F	**Turnover Plan** Submit a detailed description of the Vendor's proposed approach to providing turnover planning, as it relates to the Contract resulting from this RFP, in the event of Contract expiration or termination for any reason, including the following:

Under the leadership of our Kentucky Chief Operating Officer (COO), Samantha Harrison, **Humana will implement a detailed turnover plan that ensures continuity of care for all Enrollees, especially those with the most complex needs and those receiving treatment during the transition.** We will design the plan to maintain Enrollee relationships with existing providers to the greatest extent possible. The plan will also assist Department for Medicaid Services (DMS) and any successor Managed Care Organization (MCO) to enable a smooth operational transition, including notifying Enrollees and providers and transferring necessary information as efficiently as possible.

We have demonstrated our ability to transition operations smoothly as exhibited by the successful turnover of our Illinois Integrated Care Program (ICP) program at the end of 2017. Due to front-end planning, we effectively coordinated Enrollee and provider communications using various methods, including newsletters, mail, website updates, and provider fax blasts, among other methods, to educate all stakeholders about the impending program closure. Ahead of the transition date, we identified impacted Enrollees and worked closely with the State of Illinois and other MCOs to efficiently and securely transfer Enrollee data. We also maintained necessary market-based associates through the runout of our program to ensure Enrollees did not experience care gaps during the transition period. Humana collaborated with reporting teams to identify impacted reports and close them out as necessary. We continued to work with the State of Illinois to submit encounters for claims paid by Humana post-product closure to ensure a seamless transition.

1.	A summary of the support the Vendor will provide for turnover activities, and required coordination with the Department and/or another Vendor assuming responsibilities.

In the event of a turnover, Humana will assemble a Turnover team led by our Kentucky COO, Samantha Harrison, and comprised of personnel from key areas to ensure a successful transition to a new MCO. Humana will quickly assemble our team and be prepared to share a detailed plan with DMS within 10 days of notification from the Department. This team would include subject matter experts (SME) in areas such as enrollment, data and data migration, continuity of care, and privacy and security information. Based on our experience, execution should begin 12 months prior to the program termination date, if possible, with key areas (e.g., claims payment runout and provider services) continuing past the termination date.

The Turnover team will develop a detailed turnover plan to guide our activities during this period. **The turnover plan will specify how we will transfer all records, files, methodologies, data, and any supplemental documentation DMS or another MCO deems necessary** if the Contract expires or terminates for any reason. The plan will ensure and detail that Humana will monitor the turnover process to ensure continuity of care for our Enrollees and smooth operations for DMS or another contractor. The turnover plan will also include:

- All elements of all turnover phases, including the specific schedule for each phase and assigned members of the turnover team to drive clear accountability
- A statement of resources and training necessary to efficiently facilitate turnover
- A statement of commitment and a plan to maintain the level of resources dedicated to full program operations through the Contract termination date

Humana commits to fully coordinating with DMS and/or another contractor(s) to promptly and efficiently transfer all relevant files and provide any necessary training for a seamless transition.

2.	Approach to identifying and submitting all documentation, records, files, methodologies, and data necessary for the Department to continue the program.

Humana will coordinate with DMS to establish necessary connectivity with the appropriate testing environments that it uses to test connectivity and functionality. Through systematic data exchange tests, Humana will submit test transactions that meet processing specifications consistent with the rules outlined in any applicable companion guides or other standards, review detailed information on errors for correcting files, resubmit test transactions as needed, and track testing activity with online utilities.

Table I.F-1 details our approach to identifying and submitting the documentation necessary for DMS and/or another MCO to take over our plan. Humana has found that DMS's ability to be the hub for all data of all MCOs, if possible, greatly facilitates the process of sharing between MCOs.

Table I.F-1 Key Steps in Implementing the Turnover Plan

Category	Summary of Processes, Information, and Data
Delivery of healthcare services to Enrollees	• Clinical: We will review authorizations for necessary adjustments and send all open authorization data, care plans for Enrollees, and census data. For Enrollees in the care management program, Care Managers (CM) will ensure there is no disruption of services by communicating directly with the Enrollee's new CM to hand over care plans, medical history, assessment results, and any other necessary information. The CM will also be responsible for tracking the Enrollee until they are fully engaged in their new care plan. • Appeals: We will develop a plan for managing appeals during transition, determine an appeals workflow, and implement processes to identify pending appeals as of Contract end date. Humana continues to process and resolve grievances and appeals throughout the runout period. • Quality management: We will establish workflows for grievances received after the Contract end date. • Network: We will complete all network transfer activities and field provider inquiries about the transition.
Authorization and payment to providers	• Claims Payment: We will plan claims runout for a minimum of one year (or more if needed) after the end date of the plan depending on requirements for timely filing and crossover claims. We will leave all claim entry points open to continue accepting claims for the duration of the runout period. Our claims system is never "turned off" for a specific program. We do not pay claims for service dates past the program end date, using the eligibility dates of the Enrollee to control payment. We also ensure that all work queues are empty and develop scripts for associates resolving claims calls. • Authorizations: We will provide batch authorization files from other MCOs and leverage the existing processes in clinical applications to create the authorizations for the same providers to ensure continuity of care for our Enrollees. • Subcontractors: We will send termination letters to our subcontractors that terminate the Contract and notify them of their continued claims runout and reporting responsibilities. • Finance: We will close bank accounts and complete reconciliations, as appropriate.

