

C.29 USE CASE 3

After thoughtful review of utilization, encounter, and quality outcome data, as well as our collaboration with providers and community agencies in Southeast Kentucky via our Clinical Advisory Committee, Humana has identified opportunities to improve health outcomes by changing Enrollee behavior and meeting their needs related to Social Determinants of Health (SDOH). Through collaboration between our Quality Improvement (QI), Utilization Management (UM) and Provider Services staff, we have developed a shared savings value-based payment (VBP) initiative aimed at addressing SDOH, tobacco use, obesity, and substance abuse. In Southeast Kentucky, 22.8% of our Enrollees are tobacco users, 19.7% of Enrollees are considered obese, and 22.7% of Enrollees have a substance use disorder. To impact these behaviors, we have identified five outcome measures in the following areas: (1) Tobacco Use Cessation; (2) Nutrition/Weight Management Counseling; (3) Screening for and referrals to SDOH/Community-based Resources (e.g., food banks, housing assistance, transportation); (4) Behavioral Health (BH) and Physical Health Integration; and (5) Substance Abuse Evaluation and Referral to Treatment Programs.

Humana has identified several Primary Care Providers (PCP) (e.g., Grace Health), multi-specialty groups (e.g., Appalachian Regional Association Medical Center), and Community-based Organizations (CBO) (e.g., the United Way) with whom we have longstanding relationships in the Southeast Kentucky Service Region to develop our QI initiatives. To ensure we have an established baseline and our provider partners have adequate time to implement related initiatives, we are collecting data for 14 months and then rewarding providers who have seen a meaningful improvement in their outcomes through the remainder of the two-year period.

During our in-person meetings designed to establish dialogue and exchange feedback with our large, engaged provider groups, the Administrator, Barbara, of the the multi-specialty medical group, e.g., the Kentucky Regional Medical Group (KRMG), will convey challenges they have experienced in implementing the new program. We have a comprehensive approach to address all of their concerns, including a. provider engagement; b. provider education and support; c. simplification of administrative burden; d. Enrollee engagement; and e. internal operations and mitigation strategies.

a. Provider engagement at local, regional, and statewide levels

As part of our provider engagement model, Humana has assigned Danielle, a **Local Provider Relations representative**, to serve as KRMG's single-point-of contact with Humana. Danielle is proactively supporting KRMG's engagement in our VBP initiative to improve Enrollee health outcomes. She is KRMG's liaison to internal Humana experts for topics related to the initiative, such as:

- accurate procedure coding and claims detailing (e.g., Provider Claims Educators)
- quality strategies and opportunities for improvement [e.g., Quality Improvement Advisors]
- practice transformation [e.g., Practice Innovation Advisor]
- SDOH (e.g., SDOH coordinators)

Danielle is in frequent communication with Barbara regarding their challenges to engage all of the group's providers in Humana's VBP initiative.

KRMG benefits from the full engagement of Humana's **"high-touch" provider support model**, which centers on our Provider Relations representatives and Quality Improvement Advisors as the primary points of contact for our practice coaching strategies. When Danielle encounters reluctance to engage from some of KRMG's clinicians, Humana's clinical team joins Danielle for in-person visits to provide more in-depth education on our QI initiatives, integrated care delivery, and addressing unmet social needs. By listening carefully, Danielle also identifies additional ways she can assist KRMG, as discussed below.

While Danielle acts as the primary point of contact for KRMG, our provider engagement strategy uses a team-based approach that reflects our holistic model of care. Our **Local Provider Relations Team** members are assigned to specific geographic regions in the Commonwealth so they develop a deep understanding of their assigned region. As members of the same team, the Provider Relations representatives also meet regularly to collaborate and discuss ways to improve operations across the Commonwealth. Our **Commonwealth-wide Provider Services Manager, Michelle Weikel, RN, CCM**, is responsible for overseeing the operations of our Kentucky Provider Relations associates and provider engagement functions, including our Provider Relations representatives, the Practice Innovation Advisor, Provider Claims Educators, and Quality Improvement Advisors.

