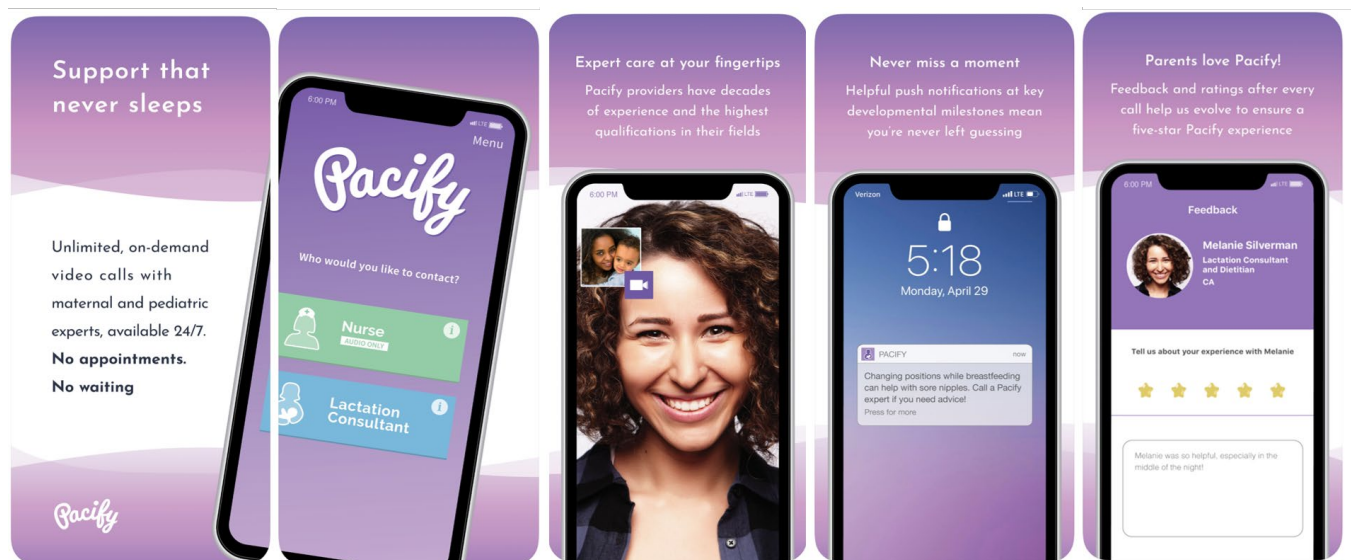
Educational Material to Support the Delivery of Maternity Care

Humana includes information on how to obtain prenatal and postpartum care in new Enrollee materials and articles on maternity care in our newsletters. We conduct tailored education and outreach to our pregnant Enrollees via postcards, our Enrollee portal, and telephonically (in addition to face-to-face connections when appropriate), according to the Enrollee's preferences and confidentiality requirements.

Prenatal and Postpartum Care Smartphone Application

Humana will offer our pregnant and parenting Enrollees (with a child up to one year of age) access to Pacify, a smartphone application that provides access to video chat with a lactation consultant, or a phone call with a physician extender or RN, for on-demand assistance 24 hours a day, 7 days a week. Pacify has demonstrated significant reductions in ED claims and inpatient claims among Medicaid Enrollees, as well as increases in exclusive breastfeeding rates. Our MomsFirst CMs will monitor Pacify reports to identify Enrollees who are using Pacify but may not yet have engaged in care management and reach out to them accordingly. Please refer to **Figure I.C.22-2** below for a glimpse of what our pregnant Enrollees will see on their smartphone once they download the application and are engaged with Pacify.

Figure I.C.22-2 Pacify Smartphone Application



Access to In-Home Services

As a value-added service, Humana will cover unlimited in-home services for high-risk pregnant Enrollees who face barriers that may otherwise prevent them from receiving medically necessary services. In addition to routine services, Enrollees at risk of preterm birth can also receive injections of 17 alpha-hydroxyprogesterone

caproate (17P) at home through our partnership with Optum. This medication is recommended by the American College of Obstetricians and Gynecologists for the prevention of preterm birth. By providing in-home care, we increase access to a crucial service that would otherwise require weekly trips to a provider's office, potentially causing disruptions to the Enrollee's work or child care schedule.

