

C. Technical Approach

23. Behavioral Health Services (Section 33.0 Behavioral Health Services)

a. Provide a comprehensive description of the Contractor's proposed Behavioral Health Services

Humana's approach to integrated care is built on the understanding that behavioral health (BH) and social needs are as essential to the well-being of our Enrollee population as physical health. According to 2018 data, more than one-quarter of our Kentucky Medicaid Enrollees have a BH condition, including approximately 13% with a serious mental illness (SMI) diagnosis and 13% with a substance use disorder (SUD) diagnosis. An estimated 35% of our Enrollees with SMI are obese; 33% have hypertension. 24% of our Enrollees with an SUD diagnosis have hypertension, and 23% sought treatment for a musculoskeletal need. In addition, 12% of our pregnant Enrollees have SUD, and 14% have SMI.

We address the BH, physical health, and Social Determinants of Health (SDOH) needs of our Enrollees through a fully integrated model of care, leveraging internally built systems, coordinated staffing plans, and aligned processes – as well as innovative community and provider partnerships that leverage the expertise of Kentucky's BH infrastructure - to ensure our Enrollees receive high-quality, evidence-based BH services, regardless of diagnosis or circumstance.

Humana's approach to BH services in Kentucky includes:

- An operating model that integrates physical health, BH, and SDOH across our clinical teams, Provider Services staff, call centers, systems, and staffing. This model benefits our Enrollees and providers through reduced administrative burden, better integration of care, and a single point of contact for inquiries.
- A provider support model that strengthens the Kentucky Medicaid Managed Care (MMC) program BH delivery system through enhanced provider partnerships; value-based payment (VBP) models; and investments in personnel, telehealth, educational opportunities, and technical assistance. Our commitments in this area include:
 - Introduction of **Practice Innovation Advisors** to our Provider Services staff to provide tailored technical assistance to BH providers and Primary Care Providers (PCP) who wish to advance integrated service delivery in their practices
 - **Funding of 50 scholarships for Peer Support Specialist training**
 - Delivery of direct-to-consumer, PCP-facilitated, and provider-to-provider **telehealth solutions**
 - **VBP models** that reward BH providers for delivering high-quality care and PCPs for delivering integrated care
 - Innovative partnerships with local BH providers, including Centerstone, InTrust, KARP, KVC Kentucky, Spero Health, Springstone, SUN Behavioral Health, University of Kentucky (UK) Healthcare, WellSpring, and State-operated or contracted psychiatric hospitals
 - Provision of a comprehensive Provider Education e-learning library from our **Relias** partner focused on BH and physical health integration, with 343 available courses, including 65 courses targeted at children, youth, and adolescent populations and 20 courses about trauma-informed care
- A focus on special populations within our integrated care management program, including physical health and BH support for Enrollees who inject drugs, children at risk for out-of-home placement, and individuals experiencing homelessness

From 2017-2018, total emergency department (ED) visits for our Kentucky Medicaid Enrollees with a BH condition **decreased 3.7%**. Enrollees who visited the ED five or more times during 2017 **decreased by 38.4%** in 2018.

- A high-quality BH Crisis Line open 24 hours a day, seven days a week that links our Enrollees in crisis with appropriate diversionary and stabilization services
- A robust process for discharge planning, including onsite transition planning support from Humana Care Managers (CM) and Nurse Liaisons at high-volume facilities
- Our **Kentucky Homelessness Outreach Strategy** that incorporates community-based partnerships, BH provider collaborations, innovative solutions to eviction prevention and diversion, and a **medical respite model** that supports stabilization and engagement in treatment. Our medical respite pilot program includes specialized support for Enrollees who have been diagnosed with an infectious disease related to intravenous drug use and require infusion therapy outside of the inpatient setting, including provision of counseling, housing, and medical assistance while they complete their treatment.
- Innovative value-added services designed to support our Enrollees with BH needs, including:
 - **myStrength**, a digital platform offered to Humana Enrollees to access online learning, evidence-based support, and resources specific to their conditions (including SUD, depression, anxiety, chronic pain, and insomnia, among others) and text-based, one-on-one coaching.
 - **KidsHealth**, a library of video and written content on pediatric BH and physical health conditions. KidsHealth content is designed to be accessible and readable by children, adolescents, and adults, enabling our younger Enrollees to play a role in the management of their condition. In addition, our CMs use Humana's **Healthwise** system to deliver disease-specific education and self-management support to both adults and children.

Humana is eager to continue enhancing and evolving our strong partnership with the Department for Medicaid Services (DMS), including the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) and State-contracted and operated psychiatric facilities. Through our quarterly meetings with DBHDID and through the development of collaborative agreements with State facilities, we aim to support the delivery of evidence-based and innovative models of care to our Enrollee population. This includes (but is not limited to):

- Humana has removed prior authorizations (PA) for key services, including many medication-assisted treatment (MAT) medications and associated services. In addition, we participate in agency-hosted webinars, conduct provider education, and encourage providers to enroll in the Commonwealth's certification program. In the future, we will provide scholarships for the education and training of 50 Adult, Family, Youth, and Registered Alcohol and Drug Peer Support Specialists. In addition, Humana will support any efforts by the Commonwealth to certify residential SUD providers.
- Humana has more than 10,000 Enrollees receiving MAT. To enhance our support for our Enrollees with opioid use disorder (OUD), we look to partner with the **Kentucky Opioid Response Effort** led by DBHDID. For example, our ability to collaborate and analyze data on a massive scale will enable the Commonwealth to identify gaps in services and areas for improvement in the delivery of OUD services under the Kentucky Opioid Response Effort. Humana is already a participant in Kentucky's Recovery-Oriented Systems of Care meetings, and we look forward to more actively partnering with the Commonwealth to expand access to a full continuum of high-quality, evidence-based OUD prevention, treatment, and recovery support services.
- Acknowledging the barriers to accessing BH services that incarcerated Enrollees face upon release from prison and the higher risk of recidivism if they are not connected to appropriate care, Humana supports the Commonwealth's **re-entry pilot program** by providing integrated care management services to our Enrollees recently released from a correctional facility. Humana looks forward to continuing this collaboration as the Cabinet for Health and Family Services (CHFS) and Department of Justice (DOJ) expand it to new correctional facilities this year. Humana supports this program by ensuring our Enrollees are promptly connected to a dedicated CM, a PCP, and community mental health center (CMHC) upon their release from a correctional facility. Humana has designated a CM who is responsible for outreach to all recently incarcerated Enrollees identified under this pilot, ensuring that our Enrollees are served by someone knowledgeable of and familiar with the circumstances of their release and the systems available to support them.

- Humana will refer our young adult Enrollees to **DBHDID’s Transition Age Youth Launching Realized Dreams program** that was recently extended through March of 2024 for Kentucky youth ages 16 to 25. This innovative program (serving more than 1,900 youth throughout the Commonwealth since the program’s 2014 inception) empowers youth and young adults to take charge of their own BH needs, with 20 drop-in centers that deliver supports including expedited assistance in housing support and BH services.

a.i.

Current or planned delegation to delegate all or part of the provision of Behavioral Health Services to another entity

To achieve the benefits of integrated care, **Humana directly manages the majority of functions related to the provision of BH services, including care management, utilization management, quality management, network and provider services, and claims and encounter processing.**

This broad integration benefits both our Enrollees and providers in numerous ways, including:

- **Reduced administrative burden:** Our providers offering integrated BH and physical health care can submit claims through a single platform; contact the same call center; have a single assigned Provider Services associate for inquiries related to Humana Enrollees and billing; and view information about Enrollees’ BH and physical health care through our single provider portal, **Availity**, and our population health management platform, **Population Insights Compass (Compass)**.
- **Better clinical integration of care:** Co-occurring physical health and BH conditions are common among our Enrollee population. **Under our integrated model, our Enrollees with co-occurring needs have the same CM managing their physical health (including maternity care) and BH needs.** In addition to providing a better Enrollee experience through a single point of contact, this integration also enables us to fully manage our Enrollees’ care, including SDOH needs, and reflects what the evidence tells us: physical health and BH are intimately linked and must be treated together.
- **Integrated systems:** Whether they are managing a BH or physical health service, our UM associates, CMs, Member Services Representatives, Provider Services staff, claims processors, and others use the same platforms. This integration both improves the experience of our Enrollees and providers when they interact with Humana associates and delivers improved efficiencies and response times.



DELEGATED SERVICES

Humana partners with **VIA LINK, Inc.** to operate our BH Crisis Line for our Kentucky Medicaid Enrollees. VIA LINK is an experienced operator of BH Crisis Lines, with more than 40 years of crisis line experience, including 18 years of experience as a part of the National Suicide Prevention Lifeline. Accredited by the American Association of Suicidology (AAS) and the Alliance of Information and Referral Systems (AIRS), VIA LINK currently handles 7,000 calls per month.

In addition, we partner with FOCUS Health, Inc. (FOCUS) for peer reviews for BH utilization management. FOCUS is a URAC-accredited, Independent Review Organization that specializes in behavioral health and musculoskeletal health management.