Danielle may enlist additional supports, depending on KRMG's needs, such as Community Health Workers (CHW). Our CHWs can visit providers and help educate them on resources that are available in the community to address Enrollee needs. More specifically, CHWs liaise among Humana care managers, providers, and CBOs to coordinate referrals for Enrollees to community-based services and programs and to foster integrated efforts among all parties. CHWs also facilitate engagement between Enrollees and their PCP and encourage the completion of health promotion activities, including (but not limited to) Healthcare Effectiveness Data and Information Set (HEDIS) gaps in care.

Our integrated model also facilitates speedy resolution of provider claims concerns. Provider Claims Educators are fully integrated within Humana's claim processing and provider relations systems to facilitate the exchange of information between these systems and providers. A Provider Claims Educator assists KRMG's providers with all aspects of claims submission including coding updates, electronic claims transactions, and available Managed Care Organization (MCO) resources, including our provider portal, Availity, and self-service claim and code edit tools.

To complement our personalized approach to provider engagement and support, Danielle ensures Barbara and the KRMG providers know how to access **Humana's Kentucky-based Provider Call Center Representatives (PCCR)**, which are available Monday through Friday from 7 a.m. to 7 p.m. EST. Danielle also ensures Barbara knows how to get assistance with non-routine prior authorization requests 24 hours a day, seven days per week through self-service and other options, such as through our Clinical Intake Team, which is available 24 hours a day. These associates undergo extensive training on Kentucky's specific programmatic requirements to address any of KRMG's questions.

b. Provider education, communications, and support

Provider Education and Training: Danielle is KRMG's first point of contact when an educational need arises. Our education efforts are not static; we reach providers at different times and through various modes of communication. We conduct provider training in three phases: initial training or onboarding, required annual training, and tailored on-demand training to address specific education needs identified by the Provider Relations representative, the provider, or when our data analytics identify an opportunity for additional education. Our Provider 360 Committee, a Medicaid committee focused on continuously improving our provider relationships, uses dashboards from our functional areas to identify trends and actively examines new educational opportunities.

After establishing the foundational relationship with KRMG, Danielle provides or arranges continued education, communication, and support through a variety of mechanisms designed to engage KRMG's providers in the most effective manner suitable to their needs and availability. Training involves a combination of webinars, online modules, and face-to-face sessions in provider offices, ensuring that information is accessible and convenient. Providers' annual re-training includes programmatic updates; refresher training on topics such as claims submissions, cultural competency, and program integrity; specialized topics such as billing and service authorization requirements; and training for BH providers on contractual and programmatic requirements.

To promote maximum attendance and convenience for our providers, training is available through self-directed online programs. For example, **our provider portal, Availity, offers tools and trainings, including approximately 50 separate, self-directed classes that cover topics such as cultural competency, electronic claims submissions, the Health Insurance Portability and Accountability Act (HIPAA), and clinical practice guidelines.**

Supporting Providers: Communication Channels: As KRMG's Provider Relations representative, Danielle contacts the group monthly and meets in-person quarterly. Danielle will meet with KRMG in-person more frequently if KRMG's staff has the time or desire to do so. In addition to Danielle, Humana has numerous other channels by which KRMG can contact us. All of our providers have, along with a Provider Relations representative, a Provider Contracting representative. Our providers also have contact information for our Provider Network Director, Majid Ghavami, and Provider Services Manager, Michelle Weikel, RN, CCM. KRMG can also contact our Provider Services Call Center for assistance.

Humana uses multiple channels to communicate with KRMG. Danielle contacts KRMG by phone, email, and in person. We track these interactions within Population Insights Compass (Compass), Humana's proprietary population health management tool, to ensure accountability. We also use Availity to send messages to our providers, along with text alerts and newsletters.

Supporting Providers: Electronic Health Records (EHR) Implementation: Our provider education and support initiatives also include specialized assistance to providers in advancing implementation and usage of EHRs and in connecting to the Kentucky Health Information Exchange (KHIE). Upon learning of any difficulties implementing the new EHR system, Danielle acts to help the KRMG group resolve any issues. In each Service Region, Humana has specially trained provider support team associates tasked in part, to liaise with Kentucky's Regional Extension Centers (REC), and work alongside the group toward resolution of technical issues associated with EHR implementation and KHIE data sharing.