Doula Services

As a base benefit, Humana covers doula services for pre and postnatal visits for requesting Enrollees. **As a value-added service, Humana will also cover doula delivery assistance services** for our Kentucky Medicaid pregnant Enrollees. The provision of doula services during delivery provides additional emotional and physical support to the woman while she is labor. In addition, it has been demonstrated to reduce birth complications and the incidence of Caesarean sections.

Postpartum Care Outreach

Our CMs make postpartum outreach calls to Enrollees engaged in MomsFirst to ensure they complete a postpartum visit within 21 to 56 days. During this call, our CMs address any barriers Enrollees identify regarding lack of motivation, lack of transportation, child care needs, and other issues that may prevent them from attending their postpartum appointment as scheduled.

We also place strong emphasis on recognizing and addressing postpartum depression and related conditions that may interfere with attaining the best possible health outcomes for mother and baby. During their postpartum follow-up calls, our MomsFirst CMs administer the Edinburgh Postnatal Depression Scale to assess the Enrollee for postpartum depression and link the Enrollee with appropriate services as indicated.

Humana Storks Program

Through our Humana Storks program (piloted at two hospitals in South Florida), Humana associates greet new mothers in the hospital with a care package and information about how to access important health services, including postpartum and well-child visits, for themselves and their infants. Florida Medicaid Enrollees who engaged with the Storks program were more likely to engage in care: **91% of engaged Enrollees completed a well-child visit within the first 14 days of life compared to 85% of non-engaged Enrollees, and 70% of engaged Enrollees completed a postpartum visit compared to 69% of non-engaged Enrollees.** Humana will implement this successful program in Kentucky. We will review claims and outcome data to identify and target high-volume hospitals that serve Enrollees with lower rates of postpartum visit or well-child visit completion.

VOLUNTARY FAMILY PLANNING

Humana promotes messages about family planning through our Enrollee Handbook, social media avenues, and other Enrollee communications, as described previously. Our family planning outreach touches on topics including long-acting reversible contraceptives (LARC), counseling, and services available for family planning to all women and their partners, as well as resources for pregnancy prevention programs. We ensure all Enrollees have direct access to experienced providers who offer family planning services. We understand that family planning is a personal matter for many Enrollee and aim to provide information about voluntary family planning in a private and culturally competent manner. In particular, we communicate that family planning services are confidential, including services provided to adolescents.

Our MomsFirst CMs discuss family planning with pregnant Enrollees during the prenatal and postpartum periods and develop an Enrollee-specific care plan approach to support the mother's family planning objectives. In addition, we encourage our Enrollees to discuss their family planning plans with their OB/GYN, particularly if they wish to obtain an intrauterine device (IUD) after delivery.

We also seek to engage all Enrollees who have given birth as quickly as possible after delivery to promote postpartum care, family planning, and well-child visits for their newborn. This engagement includes notifications directly to the mother via phone and email and, in those facilities where we operate Humana Storks, a face-to-face visit prior to discharge from the hospital.

To monitor our overall effectiveness in facilitating and promoting access to family planning services, Humana tracks service utilization on an ongoing basis and measures changes and trends in family planning utilization over time. **Between 2017 and 2018, a total of 3,343 of our Kentucky Medicaid Enrollees received a LARC.**

NON-EMERGENCY MEDICAL TRANSPORTION (NEMT)

Our website and Enrollee Handbook inform our Enrollees that transportation to non-emergent healthcare appointments is available for select Medicaid Enrollees from a transportation company contracted through DMS. Our SDOH coordinators, CMs, CHWs, and MSRs are available to help our Enrollees learn how to submit a request for NEMT through the Kentucky Transportation Cabinet, Office of Transportation Delivery.