OVERSIGHT OF SUBCONTRACTORS WITH RESPONSIBILITY FOR BH SERVICES

We employ a robust delegation oversight process to ensure that the services delivered by VIA LINK and FOCUS Health are of high quality and are compliant with all Contract requirements. Oversight of VIA LINK and FOCUS Health is performed by three entities:

1. **Relationship managers:** Our relationship managers are responsible for Subcontractor relationship maintenance and management of performance. They perform due diligence of Subcontractors and provide consistent oversight of operational performance according to the State Contract and agreements.

2. **Delegation compliance department:** Our delegation compliance department is responsible for pre-delegation, annual, and ad hoc audits of our Subcontractors that have been formally subcontracted certain functions. The audits are performed in accordance with State Contract requirements, National Committee for Quality Assurance (NCQA) standards, and agreement provisions. The audit results are captured in formal reports and presented to our relationship managers for further review and reporting to the Subcontractor Performance Oversight team where warranted.
3. **Subcontractor Oversight Committee:** The role of this committee is to maintain a comprehensive, collective view of performance across the approved Subcontractors, with a specific focus on oversight and monitoring activities, review of operational performance of Subcontractors for adherence to State Contract and agreement provisions, monitoring of progress of Subcontractors in addressing corrective action or remediation plans, and participation in Joint Operational Committee (JOC) meetings with Subcontractors.

We hold JOC meetings at least quarterly, with many occurring on a monthly basis. At the meetings with VIA LINK and FOCUS Health, we review the previous period's performance as compared to performance standards, the State contract, and other agreement provisions. JOC meetings are attended by Humana key relationship and market leads; Subcontractor performance leads; and business, operations, and compliance representatives of both parties. If VIA LINK or FOCUS Health were to fail to meet one or more critical performance target or we were to identify material deficiencies or areas for improvement, we would issue and monitor a corrective action plan (CAP) or remediation plan to the Subcontractor.

a.ii. Process for monitoring and evaluating compliance with access and care standards

ACCESS STANDARDS

Humana measures and evaluates timely Enrollee access to BH providers with a robust set of monitoring tools (detailed below) and comprehensive oversight mechanisms that allow for the quick identification of gaps and subsequent development of targeted resolutions. Our Kentucky Medicaid Provider Network Director Majid Ghavami oversees the management of our provider network, with support from Shena Ashmore for the management of our BH provider network. This team remains vigilant to ensure our Kentucky Medicaid provider network meets or exceeds DMS requirements for all required BH provider types. Currently, we have existing contracts with all CMHCs, Federally Qualified Health Centers (FQHC), acute care hospitals, and State-operated or contracted and free-standing psychiatric inpatient units in the Commonwealth, maximizing access to care for our Enrollees. We continuously assess our network and analyze capacity in each county across all available provider types to ensure we exceed compliance with network adequacy standards. Our process measures performance against Contractual requirements, allowing us to identify and resolve network gaps, address potential barriers to care, and ensure a continuum of care for BH services, per Section 33.5 (Enrollee Access to Behavioral Health Services) of the Draft Medicaid Contract.

Humana's current Kentucky Medicaid provider network includes the following for Enrollee access to care:

- 3,192 BH providers including Behavioral Health Service Organizations, community mental health clinics, and residential treatment facilities
- 3,525 adult PCPs
- 891 pediatric PCPs
- 736 OB/GYNs
- 1,020+ pharmacy locations

Time/Distance Standards Measurement Tools

Geographic Mapping: Humana uses Quest Analytics, a geocoding technology tool, to measure Enrollee-to-provider adequacy access at the county and zip code levels. Our Provider Network Management team runs and reviews reports quarterly or more frequently, as deemed necessary. We analyze access for DMS-required specialties by Enrollee age and gender as well as culturally-competent care, as indicated for the provider type. Quest Analytics' proprietary algorithm produces reports that compare an Enrollee's home address to a provider's office location to help Humana better understand the Enrollee travel experience and adapt our network accordingly. For example, we may contract with additional providers, partner with providers through our value-based payment programs to encourage practicing in underserved areas, or add hours to improve appointment availability. The reports summarize individual calculations to identify areas where Enrollees currently have access, as well as areas where we need additional network development. Quest Analytics also generates maps that highlight Enrollee access and network deficiencies for review by our Provider Network and leadership teams.

Enrollee-to-Provider Ratios: Humana assesses Enrollee-to-provider ratios at least quarterly. We take into account standards defined by DMS, our internal experience, and national standards recommended by professional associations.

Next, we examine ratios for each specialty by county using current membership data. When our provider network team reviews the monthly ratio report and identifies a tracked provider type has reached at least 85% of their established capacity, we proactively begin recruiting additional providers of that particular provider type in the identified geographic area. This ongoing tracking of the availability of network providers over time helps ensure Enrollees have access to care, even as our membership grows.

Out-of-Network (OON) Referrals: On a quarterly basis, we examine OON referrals to identify potential opportunities to expand specialty provider capacity. Our Provider Network Management and Provider Services staff – led by Majid Ghavami and Michelle Weikel, RN, respectively – conduct outreach to the provider to offer a contract for network participation, leveraging our relationships and deep experience across the Commonwealth.

Appointment Availability Measurement Tool

Secret Shopper Calls: We conduct systematic network improvement efforts related to appointment availability. Throughout the Contract period, Humana will implement secret shopper telephone surveys to all network physicians who served 10 or more Enrollees during the prior six months. We do the same for BH provider types listed in Section 33.4 Behavioral Health Provider Network of the Draft Medicaid Contract. Any provider with an identified access concern will first receive education on the appointment availability requirements from their dedicated Provider Services Representative. Subsequently, we will follow up with the provider to ensure the issue with appointment availability has been resolved.



Inquiries Related to Provider Access or Availability: Our Provider Resolution team uses **Humana's Customer Relationship Management tool** and mhk inventory management system to identify, track, and trend Enrollee inquiries related to network access issues and non-compliant providers. Our state-of-the-art analytics platform, Clarabridge, conducts real-time analysis of provider complaints to identify red flag issues. The Provider Resolution team notifies the Network Management team of urgent issues immediately and non-urgent issues on a weekly and monthly basis. The Provider Resolution team also reports monthly to our market-based operational and quality governance forums to assist with root cause analysis and process improvement opportunities.

Cultural Competency Measurement Tools

Cultural and Linguistic Needs: Humana strives to implement a culturally sensitive and diverse provider network. We conduct an annual comprehensive analysis (our access and adequacy assessment) of the cultural and linguistic needs of our Enrollees and their geographic concentration to ensure appropriate access to culturally competent care. To identify and address health disparities, we will stratify our Healthcare Effectiveness Data and

Information Set (HEDIS) results by age, race, ethnicity, gender, language spoken, and zip code. We will share these insights with our network providers to inform their approach to service delivery for their patient panel. Additionally, we monitor Enrollee inquiries on an ongoing basis to ensure we can respond in a timely manner to any provider issue related to cultural and linguistic needs. All of our provider contracts contain language requiring providers to treat Enrollees without prejudice. Our **Kentucky Medicaid Culture & Community Engagement Director**, Bryan Kennedy, will monitor our adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care to advance health equity and population outcomes in the diverse communities we serve throughout the Commonwealth.

Additional Comprehensive Network Access Measurement Tools

Enrollee Surveys: Humana annually conducts and reviews the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to identify trends in barriers to care. We measure access to care results year-over-year in comparison to our established benchmark goals and report the analysis of the results to our Quality Improvement Committee to ensure we meet our benchmark goals. We conduct CAHPS pulse surveys, in addition to the annual surveys, to gain insights into the Enrollee experience. These surveys are conducted mid-cycle between annual CAHPS surveys.

Provider Satisfaction Surveys: We conduct provider satisfaction surveys annually and review the results to identify any issues related to network adequacy, as well as to identify how providers are interacting with other network providers, including transfers to lower levels of care.

Member Services Representatives (MSR): We train MSRs in our Kentucky-based Member Services Call Center to assist Enrollees with accessing care, including BH care. For example, these MSRs arrange transportation, locate a provider, and assist Enrollees with scheduling an appointment. MSRs record Enrollees' inability to find providers to meet their needs in our CRM system. This team submits weekly reports related to network adequacy to the Network Management team for identification and remediation of any network gaps.

Provider 360 Committee Feedback: Our Provider 360 Committee is a cross-functional team chaired by Mary Sanders, Humana's Provider Services leader. The committee meets monthly to review provider trends related to claims, use of Availity (Humana's secure provider portal), quality metrics, grievances, and other provider inquiries. The committee includes representatives from our teams handling claims, grievances and appeals, credentialing, provider services, and UM.

Associate, Enrollee, Provider, and Advisory Input: On an ongoing basis, Humana also examines anecdotal information from various internal and external sources such as our Enrollee Services department, Quality and Member Access Committee (QMAC), and Provider Advisory Committee (PAC) as they pertain to network adequacy. **Our UM and CM associates also track Enrollee issues with scheduling follow-up appointments after discharge from a BH facility and report this information to our Provider Network Management team.** We review this information to identify and pursue contracts with providers we need to serve Enrollees, even after the regulatory adequacy requirements are met. This includes information contributed by individuals and committees, such as the PAC, as well as recommendations from providers to Humana to contract with specific providers and provider types.