KRMG's issues with its EHR implementation are indicative of a group that needs additional support within the practice. Our provider support strategy begins by identifying, with our providers, those areas that a provider would benefit from additional education. **For KRMG, this includes training and education about EHR adoption and implementation, including federal and state resources available to them.** We work to relieve the financial burden on KRMG as they transform their practice through our Practice Transformation Incentive (PTI) and assistance of our practice innovation advisor. We connect KRMG to the REC associates to support them as they progress through the KHIE process, re-evaluating KRMG's needs along the way.

Supporting Providers: VBP Arrangements: Humana understands the potential challenges providers face navigating new and complex responsibilities in an evolving healthcare environment. In response, we have developed a VBP model with a flexible program designed to meet providers where they are in VBP program readiness and to support their progress along our continuum of programs. Combined, our provider engagement and VBP models support providers' transition to value-based care with actionable data, care coordination, clinical programs, and predictive models. We share metrics from Compass to enable providers to identify opportunities and improve care delivery and practice management. Our VBP measures are carefully selected and continuously monitored to ensure we are addressing the most important issues affecting Enrollee health, as well as maintaining alignment with the Commonwealth's health priorities.

KRMG's frustration with the delayed incentive payments in our VBP program is an example of a breakdown in communication. Our experience has been that there could be a delay before the first pay-out, and should that occur, our Provider Relations representative must work closely with the provider to address the challenges the delay is causing. **To address the 14 month lag between program launch and initial incentive payments, Danielle collaborates with our Provider Services staff to establish an accelerated incentive payment schedule for KRMG,** with a prorated payment to reward demonstrated progress during the initial six months of the VBP initiative.

Resolving KRMG’s Issues: KRMG voiced their concern that “Communication has been minimal and the Administrator is concerned about lack of support.” Under usual circumstances, this type of breakdown is highly unlikely because our provider support model is based on our personalized relationships, frequent contacts, and face-to-face connection. To address the issue, our Provider Network Director, Majid Ghavami, contacts KRMG to re-engage the group and identify the root cause of the communication breakdown. Following a root cause analysis, **we identify opportunities for improvement in communication and education, and KRMG is given a direct line to the Provider Network Director as well as to our Kentucky Medicaid Chief Executive Officer, Jeb Duke. In addition to her ongoing training, we will develop a special training plan for Danielle to ensure she leads this relationship according to our comprehensive, high-touch provider engagement model.**

c. Simplification of provider administrative burden

Reducing administrative burden is an integral part of our provider services operations. The goal of our Medicaid Provider 360 Committee is to continuously improve our relationship with our providers. Unfortunately, KRMG voiced frustrations with administrative burden related to the VBP program and varying quality measures between plans, as well as their challenges implementing EHRs. Through several operational initiatives and the Provider 360 Committee’s work, we have taken numerous steps to simplify doing business with Humana including:

Manageable Number of Performance Measures: When selecting underlying quality measures for VBP programs, we have learned that “less is more.” If providers are held accountable for dozens of quality measures then they may feel helpless and overwhelmed, which can lead to disengagement. When VBP incentives are tied to a short list of impactful measures, providers develop an in-depth understanding and invest in targeted initiatives to improve performance.

Flexible VBP Model: Providers can face a myriad of different VBP arrangements across payers and this can quickly become cumbersome. **We will engage in a collaborative effort with the Department, providers, and other MCOs to develop standardized VBP quality measures that all parties agree are meaningful and appropriate.**

Provider Portal, Availity: KRMG providers can access Availity to find tools to support their practices. These tools include up-to-date financial information, Enrollee data, and our Claims Code Editor, which allows providers to test and amend claims prior to submission. We have 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.

EHR Connectivity: To allow for sending Humana reports electronically and to allow access to the medical records of our Enrollees, Humana **has direct connections built with almost all of the leading EHR software** systems including EPIC, Allscripts, eClinicalWorks, and Athena Health, providing near real-time clinical data via continuity of care documents from our network providers, as well as Admission, Discharge, Transfer (ADT) notifications. Our EHR connectivity allows us to remove much of the burden from KRMG through the following capabilities: chart retrieval, hospital admission, emergency department (ED) notifications, and pharmacy notifications and alerts. All of these capabilities facilitate information transfer to KRMG regarding Enrollees, allowing KRMG to more easily access encounter and utilization information connected with our improvement initiative.