Our Enrollees with critical and multiple SDOH needs (including NEMT barriers), will be identified as a priority population within our Kentucky Medicaid plan. We screen Enrollees for transportation needs through the HRA and Enrollee Needs Assessment; teach Enrollees how to access NEMT: and, through our SDOH coordinators, help Enrollees arrange additional, non-covered transportation through community partners, as needed. Enrollees with identified needs are taught how to use NEMT and are referred to our SDOH coordinators if additional transportation assistance, outside of NEMT, is needed. **Enrollees may be eligible to receive our value-added transportation service, which provides taxi and public transportation vouchers for up to three round trips per month to access community resources, attend a Humana baby shower, participate in a Quality and Member Access Committee meeting, or seek employment.** Enrollees must receive approval from a CM or SDOH coordinator to access this benefit.

PEDIATRIC INTERFACE

We identify Enrollees who have an individualized education plan (IEP) through the Enrollee Needs Assessment. We request the Enrollee's and their representative's permission to view the IEP and log the corresponding services into the Enrollee's care plan to avoid duplication. We educate the Enrollee and their family on how to continue accessing IEP services through Humana (as Covered Services) during school breaks, after-school hours, or during summer months. We will also leverage our community partnerships to address pediatric interface to include several community organizations. For example, we will work with the Family Resource and Youth Services Coalition of Kentucky to identify and alleviate non-academic barriers that our Enrollees encounter in educational settings that impede their academic progress.

In accordance with Section 32.8 Pediatric Interface of the Draft Medicaid Contract, services provided under the Kentucky Health Access Nurturing Development Services (HANDS) are not included in our coverage. However, we promote HANDS access to our Enrollees through our MomsFirst care management program for those identified as potentially needing this support. CMs help Enrollees contact their local health department to engage in HANDS.

“
Humana is a strong advocate of [the Family Resource and Youth Services Coalition of Kentucky] (FRYSCky) through their annual participation in our statewide conferences...and direct support of FRYSC coordinators working in the local school districts. Humana's support has had a positive impact on our ability to provide quality services and for our members to accomplish the organization's mission in local schools and communities across the Commonwealth of Kentucky.”

”
– Michael A. Jones, Administrative Manager, Family Resource and Youth Services Coalition of Kentucky, Inc.

Humana also provides palliative hospice services in conjunction with curative services and medications for pediatric Enrollees diagnosed with life-threatening illnesses.

PEDIATRIC SEXUAL ABUSE PROGRAM

Humana informs DCBS of any possible cases of sexual abuse noted by our associates or providers. When DCBS requests a forensic pediatric sexual abuse examination for a Humana Enrollee, an assigned CM collaborates with a participating provider who has the capacity to perform such an examination. We ensure our network has providers and specialists who have the capacity to conduct sexual abuse examinations upon request, including the specially trained Sexual Assault Nurse Examiners employed by each hospital in Kentucky. As mandated reporters, all Humana Enrollee-facing associates receive abuse, neglect, and exploitation training annually, and we also teach our providers how to identify indicators of sexual abuse.

d. Approach to identify, enroll and encourage compliance with lock-in programs

Our lock-in program is described in detail below, and we will adhere to requirements outlined in Section I.C.22 of the Draft Medicaid Contract. Outreach and education on **Humana's Kentucky Lock-in Program (KLIP)** is located in our Enrollee Handbook and our Enrollee website. All other outreach is targeted to Enrollees who are candidates for the program.

Humana is committed to detecting, correcting, and preventing fraud, waste, and abuse (FWA). Humana's KLIP is intended to limit overuse of benefits, overutilization of pharmacy and non-emergent care services in an emergency setting, and reduce unnecessary costs to Medicaid while simultaneously providing an appropriate level of care for the Enrollee. Humana will adhere to all requirements set forth in Section 32.10 Lock-in Program of the Draft Medicaid Contract. We will submit our lock-in program description to DMS for approval subject to Section 4.4 Approval of Department of the Draft Medicaid Contract.

As of January 2020, 48 Humana Kentucky Medicaid Enrollees are engaged in KLIP. Between 2017 and June 2019, our Florida Medicaid plan engaged 408 Enrollees in the pharmacy lock-in program and has closed 128 lock-in cases.

IDENTIFICATION

Humana monitors claim activity for overuse of benefits and unnecessary costs in accordance with State and federal laws. We identify Enrollees who may be candidates for KLIP through internal or external referrals and through data mining of pharmacy and medical claims data to find Enrollees who have excessive medication fills or high ED utilization. When we receive a referral for an Enrollee with an allegation of potential prescription drug abuse or ED over-utilization, a thorough review is conducted by our FWA unit. Review prior to restriction may include phone calls to Enrollees and providers to clarify information.