OVERSIGHT OF NETWORK ACCESSIBILITY MEASUREMENT TOOLS

We have established a multi-tiered review process to monitor the reports from our network adequacy tools. This review process applies to all provider types as well as to our subcontracted entities. We conduct the process on an ongoing basis to ensure we proactively deploy network recruitment efforts and quickly respond to network gaps as they arise. Comprehensive provider network monitoring helps us ensure our Enrollees have access to the providers and services they need. Below we describe the oversight and monitoring of the data generated from the sources listed above.

- Provider Network Management team: Our Kentucky Provider Network Management team meets weekly to review reports from our network adequacy and availability tools to determine opportunities to improve the

network. The Provider Network Management team is responsible for deploying recruitment and retention efforts and has direct interaction with providers.

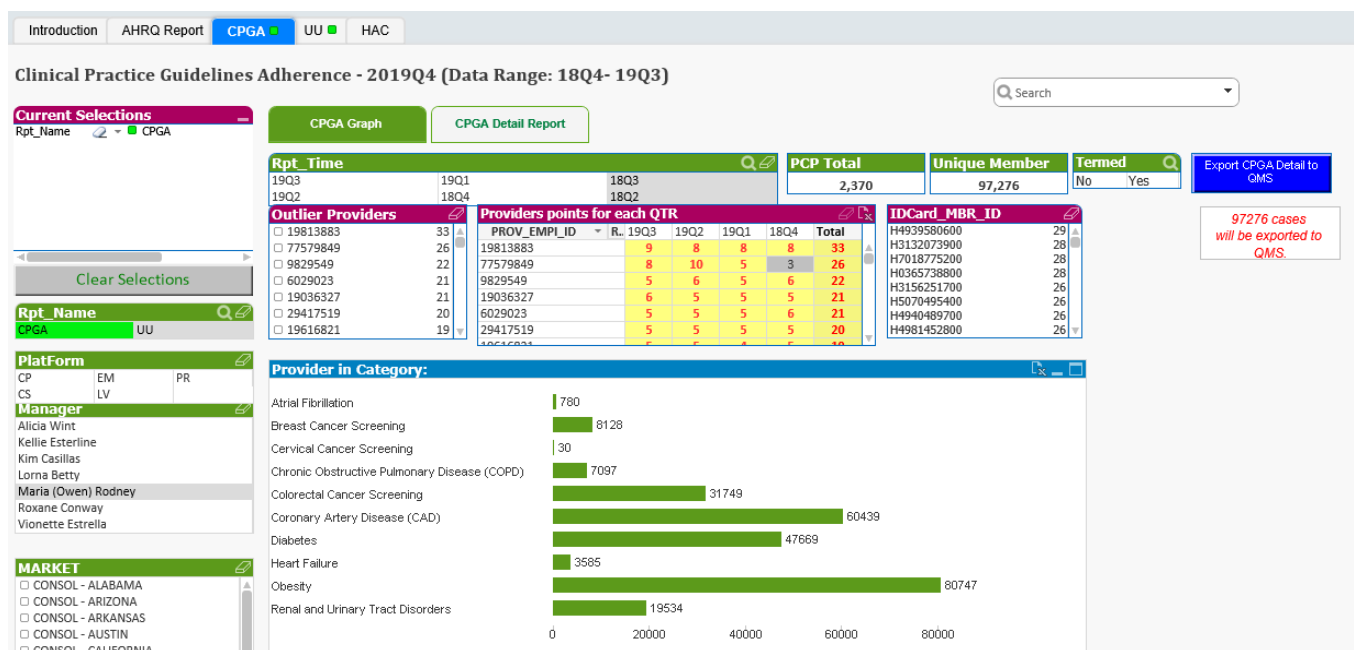
- **Quality Improvement Committee (QIC):** The QIC is responsible for objectively and systematically monitoring and evaluating the quality and appropriateness of care and services and for promoting improved patient outcomes. **Humana’s Kentucky Medicaid Medical Director, Lisa Galloway, MD, and Kentucky Medicaid BH Director, Liz Stearman, CSW, MSSW, will co-chair the QIC.** Committee members include our network medical and BH providers as well as medical and BH associates representing various Humana departments.
- **Network Adequacy and Governance team:** At least monthly, our local Network Adequacy and Governance team monitors compliance with network standards for all provider types.

CARE STANDARDS

Humana developed our Clinical Practice Guideline Adherence report to evaluate provider adherence to Humana clinical practice guidelines (CPG). The report compares providers who have a minimum of 30 opportunities to see patients for certain conditions to their peers within a particular specialty. Using claims data and our internally developed **clinical rules engine, Anvita**, patient visits (opportunities) that meet criteria for each condition are calculated to identify providers who fall below their peer average. Those providers that are non-compliant and fall in the bottom 1% in two consecutive quarters will appear on this report for quarterly review. **Figure I.C.23-1** provides a screenshot from our Clinical Practice Guideline Adherence report.

If a provider is identified as an outlier, our **Kentucky Medicaid Medical Director** reviews the provider for consideration of corrective action. If it is a BH provider, the Kentucky Medicaid Medical Director consults with our **Kentucky Medicaid BH Director** as needed. This may include provider education, a review of Enrollee medical records, or (if the negative trend continues post-education) presentation to the Peer Review Committee. We include any follow-up actions with the providers in question in the quarterly reports to the Kentucky Quality Improvement Committee. Humana updates providers on changes or additions to CPGs via articles published in YourPractice, our quarterly provider publication; our secure provider portal (Availity); and the Humana.com website.

Figure I.C.23-1: Screenshot from Humana Clinical Practice Guideline Adherence Report



a.iii. Proposed innovations to develop and maintain network adequacy and access

Humana is committed to offering a BH network that delivers innovative and evidence-based services to our Enrollee population and that is capable of serving an Enrollee with any level of BH needs, from those with a mild condition their PCP can manage to those with SMI and SUD. We have established partnerships with BH providers across the Commonwealth to promote innovative models that deliver evidence-based care to our Enrollees, and we will continue to look for opportunities to partner with our network BH providers, PCPs, OB/GYNs, and other provider types to expand access. In addition, we will look for opportunities to build upon DMS's efforts to expand services, whether that be school-based services through the State Plan Amendment or other future efforts.

Below, we provide further details on our proposed innovations to develop and maintain BH network adequacy and access. These innovations include telehealth, expanding access to BH at the primary care level, and financial and administrative models that promote provider retention. In addition, we detail partnerships with BH providers that include establishing new delivery sites, expanding the availability of peer support services, and bringing BH services into PCP and OB/GYN offices.

TELEHEALTH

Direct-to-Consumer Telebehavioral Health

Humana has partnered with **MDLIVE** to increase access to direct-to-consumer telebehavioral health services. Our Enrollees can use the MDLIVE platform to receive a psychiatric diagnostic evaluation, individual and family psychotherapy sessions (30 to 60 minutes), and ongoing BH evaluation and management sessions (15 to 40 minutes) via phone or video. A psychiatrist or Masters- or PhD-level therapist will provide these services. In addition to educating Enrollees about MDLIVE through our traditional Enrollee education channels (including our website, Enrollee Handbook, and Enrollee newsletters), we will disseminate information on MDLIVE's telebehavioral health offerings to our Kentucky Medicaid network PCPs to encourage referrals after a positive screening for depression or other BH need. In addition, our CMs will routinely educate Enrollees on MDLIVE's virtual urgent care and telebehavioral health capabilities and offer to directly enroll them in MDLIVE to enable access to services when needed. We have found that Enrollees are more likely to join MDLIVE if their CM offers to enroll them directly.

87.3% of Humana's adult Enrollees reported satisfaction with access to BH services in 2018, up from 82.7% in 2016.

PCP-Facilitated Telebehavioral Health

Humana is committed to furthering the integration of care by improving the availability of BH services within PCP offices. In addition to the mechanisms described in our response to Section I.C.23.c of the Request for Proposal (RFP), Humana is working with **Arcadian Telepsychiatry** to deliver BH services within PCP offices. Under this system, PCPs can directly arrange BH services for their patients who screen positive for a BH need using the Patient Health Questionnaire (PHQ)-9, Generalized Anxiety Disorder (GAD)-7, CAGE-AID, or other evidence-based screening tools (or who otherwise have a need for BH services), allowing those Enrollees to receive BH services (including the prescribing of controlled medications) right in their PCP's office. This arrangement will particularly benefit those residing in rural or underserved areas who may otherwise face lengthy trips to receive BH services or who have no access at all.

Humana has contracted with **SUN Behavioral Health**, located in Northern Kentucky, for telebehavioral health services, including family therapy, follow-up visits after hospitalization, and outpatient therapy. We are also in active conversations to establish a value-based contract with SUN Behavioral Health for follow-up after hospitalization rates.