d. Enrollee engagement

Enrollee engagement is critical to VBP success, and Humana understands that Enrollees are often difficult to contact, leaving providers with panel members who have gaps in care. The frequent interaction between Humana’s Provider Relations representatives and their assigned providers allows Humana to engage quickly

when a provider alerts us about an unable to contact (UTC) Enrollee. **When KRMG notifies Danielle of difficult to reach or engage Enrollees, Danielle takes a number of steps to assist the group.** First, she contacts our UTC team to determine whether Humana has updated contact information for the Enrollees and communicates that information back to KRMG. Next, Danielle contacts our Attribution team to determine whether the Enrollees have been seeking care from another provider and, if the Enrollee is enrolled in our care management program, Danielle contacts the Enrollees' care managers to alert them to the situation. Danielle will continuously update KRMG regarding this information until the matter is resolved.

Onboarding and Outreach Strategy: Our efforts to collect accurate Enrollee contact information begin during enrollment. We conduct welcome calls and send a PCP Selection Letter prompting Enrollees to call our Member Services Call Center. We also, at a minimum, conduct three contact attempts by phone, postcard mailings, and completion of data searches for publicly available information.

Engaging UTC Enrollees requires timely and consistent outreach throughout an individual's relationship with Humana (what we call our Member Journey), not just during the onboarding timeframe. After learning about the group's difficulty reaching Enrollees, the Provider Relations representative will reach out to Humana's care management team to learn what attempts have been made to contact and engage the Enrollee. The Provider Relations representative connects the provider to the care manager assigned to the Enrollee for updates on outreach efforts. Enrollees identified by Humana for care management receive outreach via multiple attempts and avenues. We leverage our relationships with CBOs and our strategic partners to locate, educate, and engage Enrollees who may benefit from care management.

Our proactive approach to Enrollee engagement for care management includes outreach efforts by mail, outbound calling campaigns, and in-person outreach. Our efforts are not limited to these formal attempts, as we consistently look for opportunities to engage. These include alerts in Customer Relationship Management (CRM) to notify our associates when an Enrollee calls our Member Services Call Center or visits a Humana Neighborhood Location. Similarly, Enrollees using our Enrollee portal and Go365 smartphone application will receive alerts and push notifications to update contact information and, if necessary, complete a Health Risk Assessment.

We also attempt to locate updated contact information through the following sources:

- Claims data, including pharmacy data
- Information collected during discharge planning
- Clinical data feeds from participating providers
- KHIE feeds
- Government records, including death certificates and correctional facility admissions
- Contact information data from our Medical advice line, Behavioral Health (BH) Crisis Line, and care management services
- Contacting assigned PCPs, pharmacies, and community partners, such as homeless shelters, to determine if they have obtained updated or alternative contact information

We flag the Enrollees as UTC in our system so that an outreach process is triggered upon notification of inpatient admission (including from Southeastern Kentucky Medical Center and the Baptist Health hospitals), BH Crisis Line, Medical advice line call, Management of Chronic Conditions, or care management outreach. The Enrollee's file is flagged as UTC so that any Humana associate contacted by the Enrollee is notified to verify and update their contact information in CRM and Clinical Guidance eXchange, our clinical management platforms.

Ongoing Enrollee Engagement: We have a multi-tiered approach to support ongoing Enrollee engagement. These efforts improve overall Enrollee engagement, which in turn, helps address KRMG's challenges communicating with Enrollees. We begin with an outreach and education campaign regarding right-site utilization (e.g., visiting an urgent care center or PCP for non-emergency issues rather than to the ED). Humana's Member Services Call Center associates are trained to help Enrollees navigate network options and to give

Enrollees multiple options for their care. Leveraging both clinical and claims data into our outreach efforts, we tailor our messaging to Enrollees, identifying the most immediate needs and communicating via text message, phone campaigns, and written materials. Our outreach team and care managers communicate with Enrollees about preventive care through digital alerts about care gaps, preventive education addressing tobacco usage, and extensive education and programming addressing healthy weight and obesity. Further, we have multiple staffing roles, and therefore multiple Enrollee touchpoints, involved in this monitoring and messaging, including Member Services representatives, Community Health Workers, care managers, SDOH coordinators, and Management of Chronic Conditions nurses.