The minimum selection criteria for KLIP includes:

- Enrollee obtained three or more controlled substance prescriptions from three or more pharmacies written by three or more different prescribers within 180 days
- Enrollee has been convicted of fraud through unauthorized sale or transfer of a pharmaceutical product funded by Medicaid
- Enrollee utilized more than 10 different controlled substance prescribers in 90 days
- Enrollee obtained two or more controlled substance prescriptions written by two or more different prescribers who have utilized two or more pharmacies within 180 days AND have a documented diagnosis of narcotic poisoning or drug abuse within the last 365 days
- Enrollee violated a pain management agreement/contract with their prescriber
- Enrollee received services from at least five different providers over the course of a year
- Enrollee had frequent trips to the ED for non-emergency services

- Humana received a report of fraud, waste, or misuse from one or more of the following:
 - Prescribers
 - Pharmacies
 - Office of the Inspector General (OIG)
 - Law enforcement
 - Humana’s Special Investigation Unit (SIU)

Sickle cell disease and oncology patients, Enrollees residing in institutionalized settings, and dual eligible Enrollees are not eligible for KLIP enrollment.

ENROLLMENT

Upon enrollment in KLIP, a recipient is locked into one PCP, one controlled substance provider (if applicable), and one pharmacy within 30 days. Enrollees receive medically necessary and covered healthcare services delivered by their dedicated PCP and pharmacy. Upon identification of a recipient eligible for enrollment in the lock-in program, Humana mails a written notification that includes a reason for enrolling the recipient in the lock-in program, description of the lock-in program, the effective date of lock-in program enrollment, identification of the recipient’s designated providers, information relating to the recipient’s right to a hearing to contest enrollment, process for requesting a change in provider/pharmacy, and contact information of a Humana associate who may be contacted in writing or by telephone for information relating to the lock-in program. All recipient lock-in correspondence (along with our Enrollee Lock-in Brochure) provides recipients with information on how to appeal a decision and how to request a State Fair Hearing.

Assigned PCPs are selected based on time and distance standards for the community in which the recipient resides (i.e., within 30 minutes or 30 miles of where the recipient lives). The recipient is also assigned one controlled substance prescriber who serves as the sole prescriber and manager of controlled substances for the lock-in recipient (if needed). One pharmacy is assigned, with consideration to the current pharmacy the Enrollee uses, the distance from the Enrollee and/or prescriber, in network status, and the Enrollee’s preferred pharmacy chain.

In situations where Humana is notified that the restricted pharmacy does not have medication to fill a prescription, Humana will verify with the restricted pharmacy that they are unable to fill the medication prior to allowing a one-time fill at another pharmacy.

We require all Enrollees in KLIP to stay enrolled for 12 months. Once the restriction has been lifted, the Enrollee is placed on a six-month follow up for review of claims history to determine if the lock-in should be reinstated for an additional period of 24 months. If we choose to keep the Enrollee in KLIP, the Enrollee is notified of the decision to continue KLIP status and informed of their right to a State Fair Hearing to contest the decision.

ENCOURAGING COMPLIANCE

The aim of streamlining care to one PCP, one pharmacy, and one controlled substance provider (as applicable) is to protect the Enrollee’s health and safety, avoid duplication of providers, and avoid unnecessary utilization of services. By providing direct access to the Enrollee’s complete medical history, we can enable the KLIP Enrollee’s dedicated PCP and pharmacy to provide an improved level of care.

Monitoring Pharmacy Utilization

The primary pharmacy monitors the drug utilization of each restricted recipient and must exercise sound professional judgment when dispensing drugs to prevent inappropriate drug utilization by the recipient. In the case a pharmacist reasonably believes the recipient is attempting to obtain excessive drugs through duplicate prescriptions or other inappropriate means, the pharmacist contacts the providing physician to verify the authenticity and accuracy of the prescription presented. The PCP is then delegated the responsibility of overseeing healthcare needs of the recipient, providing all medically necessary care for which the recipient is eligible.