INCREASING AVAILABILITY OF BH SERVICES AT THE PRIMARY CARE LEVEL

Value-Based Payment (VBP) Models

We will reward our Kentucky Medicaid PCPs for the screening and management of mild to moderate BH conditions, with the goal of improving integrated care delivery and expanding access to BH care. To promote appropriate screenings, appropriate referrals, and delivery of ongoing care, we will reward PCPs in all VBP arrangements for their performance on the **Depression Screening and Follow-Up for Adolescents and Adults** measure. For PCPs in our Model Practice and Medical Home arrangements (further described in our response to Section I.C.9 Quality Management and Health Outcomes of the RFP), we will provide rewards tied to their performance on two key attention deficit hyperactivity disorder (ADHD) metrics: **Follow-Up Care for Children Prescribed ADHD Medication—Initiation** and **Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance**. With these incentives, we aim to improve PCP adherence to best practice standards for the treatment of ADHD. In addition, we will offer PCPs in these arrangements an incentive tied to **Antidepressant Medication Management** to promote appropriate monitoring of medication adherence, side effects, and treatment effectiveness.

Provider Education

Humana offers our Kentucky Medicaid network providers access to Relias’s **Provider Education eLearning Library**. This library currently offers 343 modules targeted at both physical and BH providers managing the care of Medicaid Enrollees, and are designed to build the capacity of our network PCPs to understand, screen for, and treat the BH needs most common in our Medicaid Enrollees. Most modules are accredited by at least one professional organization and are eligible for use for continuing education credits. Sample Relias courses available to Humana network providers are listed in **Table I.C.23-1**.

Table I.C.23-1: Humana-Relias Provider Education eLearning Library Courses

Area	Sample Course Offerings
Integration	Integrating Primary Care with Behavioral Healthcare, Integrated Care Treatment Planning, Assessing Integration Readiness, A First Look at Integrated Care: Policy, A First Look at Integrated Care: Practice, Exploring Best Practice in Integrated Care, A First Look into Integrated Care for Primary Care Staff, Nutrition and Exercise for Clients in Behavioral Health
Screening and Treatment for BH conditions	Behavioral Health Screening Tools; Promoting Treatment Engagement with Behavioral Health Disorders; Bipolar and Related Disorders; Feeding and Eating Disorders: Diagnosis and Treatment; Diagnosis and Treatment of Personality Disorders; Post-Traumatic Stress Disorder; Interventions for Suicide Risk and Postvention for Suicide Loss Survivors; Community-Based Suicide Prevention; Suicide Risk Factors, Screening, and Assessment; Understanding Borderline Personality Disorder; Anxiety – GAD; Attachment Disorders: Attachment and Trauma; Diagnosis and Treatment of Depressive Disorders; Diagnosis and Treatment of Anxiety Disorders; Obsessive-Compulsive and Related Disorders: Diagnosis and Treatment; Supporting Recovery for Individuals with Schizophrenia
Telehealth	Telehealth in Clinical Practice; Ethical and Legal Guidelines for Telehealth; Best Practices for Delivering Telehealth; Implementation Guidelines for Telehealth Practitioners; Clinical Assessment via Telehealth Applications

Table I.C.23-1: Humana-Relias Provider Education eLearning Library Courses

Area	Sample Course Offerings
Substance Use Disorder	Overview of Substance Use Disorders; SBIRT: Intervention and Treatment Services for Individuals with Substance Use Issues; Biopsychosocial Model of Addiction; Confidentiality of Substance Use Treatment; Evidence-Based Practices in Treatment of Substance Use Disorders; Medication-Assisted Treatment for Opioid Addiction; Cultural Strategies for Relapse Prevention; Treatment Strategies for Relapse Prevention; The Twelve Steps; History and Evolution of Pain Management and Opioid Use in America; The Treatment of Chronic Pain; Clinical Practice Guidelines for Prescribing Opioids; Kratom: Herbal Supplements and Opioids; Treating the Opiate Epidemic; Substance Use in Women Across the Lifespan; Substance Use Disorder in the LGBTQ Community; Assessing Opioid Abuse in Families; Opioid Abuse in Adults; Core Competencies for Opioid Use Disorder; Harm Reduction; Family Therapy in Substance Use Treatment; Assessment and Treatment of Stimulant Use Disorders; Working with Court-Ordered Individuals in Substance Use Treatment; Substance Use and Risk of HIV, Hepatitis, and Other Infectious Diseases; Best Practices in Alcohol Use Disorder Assessment and Treatment; Marijuana and Cannabinoids, Pain and the Brain; Connecting Substance Use and Interpersonal Violence
Children and Adolescents	Adolescent Substance Use Disorder Clinical Pathways; Prevention of Substance Use for Transitional-Aged Youth; Treatment of Opioid Dependence Among Adolescents and Young Adults; From Prescription Opioid Abuse to Heroin Use in Youth and Young Adults; ADHD: Etiology, Diagnostics, and Treatments; Behavior Management in Early Childhood; Fundamentals of Fetal Alcohol Spectrum Disorders; Helping Children and Adolescents Cope with Violence and Disasters; Assessment and Treatment of Anxiety in Children and Adolescents; The Impact of Parental Substance Use Disorders; Traumatic Stress Disorders in Children and Adolescents; Non-Suicidal Self-Injury in Children, Adolescents, and Young Adults
Older Adults	A Day in the Life of Henry: A Dementia Experience; Screening, Brief Intervention, and Referral to Treatment of Older Adults with Opioid SUD; Alzheimer’s Disease; Developmental Milestones and Mental Health Issues in Older Adults; Treating Substance Use Disorders in Older Adults; Depression in Older Adults; Challenging Behaviors of Older Adults with Dementia; Depression in Older Adults
Individuals with Intellectual and Developmental Disabilities (I/DD)	Abuse and Neglect of Individuals with I/DD; Intellectual Disability Overview; Medication Management for Individuals with Developmental Disabilities Part 1; Supporting Quality of Life for a Person with Developmental Disabilities; Intellectual Disability Part 1: Understanding the Construct and Its Assessment; Intellectual Disability Part 2: Assessing Intellectual Functioning and Adaptive Behavior; Intellectual Disability Part 3: Diagnosing Intellectual Disability and Planning for Supports; Strategies for Socialization and Integration for People with Autism Spectrum Disorder; Ways to Support People with Autism Spectrum Disorder
Co-Occurring Disorders	Integrated Treatment for Co-Occurring Disorders, Serious Mental Illness and Respiratory Disease, Cardiovascular Disease and Behavioral Health Disorders, Addressing Mental Health Concerns in Patients with Cardiovascular Disease, Addressing Mental Health Concerns in Patients with Diabetes, Managing Medicaid Members with Chronic Behavioral and Physical Health Conditions

Table I.C.23-1: Humana-Relias Provider Education eLearning Library Courses

Area	Sample Course Offerings
Trauma-Informed Care	Does Your Organization Measure Up: Are You Really Trauma-Informed?; Trauma and Substance Use; Attachment Disorders: Attachment and Trauma; Trauma-Informed Clinical Best Practices: Implications for the Clinical and Peer Work Force; Compassion Fatigue and Satisfaction; Helping Children and Adolescents Cope with Violence and Disasters; Internalizing Disorders: A Focus on Anxiety and Related Disorders in Children and Adolescents; Introduction to Trauma-Informed Care; Mitigating the Impact of Disasters: From Trauma to Resilience; Overview of Trauma Disorders in Adults for Paraprofessionals; Trauma and Stressor Related Disorders in Children and Adolescents; Traumatic Stress Disorders in Children and Adolescents; Post-Traumatic Stress Disorder; What Does Becoming Trauma-Informed Mean for Non-Clinical Staff; Calming Children in Crisis; Trauma Informed Treatment for Children with Challenging Behaviors; Implementation of Trauma-Informed Care Systems; Compassion Fatigue, Secondary Trauma and the Importance of Self Care; Trauma-Informed Supervision; Disaster Trauma: Promoting Resilient Individuals, Organizations, and Communities
Courses for Paraprofessionals	Understanding ADHD; Medication Management for Children’s Services; Overview of Autism Spectrum Disorder; Overview of Psychiatric Medications; Overview of Serious Mental Illness; Overview of Trauma Disorders in Adults
Psychopharmacology	Overview of Psychopharmacology; Benzodiazepines: Uses, Misuses, and Treatment
Caring for Veterans	Veterans Suicide Prevention and Intervention; Identification, Prevention, and Treatment of Suicidal Behavior for Service Members and Veterans; Common Mental Health Conditions in Veterans; Addressing Substance Use in Military and Veteran Populations

Supporting PCPs to employ a BH provider

Humana will offer a one-time practice transformation incentive (PTI) to qualified PCPs and BH providers to support provider-initiated actions that improve access to services. In other states, network providers have chosen to use this incentive to support the hiring of a BH provider in primary care settings and establish telehealth equipment.

Psychiatric consultation service

Humana will offer a psychiatric consultation service for PCPs and OB/GYNs offering care to our Kentucky Medicaid Enrollees. Through this service, providers can receive a consultation from a psychiatrist, equipping them to deliver BH services in line with their professional capacity, including systematic and evidence-based screenings, and treatment for mild or moderate BH conditions (including medication management, as appropriate), without further referral.