Community Partnerships: **Humana has solutions to address KRMG’s troubles connecting with a community housing agency.** Through our Bold Goal initiative, we have developed strong relationships with community partners to address Enrollees’ SDOH needs. For example, we partner with non-profits, such as the United Way, for a broad range of services. Share our Strength teaches families healthy cooking skills, budgeting, and addresses obesity. In conjunction with our Commonwealth partners, such as Louisville Metro Public Health and CityHealth.org, we are working to change public health policy to ban e-cigarettes in public places. Our associates have access to our Community Resources Directory to assist Enrollees in addressing SDOH needs through a broad range of providers and community agencies.

Housing: Upon learning that KRMG is having trouble contacting the community housing agency that Humana is supporting, Danielle reaches out to KRMG to provide assistance. She connects KRMG with an SDOH coordinator who will work directly with the housing agency to support KRMG and our Enrollees’ needs. The SDOH coordinator also discusses other alternatives with KRMG. For example, we have established partnerships with organizations across the entire Commonwealth to address housing needs, particularly homelessness, including Volunteers of America of Mid-States, the Coalition for the Homeless, Legal Aid Society, the United Way, the St. John’s Center for Homeless Men, and domestic violence shelters such as Bethany House, among others. In Southeast Kentucky, there are community action agencies (CAA), such as the Harland County CAA, Hydem CAA, and Daniel Boone CAA, which could be alternatives for KRMG.

Our SDOH coordinator also reaches out to our Population Health Management (PHM) Director. The PHM Director contacts the housing agency directly to determine why the agency did not reply to KRMG and identifies solutions to improve their communication with Humana and KRMG.

e. Vendor assessment of internal operation challenges and mitigation strategies

Identifying internal operational challenges is key for developing strategies to mitigate KRMG’s concerns. Many of the challenges KRMG is experiencing are the result of ineffective or insufficient communication.

Lack of communication with Humana’s Provider Relations representative: There are several indications that KRMG either did not understand Danielle’s role or that Danielle did not perform her job well. For example, when KRMG failed to reach the housing agency, they should have known to contact Danielle for assistance. Our escalation procedures are clear, and our provider support model includes SDOH coordinators and a PHM Director who are available to address these situations. To mitigate this, our Provider Services Manager educates KRMG about the ways that our provider support model can better support them. In addition, our Provider Services Manager reviews Danielle’s performance to identify opportunities for improvement.

Lack of Communication Regarding Enrollee Outreach: KRMG’s challenges with our VBP program is related, in part, to their inability to contact or engage certain Enrollees. Humana has an extensive Enrollee engagement strategy, including a UTC strategy, to assist KRMG. However, KRMG does not appear to have previously communicated the problem or asked for assistance. This indicates that KRMG would benefit from more frequent contacts with Danielle, or another Provider Relations representative if they prefer, to better facilitate resolution to these barriers as they arise. This interaction will take place in the manner of KRMG’s choosing and will result in better resolution of their challenges.

Lack of communication about VBP expectations: KRMG indicated frustration with delays in reporting information and in receiving payments. Their frustration resulted from our failure to clearly communicate Humana’s VBP program, “Path to Value”, and how we administer this strategy. Through this program, we reimburse providers on different schedules depending upon their level of participation (e.g., from basic rewards to shared savings). We set reimbursement timeframe expectations prior to beginning this engagement. We will remedy KRMG’s frustration by establishing more frequent check-ins, both by Danielle and our quality improvement advisors. We also offer KRMG a periodic (e.g., monthly) meeting with our Provider Services Manager or Provider Network Director.

After identifying these operational challenges and mitigation strategies, Danielle and the rest of the Provider Services team meets to discuss what happened with KRMG in their regular team meeting. They use the situation as a tool to identify ways to improve their performance overall and avoid similar situations with other providers across the Commonwealth. They also identify specific providers who may be experiencing similar issues with EHR adoption and VBP implementation and design a targeted outreach to these providers. As a result of this hands-on, comprehensive strategy to address KRMG’s concerns with the initiative and related issues, Humana has enhanced our relationship with the provider and set a foundation for successful, ongoing collaboration.