Monitoring ED Utilization

CMs work with the Enrollee engaged in the lock-in program for non-emergent ED use to understand the drivers contributing to overutilization patterns, such as lack of education on appropriate levels of care or barriers to accessing care from their PCP and to identify ways to resolve these challenges.

The assigned CM collaborates with the Enrollee and their PCP to:

- Minimize frequent ED utilization and decrease inappropriate and avoidable ED utilization by supporting management of chronic conditions contributing to ED overuse
- Ensure Enrollees have timely access to appropriate Covered Services
- Facilitate Enrollee capabilities to self-manage chronic conditions through Enrollee education and digital solutions
- Address provider actions possibly contributing to excess ED utilization by ensuring the Enrollee is seeing a provider fully capable in meeting an Enrollee's needs and preferences (e.g., providing services in the Enrollee's preferred language)

Tracking KLIP Outcomes

Enrollees in KLIP are monitored for overutilization of medications and/or services. To help track medications, providers are encouraged to use Kentucky's prescription drug monitoring program each time they prescribe a controlled substance. We track outcomes for medication management through our real-time, interactive medication review. The review allows us to assess medication use for presence of medication-related problems and results in the creation of an individualized written summary in the Centers for Medicare and Medicaid Services' (CMS) standardized format. We monitor monthly for open, pending cases for Enrollees who have been identified as KLIP eligible but are not yet enrolled. We send a pharmacy report quarterly to DMS, in adherence to the requirements in the Draft Medicaid Contract.

Our **Kentucky Medicaid Pharmacy Director**, Joseph Vennari, PharmD, oversees KLIP quality improvement. If we identify compliance issues with our program, we work with Regulatory Compliance to determine whether the issue is reportable to DMS. We identify the root cause, Enrollees affected, and a corrective action plan to directly address the issue. We provide routine updates and system re-testing on new solutions to ensure that we have fully addressed compliance issues.

e.

Approach to coordination, including referral and follow-up with other service providers, like Women, Infants, and Children (WIC), Head Start, First Steps, School-Based Services, DCBS and the Kentucky Transportation Cabinet Office of Transportation Delivery.

We coordinate with local programs including WIC, Head Start, First Steps, School-Based Services, DCBS, the Kentucky Transportation Cabinet Office of Transportation Delivery, and numerous others to ensure full access to non-covered and carved-out services for our Kentucky Medicaid Enrollees. We identify Enrollees who may benefit from these services through the HRA, Enrollee Needs Assessment, and ongoing care management activities and facilitate referrals as appropriate. We also train our MSRs on these programs and associated referral procedures to assist inbound callers.

Below, we detail how we collaborate with both the aforementioned organizations and additional Kentucky organizations that frequently serve our Medicaid Enrollees.

WIC

Our MomsFirst program refers all pregnant and postpartum Enrollees to the WIC program. In addition, our Neonatal Intensive Care Unit (NICU) care management program will refer the families of Enrollees in the NICU.

We coordinate the provision of medical information, as requested by WIC and in compliance with applicable law. Our care management team can also help Enrollees apply for SNAP as identified by HRAs and/or other needs assessments.

HEAD START

Our CMs work with our Enrollees and their caregivers to facilitate a referral to Head Start (as needed). We note Head Start services on the Enrollee's care plan, and our CMs follow up on Head Start referrals during their routine contacts with Enrollees to ensure they were connected with the appropriate services. Humana has established relationships with Head Start providers throughout the Commonwealth. In the past, we have conducted small sponsorships, and our Kentucky Medicaid Community Engagement team regularly participates in events and onsite education opportunities. Between April 2018 and March 2019, our Community Engagement team engaged with Kentucky Head Start organizations in Paducah, Murray, Christian County, Calloway County, Danville, Jessamine County, and Mayfield.

FIRST STEPS

When a Humana associate identifies an Enrollee as a possible candidate for First Steps (through the Enrollee Needs Assessment, provider referral, complex care management, or another route), our CMs help the Enrollee's caregiver contact their local point of entry office for First Steps. We follow up with the caregiver of the referred Enrollees to ensure they have linked with the appropriate First Steps office. With permission of the Enrollee's representative, we share the Enrollee's care plan with First Steps to promote coordination of services and continuity of care once the Enrollee's eligibility for First Steps ends, including coordinating the transfer of medically necessary services to network providers.