Technical support for coordination, collaboration, and integration

To provide technical support for PCPs and BH providers interested in further integrating BH and physical health services, Humana will employ dedicated Practice Innovation Advisors. Our Practice Innovation Advisors will collaborate with providers to:

- Review and adapt operating procedures to promote BH, physical health, and SDOH integration
- Determine how the PTI described above can best be used to advance integration
- Facilitate trainings for practice staff on BH and physical health integration
- Support providers to negotiate data-sharing or care team agreements with other providers, including identification of BH providers interested in a partnership
- Offer statewide workshops in NCQA Patient-Centered Medical Home (PCMH) accreditation, including at least one held in the first year of the Draft Medicaid Contract

Humana Provider Support team members, including our claims educators, will also facilitate technical support for integration. For example, we commonly hear concerns from our providers about same-day billing for prevention and treatment services. Our claims educators can help our providers learn how to correctly bill for same-day services and remove this barrier from further integration.

MAINTAINING NETWORK ADEQUACY AND ACCESS THROUGH PROVIDER RETENTION

Payment Support and Value-Based Arrangements

Our experience developing our continuum of value-based programs has demonstrated that the healthcare system delivers better outcomes when providers receive thoughtful incentives, consultative guidance, and care gap alerts integrated with and measured by relevant comparative metrics and benchmarks. **In Florida, Humana’s Medicaid full-risk providers average 21.1% fewer ED visits per 1,000 Enrollees and 17.4% fewer inpatient admissions per 1,000 Enrollees**, as compared to their non-risk peer group in 2018. To encourage the provision of high-quality, evidence-based care among our Kentucky Medicaid providers, we will offer a robust set of VBP programs, further described in our response to Section I.C.9 of the RFP. Below we highlight three programs specifically designed to promote retention and network access for BH: our BH Medical Home Incentive program, Rapid Access Program, and bundled payments for MAT.



BH Medical Home Incentive

Humana is implementing an innovative new model that supports BH practices in becoming medical homes, which promotes the integration of physical and BH. Increasing ease of access to physical health services for Enrollees with BH diagnoses leads to overall improved health and well-being. Through our network management initiatives, Humana will engage with selected BH practices to determine their interest and evaluate their capabilities to incorporate the offering of primary care services in their offices or clinics (e.g., hire a primary care nurse practitioner). To identify potential BH practices for this program, Humana will review our network access and adequacy reports to first determine if there are BH providers in primary care shortage areas that may be eligible for the program. Following agreement between Humana and the BH practice, Humana will remit the BH Medical Home Incentive for the addition of primary care services.

Rapid Access Program

Enrollees hospitalized for a BH-related illness are most vulnerable immediately following discharge from an inpatient stay or release from an ED visit. Timely follow up with a BH provider is critical to ensure Enrollees are engaged in the more appropriate care setting, have an appropriate treatment plan in place, and receive any necessary prescriptions in order to reduce the risk of re-hospitalization. Humana has adopted HEDIS measures to increase assessments for Enrollees seen by a BH provider with a license to prescribe within seven days of discharge or release from the ED or an inpatient stay. To incentivize improvements in timely access to follow up care, [REDACTED]

[REDACTED] We will assess BH providers’ abilities to deliver timely follow up care for the Rapid Access Program using the following three HEDIS measures:

- Follow-Up after ED Visit for Mental Illness
- Follow-Up after ED Visit for Alcohol and Other Drug Abuse or Dependence
- Follow-Up after Hospitalization for Mental Illness

Bundled Payments for Medication-Assisted Treatment

Humana will implement a bundled payment program for MAT. MAT bundled payments cover the holistic care provided in opioid treatment programs, including medication management, group therapy, individual therapy, peer support, and care management. This allows Enrollees to receive multiple services in a day without concerns about same-day billing or administrative code edit denials. We have engaged in conversations with Behavioral Health Group, Spero Health, and Pinnacle about implementing this bundled payment.



Administrative Simplification

Reducing administrative burdens on providers is essential to recruiting and retaining high-quality providers. We have taken several steps to minimize providers' administrative requirements and give them additional support when needed. For example, we have invested significant resources in our provider portal to give providers the mechanisms they need to support their practices, including up-to-date financial information, Enrollee data, and access to tools such as our Claims Code Editor so providers may test and amend claims prior to submission. We have also implemented additional strategies to reduce the number of post-payment recoveries, reducing providers' frustration with recoupments, and instituted a "live line" for providers to access Humana associates with specialized expertise in addressing claims issues.

PARTNERSHIPS AND INVESTMENTS TO EXPAND ACCESS TO SERVICES

Project ECHO™: Technology is critical to enabling the equitable diffusion of clinical knowledge and evidence-based practices, particularly amongst medical professionals serving patients in rural and underserved locations. Humana is eager to support providers to communicate with and learn from one another through provider-to-provider consultations and educational forums. Humana is exploring opportunities to partner with leading academic institutions to launch Project ECHO™ programs focused on critical areas of educational need, including BH. Project ECHO™, originally developed in Albuquerque, New Mexico, is a model that uses interactive video technology and de-identified clinical cases to allow providers to learn from, consult with, and mentor each other on a particular clinical area. The goal is to better equip providers, particularly those in rural areas, to appropriately and effectively care for complex patients in settings close to their homes and communities. We will encourage our network providers to join a Project ECHO™ program that suits their needs and interests.

The Humana Foundation has provided a \$50,000 grant to the Louisville-based La Casita Center, Inc. to support the delivery of innovative and culturally relevant mental health support for newly arrived Latin youth and families experiencing domestic and interpersonal violence. These funds will be used to support individual and family-based crisis intervention, counseling and trauma-informed case management, support groups, and community outreach.

Expanding access to step-down services: To preserve a continuum of care for our Enrollees with BH needs, Humana is partnering with **Springstone** to expand access to intensive outpatient and partial hospitalization programs in Kentucky. Springstone is a national provider of high-quality BH solutions with a reputation for bringing new services to populations in need of mental health and SUD support. Under this arrangement, Springstone will establish new locations in Kentucky, expanding access for Medicaid Enrollees and the Commonwealth as a whole.

Training Peer Support specialists: Humana will provide **scholarships for the training of up to 50 Adult, Family, Youth, or Registered Alcohol and Drug Peer Support Specialists**. In addition to improving the availability of Peer Support Specialist services in Kentucky, we anticipate that this investment will also lead to long-term employment and self-sufficiency among participants.

Supporting children and families at risk of out-of-home placement: Humana will partner with KVC Kentucky and Centerstone to deliver services to children and families at risk of out-of-home placement.

Providing an array of BH and child welfare services, **KVC Kentucky** targets the significant problems that families face in our society. Serving more than 12,000 children and families each year, they provide 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

We will 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.

quality prevention services that reduce the number of children entering the foster care system in Kentucky. Committed to strengthening and supporting the well-being and vitality of Kentucky’s children, families, and communities, this partnership will deliver high-quality, impactful services designed to empower our Enrollees by building on their unique strengths. 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.

As a leading provider of BH services in the Kentucky region, with 26 locations in the greater Louisville area, **Centerstone** serves more than 34,000 Kentuckians through addiction recovery, mental health, and counseling services, among other offerings. Humana and Centerstone will work together to identify and serve our pediatric Enrollees who are at-risk for foster care placement, providing services and interventions to remain in the home and therefore, strengthen and preserve their family unit. We also look forward to receiving information on available residential beds and crisis supports in Centerstone facilities, contributing to Humana’s design of an active crisis bed registry in the Commonwealth.

“

We are looking forward to working with Humana to implement a value based program that incentivizes all parties, across the spectrum of providers offering preventive services, evidenced based therapeutic interventions, intensive outpatient, inpatient residential, inpatient hospitalization, and emergency department services to work together across the continuum of care.

”

– Abbreial Drane, President & Chief Executive Officer, Centerstone

We will also explore the opportunity to **provide a bundled payment to CMHCs to support the provision of High Fidelity Wraparound services**. In our communication with BH providers, we have learned that funding presents a hurdle to the provision of this important, evidence-based service to Medicaid Enrollees. We intend for this bundled payment to lessen this burden and promote delivery of High Fidelity Wraparound supports to our child and adolescent Enrollees with BH needs. These wraparound services will be critical to the Commonwealth’s adoption of the Family First Prevention Services Act, which will support families and promote permanency.

Supporting families affected by SUD: Humana will sponsor a school prevention program in pilot schools in Kentucky areas with high SUD diagnoses or overdoses. We are currently exploring a Drug Free Clubs of America model, which includes club membership ranging from approximately 10 to 100 students. We will also consider partnering with a local provider to offer free counseling to these students and their families.

“

The multiple strategies Humana is developing to address some of today’s most complex health and social problems, as well as their understanding of the issues at the local level, is impressive.