SCHOOL-BASED SERVICES

With permission from the Enrollee's legally authorized representative, Humana shares the Enrollee's care plan (if in place) with their current school to assist in the coordination of school-based services. If we are aware of an existing Enrollee IEP, Humana coordinates with the school, Enrollee, and their caregiver to avoid duplication of services and to ensure our Enrollees know how to continue accessing services (such as Covered Services) through Humana during school breaks, after-school hours, or during summer months. We will work with our Kentucky Medicaid network providers to explore opportunities to increase school-based health services in support of the Commonwealth's State Plan Amendment to expand Medicaid coverage within these facilities.

DCBS

Today, we maintain strong relationships with DCBS leadership through monthly and quarterly meetings. We will work collaboratively with DCBS to provide services and programs to enhance the self-sufficiency of families, improve safety and permanency for children in the foster system, and engage families and community partners in a collaborative decision-making process by becoming a key partner. We ensure our Enrollees are aware of the services DCBS provides, including SNAP, benefind, and child/adult protective services. As a mandated reporter, we have established protocols to ensure direct communications with DCBS in the case of abuse, sexual assault, neglect, and all emergency situations.

KENTUCKY TRANSPORTATION CABINET, OFFICE OF TRANSPORTATION DELIVERY

Humana provides educational materials regarding the availability of transportation services and refers Enrollees for NEMT accordingly. We stay in contact with the Office to ensure our eligible Enrollees receive safe and reliable transportation to Medicaid Covered Services. Our SDOH coordinators, CMs, CHWs, and MSRs are

Children who are born with Down syndrome have physical, cognitive, communication, social-emotional, and adaptive functioning delays, as well as significant medical issues. To support these children and their families, the Humana Foundation has provided a \$25,000 grant to Down Syndrome of Louisville, Inc. to fund the organization's Early Childhood Education program, including the delivery of home-based developmental intervention services for children (from birth to three years of age) in the Greater Louisville Area and group educational activities at the organization's Louisville location.

available to help our Enrollees learn how to submit a request for NEMT through the Office's procedures. Additionally, we direct Enrollees with transportation barriers to public transport provided by the Kentucky Transportation Cabinet. This collaboration helps provide low-cost transportation services (based on county) to Medicaid Enrollees through the Cabinet's brokers.

ADDITIONAL SERVICE PROVIDERS

In addition to those organizations mentioned in the question, Humana has developed procedures to work with several other organizations that frequently serve our Enrollees.

CONNECTING ENROLLEES WITH COMMUNITY-BASED ORGANIZATIONS THROUGH UNITE US

To broaden our collaboration with CBOs and support these important providers of services to Enrollees, Humana has invested in the United Community Louisville pilot. This pilot includes broadening coverage of 211 across the Commonwealth and piloting the Unite Us CBO platform. Unite Us is a community-wide, community-driven, agency linkage technology platform system in which individuals are matched with appropriate community services based on their unique needs across the health, education, and social service sectors and are managed to closure. CBOs are connected via the platform, which facilitates referrals and sharing of information including "closing the loop" on referrals by sharing information when Enrollees access a community agency service. Unite Us (the Subcontractor selected by Metro United Way, Louisville Health Advisory Board, and other community partners for the United Community Louisville pilot) operates a proven cross-sector health and social care coordination platform in 40 communities across the United States and is currently hiring locally-based staff to support the program. Our investment includes licenses that will allow our CHWs and CMs to access the referral platform fed by the Metro United Way 211 community resource directory, make community-based referrals, and ensure the Enrollees can access community services.

KY-MOMS MATR

Our CMs will work with KY-Moms MATR to facilitate a referral if an identified pregnant Enrollee is determined to be at-risk for using alcohol, tobacco, or other drugs (e.g., opioids). Our CMs will continue to be involved with the Enrollee even after referral, including sharing care plans (with Enrollee permission) and attending care team meetings. Through this collaboration with KY-Moms MATR, we will also work with health departments, prenatal clinics, and Community Mental Health Centers.