”

– Mark D. Birdwhistell, Vice President for Health System Administration & Chief of Staff, UK HealthCare

Expanding access to trauma-informed care: Humana has entered into a partnership with the **Bounce Coalition** to implement a trauma-informed model using a "Whole School, Whole Community, Whole Child Coordinated School Health" approach. 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 to develop resiliency and coping mechanisms for dealing with trauma. Through this collaboration, the Bounce Coalition will also train our Member Services Call Center associates, CMs, and CHWs on ACEs and trauma-informed care.

Humana will also collaborate with UK HealthCare and the appropriate UK programs to support an initiative evaluating how well-versed provider groups are in secondary traumatic stress. This partnership will provide targeted educational seminars on topics identified as learning gaps, identify trauma-informed providers in our provider directory for Enrollee referrals, host conferences to inform key stakeholders of current issues and the latest research, and fund experts from UK to facilitate training on trauma-informed care and other relevant evidence-based approaches.

a.iv.

Process for follow-up after hospitalization for Behavioral Health Services within the required Timeframes

PRE-TRANSITION PLANNING

Humana begins supporting our Enrollees to receive outpatient BH care while they are still in the inpatient setting. Upon notification of an inpatient admission for BH services, a Humana UM Coordinator contacts the facility to begin discharge planning, including coordination of an outpatient appointment to occur within seven days of discharge. In addition, our UM Coordinator notifies the Enrollee's BH provider of the admission, and engages a Humana CM to arrange an assessment or re-assessment, accompanied by updates to the Enrollee's care plan.

Our discharge planning process includes an assessment of those factors that may lead to readmission, including a history of non-adherence with treatment, homelessness or unstable housing, or a limited support system. Through our fully integrated Comprehensive Care Support (CCS) team, our UM Coordinators will work with our CMs, SDOH coordinators, and other clinical associates to arrange physical health and BH services (including those provided by community resources) to ease the Enrollee's transition into the community and reduce the likelihood of readmission. For example, **we will work with community-based BH providers to supply bridge visits to Enrollees while they are still inpatient.** These transitional visits can help Enrollees establish a strong relationship with their providers, setting a foundation for successful engagement in post-discharge care.

POST-DISCHARGE FOLLOW UP

Following discharge, the Enrollee's assigned CM (or a member of the Humana care management team, if unassigned) places at least one follow-up call to the Enrollee to remind them of their upcoming outpatient appointment and ensure there are no barriers to attending. If the Enrollee is not currently assigned to a CM, our associate assesses the Enrollee to determine eligibility for one of our care management programs (Management of Chronic Conditions, Intensive Care Management, or Complex Care Management) with a dedicated CM.

Our care management associates are prepared to manage barriers to appointment attendance that do arise, such as scheduling transportation through the Commonwealth's Non-Emergency Medical Transportation (NEMT) vendors, arranging for a Humana Community Health Worker (CHW) to accompany an Enrollee feeling apprehensive about the appointment, or helping a parenting Enrollee identify child care resources so they have time in their day to receive care.



ASSOCIATE SPOTLIGHT:
Bridgett King-Daily, MSW, CSW
BH Care Manager

A veteran of the U.S. Army, Bridgett has extensive experience supporting individuals with SUD. She devised, implemented, and monitored an SUD recovery program for the Louisville Metro Jail. In addition, Bridgett has experience serving pregnant and postpartum women affected by SUD, including working in a long-term addiction and recovery home and implementing a neonatal abstinence syndrome program for a recovery organization. She is very passionate about supporting individuals and families affected by SUD. She stays abreast of research, treatment, and approaches related to SUD by continually updating her knowledge through journals, workshops, seminars, and volunteer work.

In addition to the work of our care management associates, we incentivize both network PCPs and BH providers to ensure attendance at follow-up after hospitalization for BH services. By offering a financial incentive if a Humana Enrollee receives services within seven days of a BH-related inpatient or ED discharge, our **Rapid Access Program** incentivizes our BH providers to take steps to ensure prompt access to follow-up care and encourage appointment attendance. In addition, PCPs participating in our full-risk arrangement are incentivized to reduce admissions and readmissions to lower costs, encouraging them to contact Enrollees upon discharge to ensure they have no barriers to attendance at the follow-up appointment scheduled with their BH provider. PCPs are informed of inpatient admission through our provider portal, Availity.

To support Louisville citizens receiving SUD treatment, the Humana Foundation has provided a \$50,000 grant to Volunteers of America Mid-States, Inc., to purchase a minivan and fund Uber/Lyft and public transportation credits and passes. These transportation services will help residents in need reach their SUD treatment site, as well as medical and legal appointments.

After the scheduled appointment time, the care management associate overseeing the Enrollee's case contacts the provider and the Enrollee to ensure they kept the appointment. If the appointment was not kept, our BH provider contract mandates that our BH network providers follow up with the Enrollee within 24 hours of a missed appointment. In addition, a member of our care management team will reach out to the Enrollee directly to find out why they missed the appointment and take any necessary actions to ensure the Enrollee keeps subsequent appointments. If we cannot contact the Enrollee, we can engage a Humana CHW to locate them in the community. Humana CHWs play an important role in performing feet-on-the-street activities to engage our most difficult-to-reach Enrollees, including Enrollees who are experiencing homelessness. In line with our commitment to meeting our Enrollees where they are, **we will engage with local organizations serving the homeless to determine the feasibility of allowing a Humana CHW to visit Enrollees onsite.**

Our post-discharge follow-up process also emphasizes prevention of future inpatient admissions. Each Enrollee engaged in care management for a primary BH need will receive a crisis plan. This crisis plan (created in collaboration with the Enrollee, their caregivers, and provider) identifies the signs and symptoms of a crisis, mitigation of identified triggers, and actions that can be taken when a crisis begins, including contacting our BH Crisis Line, contacting the Enrollee's BH provider, or going to an identified facility (if needed).

SUPPORTING ENROLLEES WITH BH NEEDS WHO ARE EXPERIENCING HOMELESSNESS

In 2018, 99% of our Kentucky Medicaid Enrollees with SMI and/or SUD had a moderate or high risk of housing issues. Without a safe space to return to after discharge, these Enrollees face a higher risk of readmission and/or ED visits. Humana is implementing two partnerships designed to support our Enrollees experiencing homelessness during the post-discharge period and following a visit to the ED:

Homeless respite model: **We have partnered with Volunteers of America Mid-States (VOA) to provide a medical respite pilot program to Enrollees experiencing homelessness who are discharged from BH inpatient or residential facilities.** Under this model, Enrollees will receive temporary housing, meals, health education, medication management, and supervision of their treatment plan from skilled associates. Our UM Coordinators and CMs will identify and refer Enrollees who may benefit from this care during the discharge planning process.

Intensive community-based services: Humana is partnering with WellSpring, a Kentucky-based provider of crisis stabilization, outpatient services, and supportive housing to individuals with SMI. This partnership will leverage WellSpring's expertise in the provision of these services to pilot an intensive and integrated wraparound service model targeting our Enrollees who chronically experience homelessness. Their mission will be to promote Enrollee independence, rehabilitation, community integration, and recovery, and in doing so, work to prevent homelessness, unnecessary hospitalizations, and other adverse outcomes. A key goal of the program will be avoiding chronic homelessness and preventing our Enrollees from returning to a shelter by stabilizing the individual in a setting that is most appropriate for their physical health and BH needs. **WellSpring will**

collaborate with our Kentucky Medicaid care management team to provide real-time support in a crisis situation, including a multidisciplinary team to provide discharge planning supports from the ED.

a.v.

Process for ensuring continuity of care upon discharge from a Psychiatric Hospital

CONTRACTING WITH PSYCHIATRIC HOSPITALS AND NURSING FACILITIES

Humana has contracts in place with all psychiatric hospitals and distinct part units in the Commonwealth, including Appalachian Regional Healthcare, Eastern State Hospital, Central State Hospital, Western State Hospital, Baptist Health, and Universal Health Services facilities. Our agreements with State-operated and State-contracted psychiatric hospitals and nursing facilities include a description of the responsibilities of the BH service provider to ensure continuity of care for successful transition back into community-based supports. We will continue to ensure our Kentucky Medicaid network BH providers participate in quarterly continuity of care meetings hosted by the State-operated or State-contracted psychiatric hospital.

58% of Humana Kentucky Medicaid Enrollees discharged from an inpatient facility in December 2019 were discharged to outpatient care.

Humana will work with State-operated and State-contracted psychiatric hospitals and nursing facilities to allow our CMs to provide face-to-face discharge planning support, with the Enrollee's permission. The onsite presence of the CM will support the remote work of our UM Coordinator and ensure we possess a full understanding of the Enrollee's needs prior to discharge. This is similar to our plan to place onsite Nurse Liaisons in high-volume medical-surgical facilities in Kentucky, as we have for our Medicare plan in Kentucky and our Medicaid plan in Florida. Having this face-to-face support can also be crucial in discharge planning meetings to ensure the assignment of a Targeted Case Manager from the CMHC serving the Enrollee's region. We believe that this type of collaboration will greatly impact our Enrollees' outcomes, and will share its results during regular Continuity of Care meetings led by DBHDID for each of the State-operated psychiatric hospitals.

COLLABORATION WITH CARE MANAGEMENT OFFERED BY BH PROVIDERS

Upon notification of an inpatient BH admission, the assigned UM Coordinator notifies the Enrollee's Humana CM (if assigned), providers, and any other identified CM, including those employed by the Enrollee's BH providers. We monitor the Enrollee's care through ongoing chart reviews and communication with the facility to ensure the Enrollee receives high-quality, appropriate care throughout their stay in the inpatient facility and to prepare to transition the Enrollee to a lower level of care when inpatient care is no longer medically necessary. Our UM Coordinator and CM work closely with the care management associates of the Enrollee's BH provider to ensure appropriate services are in place upon discharge to the least restrictive environment, including assisting in the coordination of any needed physical health or SDOH services. **We have designated a Licensed Certified Social Worker - Clinical (LCSW-C) CM to support all Humana Enrollees discharged from a State-operated or State-contracted psychiatric hospital.**

After the Enrollee has been discharged, a Humana CM follows up to ensure community supports are meeting the needs of the Enrollee and that the Enrollee has filled all of their prescriptions. If services are not in place or other services are needed, we notify the CM assigned by the BH provider and help them arrange the necessary services, including coordinating access to the Kentucky Prescription Assistance Program.

We are in active discussions with KARP, Inc. regarding a proposal to **pay a care coordination Per Member Per Month (PMPM) fee to its member CMHCs**. If successful, we will look to expand this model to our other network BH providers. This agreement, based on a similar existing agreement between Humana and the Kentucky Primary Care Association (KPCA) to pay care coordination fees to member FQHCs, will give our BH providers the additional resources needed to support administration and care coordination tasks, including discharge planning for Enrollees with SMI.

b.

Describe the Contractor’s approach to meeting the Department’s requirements for operating seven (7) days a week, twenty-four (24) hours a day emergency and crisis hotline as defined in RFP Attachment C **“Draft Medicaid Managed Care Contract and Appendices”**

Humana offers industry-leading, evidence-based BH Crisis Line services to our Kentucky Medicaid Enrollees that will comply with Section 33.6 Behavioral Health Services Hotline of the Draft Medicaid Contract.

OPERATIONS

We maintain a staffed BH Crisis Line 24 hours a day, seven days a week. Offering staffing 24 hours a day, seven days a week gives our Enrollees the ability to access additional associates as needed while also ensuring the crisis line is not answered by any automated means. A designated number of associates work remotely each day to provide continued service in the event of a disruption at the main call center. In addition, our BH Crisis Line technology provides the ability to relocate operations to another location within a short period of time, as circumstances require.

As our BH Crisis Line is part of the National Suicide Prevention Lifeline, our crisis intervention specialists are notified of events that may lead to increases in call volume, such as a natural disaster or the suicide of a public figure. In addition, historical data from the line demonstrates that call volume is typically higher on weekends. To provide flexibility in staffing (as needed), crisis intervention specialists who typically work part-time are kept on-call so they can log in to the crisis line if we need additional support to manage increased call volume.

STAFFING OF BH SERVICES HOTLINE

Specially-trained crisis intervention specialists staff the BH Crisis Line, supervised by BH clinicians who are Licensed Master of Social Work or LCSW. Our BH Crisis Line staff have an average tenure of five years, maintaining a turnover rate of 7%.

Our BH Crisis Line screens at least two calls per specialist on a monthly basis, in addition to monthly tracking of the following metrics:

- Completion of suicide risk assessment
- Emergency services activation
- Compliance with policies and procedures
- Follow-up calls to Enrollees
- Call report accuracy
- Call report documentation
- Crisis intervention specialist rapport with caller
- Crisis intervention specialist counseling skills
- Crisis intervention specialist assessment of safety, including utilization of a suicide risk assessment and/or violence risk assessment
- Options/alternatives explored with caller

In addition to monthly monitoring, crisis intervention specialists receive quarterly and annual performance reviews. They are encouraged to debrief with an on-call supervisor after facing a particularly challenging call. All calls are recorded and stored indefinitely.

Crisis intervention specialists receive 70 to 80 hours of initial training, including 27 hours of classroom lecture, 15 hours of Applied Suicide Intervention Skills Training, and 10 to 15 hours of hands-on training in the call center. Self-learning online modules offer a web-based training experience, allowing associates to move through content at their own pace, and feature knowledge checks at the end to track progress. Crisis intervention specialists must complete 20 to 30 hours of supervised shifts before being cleared to answer the crisis line independently and are also required to complete 1.25 to 3.5 credit hours of online training each month,

covering all contractually-required topics, including cultural competency. In addition, outside organizations are occasionally invited to facilitate training on a particular topic, such as services for the LGBTQ population.

Topics covered during the training include:

- Motivational interviewing
- Domestic violence
- Mandated reporting
- SUD
- Sexual violence
- Human trafficking
- Suicide prevention
- Homicide prevention

We also provide access to several crisis lines tailored to supporting adolescents, as well as a language line that offers 152 languages to support non-English speaking callers.

CALL PROTOCOLS

Enrollees who contact our BH Crisis Line will never receive a busy signal. We do not impose any call duration limits, as we recognize that the complex situations leading to a call to the BH Crisis Line can take significant time to resolve. Crisis intervention specialists use the following protocols when managing an inbound call.

1. Identify the caller's need and if they are calling for themselves or on behalf of another person.
2. Build rapport with the caller so they feel comfortable sharing the circumstances of the crisis.
3. Determine strategies to employ, including potential resources (e.g., calling a friend or family member), employing coping strategies, or accessing crisis services. The crisis intervention specialist accesses the caller's Humana crisis plan (if in place) to review pre-determined strategies for managing a BH emergency.
4. If the caller presents a risk to themselves or others, the crisis intervention specialist assesses the situation and the level of imminent risk, taking into account whether the caller has begun to carry out any suicide/homicide plans or if they have a specific plan they intend to carry out within the next 12-24 hours.
5. The crisis intervention specialist collaborates with the caller to develop a safety plan. The safety plan may include:
 - Dispatching mobile crisis services
 - Directing the caller to a crisis stabilization center
 - Connecting the Enrollee with a contracted crisis service provider
 - Scheduling an appointment to see their outpatient BH provider as soon as possible
 - Calling 911 if the caller or others are at imminent risk
6. The crisis intervention specialist conducts a warm transfer if connecting the Enrollee with external services or resources, or if the Enrollee needs advocacy assistance.
7. Once the caller is comfortable with their safety plan, the crisis intervention specialist asks the caller if they may follow up the next day to see how they are doing.
8. After the call ends, the crisis intervention specialist completes the call log. Humana receives a daily record that contains information about both the original call and the follow-up call to facilitate further follow up and engagement with the Enrollee, as needed.

Approximately 32% of suicide-related calls placed to the BH Crisis Line come from a concerned third party, according to VIA LINK.

Our BH Crisis Line clinical supervisors are LMSWs working towards their LCSW degree. Clinical supervisors are responsible for creating and updating policies and procedures to ensure the use of evidence-based practices. Clinical supervisors provide consultation 24 hours a day, seven days a week and monthly call monitoring feedback to crisis intervention specialists. When needed, clinical supervisors can live monitor calls, chats, and texts and coach crisis intervention specialists, as necessary.

Our BH Crisis Line uses iCarol for call report documentation and as a resource database. Sightmax and iCarol are used for chat and text lines,

VIA LINK's historic crisis line data on suicide-related calls has found that 46% of callers are assessed as low risk; 16% as medium risk; and 4% as high risk. 4% of suicide calls result in the activation of emergency services.

with encryption offered on both platforms to ensure user confidentiality. The telephony system, inContact, is equipped with secure internet connections, and each agent has their own unique inContact login and password reset annually.

PERFORMANCE MONITORING

On a daily basis, Humana receives daily reports detailing crisis calls from Humana Enrollees, including:

- Call data from the telephony system
- Caller location
- Referrals provided
- Caller demographics
- Call type
- Call disposition
- Emergency reporting
- Emergency service activation
- Caller's identified concerns and needs
- Suicide and homicide risk levels

Required performance metrics are automatically captured, including:

- Average speed of answer rate (current average of 30 seconds)
- Call abandonment rate (current average of 3-5%)
- Service level rating (currently at 90%)

Through our Subcontractor oversight process, Humana monitors the performance of our BH Crisis Line against hotline standards and submits performance reports to the Commonwealth as indicated.

c.