DEPARTMENT FOR AGING AND INDEPENDENT LIVING (DAIL)

Humana identifies Enrollees under the oversight of Adult Guardianship using the guardianship indicator in the 834 enrollment file. We make every attempt to obtain the service plan completed by DAIL. If a care management need is identified via the service plan, we collaborate with DAIL to determine the appropriate level of care management. We will comply with the requirement in Section 35.0 Enrollees with Special Health Care Needs of the Draft Medicaid Contract to send monthly reports of adult guardianship clients to DMS 30 days after the end of each month. **In 2018, Humana served 180 Enrollees under the oversight of Adult Guardianship.**

At a minimum, Humana meets with DAIL staff monthly to identify, discuss, and resolve any healthcare issues and needs of the Enrollee as identified in the service plan or discovered through claims review. Meeting attendees include Humana associates, administrative staff of DAIL, and DMS representatives. Ongoing calls with Regional DAIL supervisors also aid in the coordination and care of Enrollees. Humana maintains our responsibility for care coordination with DAIL regardless of the Enrollee's participation in care management in order to ensure access to needed social, community, medical, and BH services.

KVC KENTUCKY

Serving more than 12,000 children and families each year, KVC Kentucky provides in-home BH and SUD treatment, family preservation and reunification, and foster care services. Ahead of the Commonwealth's adoption and implementation of the Family First Prevention Services Act, providers like KVC Kentucky will be essential to providing high-quality prevention services that reduce the number of children entering the foster care system in Kentucky. Humana will collaborate with KVC Kentucky to identify children at risk of out-of-home

placement, work to complete appropriate assessments, and arrange appropriate services and interventions to keep the child in their home, including offering parenting classes and other therapies to parents.

We will also work with KVC Kentucky to implement a value-based program that incentivizes the spectrum of providers offering preventive services to work together across the continuum of care.

KENTUCKY PRIMARY CARE ASSOCIATION (KPCA) AND THE YMCA

Humana is partnering with KPCA and the YMCA to pilot an evidence-based lifestyle change program for the prevention of Type 2 diabetes. Enrollees with a current diagnosis of pre-diabetes who meet other inclusion criteria can be enrolled in the YMCA's Diabetes Prevention Program, recognized by the CDC. Humana then tracks the Enrollee's body mass index (BMI) change, weight loss, change in HbA1c, and change in physical activity in minutes. The YMCA collects data on food intake, activity, and weight at each session they attend.

KENTUCKY COMMISSION ON THE DEAF OR HARD OF HEARING

Our CMs and other Enrollee-facing associates ensure that our Enrollees who are deaf or hearing impaired are linked with services offered by the Kentucky Commission on the Deaf or Hard of Hearing, including telecommunications equipment.

KENTUCKY CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Our associates are prepared to help uninsured members of our Enrollees' households link with supplemental resources, including Kentucky CHIP. In addition, we may refer Enrollees who have become Medicaid ineligible to apply for CHIP.

CABINET FOR HEALTH AND FAMILY SERVICES (CHFS) OMBUDSMAN

The Ombudsman can serve as an advocate for our Enrollees, reviewing and working to resolve customer issues with programs operated through CHFS departments. We include information about how to contact the Ombudsman in our Enrollee Handbook, and our Enrollee Services associates, care managers, and other Enrollee-facing associates may refer Enrollees to the Ombudsman upon request.

SHARE OUR STRENGTH AND FEEDING KENTUCKY

Food insecurity is a significant and pressing need among many of our Enrollees, with particularly high rates in Region 3. Humana has formed partnerships with two CBOs to address this issue among our Enrollee population. In partnership with Share Our Strength, we will teach families basic cooking skills and how to utilize SNAP and WIC benefits. We are also considering a partnership to distribute medically-tailored food boxes via FQHCs, in partnership with the Kentucky Health Center Network and Feeding Kentucky.

SOCIAL SECURITY ADMINISTRATION

Our CMs, SDOH coordinators, and other Enrollee-facing personnel may refer eligible Enrollees – as identified through our comprehensive Enrollee assessment or other interactions - to the Social Security Administration to apply for Title XVI benefits.