Describe the Contractor's approach to coordination and collaboration between the Contractor, Behavioral Health Providers and the PCP as defined in RFP Attachment C **"Draft Medicaid Managed Care Contract and Appendices."**

Our approach to coordination and collaboration between Humana, BH providers, and PCPs includes:

- Facilitating communication between PCPs and BH providers through provider education that emphasizes the integrated delivery of care, provision of actionable and comprehensive Enrollee data, and Multidisciplinary Team (MDT) meetings for Enrollees in care management
- Providing tools and technical assistance that support referrals
- Operating VBP models that promote coordination and collaboration
- Investing in partnerships with providers that have the interest and capacity to further integrated care
- Sharing information about Enrollee prescription drug use to promote appropriate follow up and reduce potential duplication



ESTABLISHING MECHANISMS FOR COMMUNICATION BETWEEN PRIMARY CARE AND BH PROVIDERS

Education

During the orientation and ongoing trainings conducted for all PCPs and BH providers in our Kentucky Medicaid network, we supply education on how to screen for and identify BH conditions among their patients, how to access and refer for covered and non-covered BH services, and Humana's clinical coordination and quality of care requirements for BH and physical health services. We complement these training sessions with periodic provider communications (including mailings, provider newsletters, and PCP breakfast events) to teach providers more about BH services and how to access them.

We train our Provider Support associates (including our Provider Services staff, PIAs, quality improvement advisors, and claims educators) to support both physical health and BH service delivery. Our Provider Support associates are led by our Provider Services Manager, Michelle Weikel. During their interactions with providers, they can answer questions about BH services covered by Humana and how to access these services, in addition to answering questions regarding Contractual requirements pertaining to integration. In addition to the support

offered during in-person visits, PCPs can contact our Provider Services Call Center and our CMs for assistance in arranging referrals for BH providers.

Providing Actionable Enrollee Data

Population Insights Compass

Humana's Population Insights Compass (Compass) is a valuable tool for our providers. Through the robust data-sharing capabilities enabled by Compass, we are able to provide additional insight into their patients and support targeted outreach, education, and integration of care for enrollees with co-occurring physical health and BH needs. We have designed Compass's information-sharing mechanisms to comply with all applicable regulations guarding the privacy of our Enrollees' BH information.

Compass compiles utilization, financial, and clinical data that can be filtered to enable providers to identify patients or groups requiring additional support. About a dozen core reports are included in Compass, with additional reports available upon request. These include:

- **Quality reports:** The quality reports contained in Compass identify HEDIS gaps in care, as established by NCQA guidelines. These reports provide 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. In addition to alerting providers to gaps in care that they can close in their own practice, this information sharing encourages integration by alerting PCPs of BH gaps in care, and BH providers of physical health gaps in care: topics that they can discuss while the Enrollee is in their office and encourage them to take steps towards closure.
- **Pharmacy reports:** These reports include an actionable list of Enrollees who are at risk for non-compliance for medication adherence. In addition, these reports show percentage of days covered and list the actual pharmacy where Enrollees have their prescriptions filled. They also help to identify opportunities to improve adherence by encouraging mail-order delivery or 90-day refills, when appropriate. Pharmacy savings and pharmacy coverage data are updated monthly.
- **Patient detail reports:** These reports provide an in-depth view at each Enrollee, including demographics, visit history, diagnoses, HEDIS gaps in care, authorizations, provider visits, and clinical program participation.

Availity

Humana's provider portal, Availity, supports our provider network in the day-to-day clinical care and financial management of the practice. Availity provides a single-stop, integrated platform for our providers to access information about their patient panel, submit claims and PA requests, and complete mandated and optional trainings.

In 2018, Humana network providers submitted more than eight million authorization and referral requests through Availity.

The Availity Care Profile platform provides a consolidated view of Enrollees and their healthcare services across providers. The Care Profile includes claims information associated with office visits and hospitalizations, diagnoses and associated procedures, prescription history, lab event history, radiology event history, immunization history, and clinical messaging, allowing PCPs and BH providers to gain a complete picture of their patients' health care, including co-occurring diagnoses. Use of the Availity Care Profile can improve Enrollee safety, eliminate duplicate or unnecessary procedures, and improve coordination and continuity of care, including integration of physical health and BH services.

Mandating Delivery of Summary Reports

In compliance with Section 33.7 Coordination between the Behavioral Health Provider and the PCP of the Draft Medicaid Contract, we will require all of our network BH providers to give summary reports to their Enrollees' respective PCP upon initial engagement and on a quarterly basis, or more frequently if clinically indicated (with Enrollee and representative consent). To assist our network BH providers in fulfilling this requirement, we will offer Enrollee rosters to BH providers with 100 or more Humana Enrollees on their panel each quarter. We will

include this requirement in our BH provider’s contract and Provider Manual and ensure compliance through regular chart audits conducted by our Provider Services staff.

Multidisciplinary Team Meetings

MDT meetings for Enrollees engaged in care management provide a forum for communication between the Enrollee’s assigned PCP and any BH provider. In addition to developing the care plan, our CMs will design these forums to encourage communication, information exchange, and collaboration between providers in support of the Enrollee’s goals.

FACILITATING REFERRALS

Care Decision Insights

Our Care Decision Insights platform provides in-depth reviews of performance measures for efficiency and effectiveness of specialist groups based on claims data. These data can assist PCPs in determining where to refer Enrollees. The data also generate an effectiveness and efficiency ranking that is listed in our Provider Directory. Our Quality Improvement Advisors will share specialty provider profiles with PCPs to inform them of specialists’ performance in delivering Enrollee care.

Assistance from a Practice Innovation Advisor

Our Practice Innovation Advisors (as described in sub-question I.C.23.a.iii of this response) are available to advise our network PCPs and BH providers on establishing referral pathways to facilitate access to care. For ad hoc requests, our Provider Services staff and Provider Services Call Center associates are available to help our providers use Care Decision Insights (described above) and our Provider Directory to find a BH provider for a referral. We also instruct our PCPs to contact our care management team upon identification of Enrollees with more complex cases and/or co-occurring conditions who can benefit from additional support.

VALUE-BASED PAYMENT MODELS

BH Integration Referral Incentive

Enrollees with BH needs, particularly those with SMI, often view their BH provider as their “medical home” and as a result may not engage regularly or at all with PCPs who will focus on preventing and treating chronic physical health needs (e.g., well adult/child visits, diabetes care, weight management). To encourage and support coordination and integration of physical health with BH providers, Humana will incentivize BH providers to connect their patients with primary care. [REDACTED]

[REDACTED]

Over time, Humana will solicit input from participating BH providers in the Rapid Access Program (described in sub-question I.C.23.a.iii of this response) and/or BH Integration Referral Incentive to help refine each model, ensure meaningful incentives align with evidence-based care delivery, and engage more BH providers in advanced VBP arrangements.

Practice Transformation Incentive

As described in sub-question I.C.23.a.iii of this response, Humana’s PTI empowers our network practices to make strategic investments to overcome barriers to integration and promote practice transformation. Our PIAs collaborate with providers receiving this incentive to maximize its potential reach.

PARTNERSHIPS TO EXPAND PHYSICAL HEALTH AND BH INTEGRATION

From our organizational structure to our provider network, Humana is committed to advancing BH and physical health integration in Kentucky. With the help of our PIAs, we will bring together BH and physical health

Between 2016 and 2018, use of MAT among Humana Kentucky Medicaid Enrollees increased by 111%, while the number of opioid prescriptions decreased by 19%. Humana does not require PAs for preferred MAT products to help address opioid dependencies among our Kentucky Medicaid Enrollees.

providers interested in integration to determine mutually-agreeable terms of collaboration, whether that be co-location, incentives for integration, data sharing arrangements, or care team models. We have already begun discussions with two providers to expand this integration. We are in active conversations with **Spero Health**, a MAT provider with 16 locations across the Commonwealth, to determine how we can best support their efforts to place a PCP within their offices. Humana's Provider Services staff will also collaborate with our network BH provider, **InTrust**, and medical providers interested in integration to explore opportunities for partnership, including developing data sharing or collaborative care agreements, negotiating co-location opportunities, or establishing pathways for telebehavioral health. InTrust brings extensive experience to BH and physical health integration, including co-location models and telebehavioral health.

COORDINATION OF PRESCRIPTION DRUGS

We created our **One Medication List** initiative and BH Drug Utilization Review (DUR) program to improve prescribing practices. Humana's One Medication List tool connects multiple users and systems (including CMs, pharmacists, providers, and Enrollees) to a single source of truth for medication list information, comprising both pharmacy claims and information recorded by CMS and Enrollees. This tool allows providers to see, at a glance, their Enrollees' past and current medications, and avoid prescribing medications that may be duplicative or lead to a potential drug-drug or drug-disease interaction. In addition, our providers can use this information to gain insight into the Enrollees' diagnoses and medical history, including any BH conditions, information that the Enrollee may not actively disclose.

Our BH DUR program provides an extra layer of protection against possible drug interactions while identifying trends in provider prescribing practices or Enrollee use that warrants intervention. It includes monitoring of antipsychotic medications, which may be prescribed by both physical health and BH providers and have a history of inappropriate use, particularly among young children and older adults. Upon notification of a potential problem through Humana's One Medication List or BH DUR, our pharmacy associates and CMs will follow up with the prescribers and the Enrollee to resolve the immediate issue and determine how to prevent future issues. Our provider education library includes three courses on psychopharmacology, providing opportunities for our network providers to expand their knowledge of proper prescribing and management.

Of our Florida Medicaid providers targeted by our BH DUR program for suboptimal dosing, 58% changed their behavior, while 67% of those targeted for polypharmacy changed their behavior.