Table I.F-1 Key Steps in Implementing the Turnover Plan

Category	Summary of Processes, Information, and Data
Notifying Enrollees and providers of the transition	• <u>Communications</u>: We will work with DMS to develop a communication plan to notify Enrollees and providers of the program end date and mail letters to both as agreed with the Department. We will train our call center and Enrollee-facing associates on the importance of continuity of care, especially for Enrollees with special health care needs. We will develop website alerts for the Enrollee and provider websites and engage social media, our community engagement associates, and tools to ensure the widest possible outreach. We will review each phone line to ensure we change Interactive Voice Response (IVR) messages, as appropriate. • <u>Enrollee service</u>: A live person will continue to answer our Member Services Call Center calls after the end of the program to allow for any residual questions that Enrollees or providers may have. We will develop question-and-answer scripts for call center associates, obtain DMS's Enrollee materials, record an IVR message about the program end on the customer service line, and plan for final termination of that phone number after runout is completed, as appropriate.
Transferring information to the subsequent contractor	• <u>Enrollment and Claims Data</u>: We will work with DMS to determine how long we should expect to receive retroactive enrollment changes, appropriate retention time frames for enrollment, claims, and other records; information to forward to DMS; and necessary steps to resolve finance questions. • <u>Administrative</u>: Our internal production leads will identify and schedule weekly meetings with the Department's leads. We will participate in meetings to brief DMS and/or MCO associates on Humana (and Humana subcontractors) file layouts and formats, define the layouts or format for transferring data to the next MCO, supply a data dictionary and test files as needed in the layout designated, and ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) as it relates to data transfer. • <u>Reporting</u>: We will establish final reporting requirements and timeframes and forward any requested data to DMS (or new contractors as directed by the Department). We will supply data (collected from all subcontractors) for Enrollees enrolled in successor MCOs.
Informing the Department of third-party software used	• <u>Key Subsystems</u>: We will supply information about third-party software (including license agreements) in the eight key subsystems: enrollment/eligibility, provider, encounter/claims, financial, utilization/quality assurance, reference, Surveillance Utilization Review System (SURS), and third-party recovery to DMS.

3.	Resources and training that the Department or another contractor will need to take over required operations.

Humana will implement a Transition team led by our Kentucky Chief Executive Officer (CEO), Jeb Duke, and comprised of SMEs **to ensure successful transfer of information and data while ensuring continuity of care** and compliance with program integrity, as well as privacy and security requirements. This group will include, at least, an overall Project Manager; an Information Technology (IT) Solutions Architect; the Management Information System Director; and SMEs from Enrollment and Eligibility, Claims and Subrogation, Enrollee and Provider Services, Encounters, Clinical and Quality Services including Care Management, Utilization Management, Provider Relations, Grievance and Appeals, and Provider Complaints. We will assign a SME to be on point in each additional subject area necessary to ensure information is transferred accurately. Additionally, this group will commit to runout processes to minimize Enrollee and provider abrasion. This may include automated call and

claims routing to another contractor as well as transfer protocols for the timely processing of authorizations, grievances, appeals, complaints, or inquiries sent to Humana in error. Further, to ensure our Enrollees and providers experience as seamless a transition as possible, we will commit to develop and lead a series of workgroups or trainings as necessary with another contractor or multiple contractors. The cadence of these meetings would ensure a frequency and agenda to support the timely turnover of the plan and could include deep dives into data system crosswalks, historical quality measures and improvement plans, appropriate transition of care management activities and progress, population health insights based on Enrollee experience, process nuances associated with the contractual regulations, or other ad hoc requests.

We will provide further resources as necessary as determined by the Department or another contractor. We will monitor all operational standards during the transition. Humana will raise any issues that need to be addressed with the Department or another contractor for discussion. We will offer assistance to properly transition Enrollees to the next MCO, including **training other MCO associates or DMS representatives on Humana processes, terminology, formats, or documents**. Our business processes are well defined and documented, which will facilitate training and communication. We will effectively manage data covered under a Data Usage Agreement (DUA) (e.g., historical claims data received from the Department) consistent with the terms of the DUA.

4.	Methods for tracking and reporting turnover results, including documentation of completion of tasks at each step of the turnover.

Humana will collaborate with DMS to create a project plan in the Department's preferred format in order to continuously track and report turnover results. The plan will include status tracking that will provide summary documentation and backup data files. Methods may include face-to-face visits with DMS and subcontractor associates to identify gaps, ensure continuity of care, turn over relevant data and information, and communicate with Humana Enrollees and providers. Humana will include these efforts in our overall Operational Governance framework that we use for all projects. This project plan will consist of each functional area and the individual milestones each area will require to successfully transfer information, as well as develop the post-turnover protocols. Each deliverable outlined on the project plan will contain an expected end date for completion to allow for timely execution of the plan. **We will also create and share a Risk, Actions, Issues and Decisions (RAID) log for tracking purposes. This will serve as a supplement to the project plan and schedule, ensure accountability, and provide a mechanism to detail any risks or issues that require mitigation during the execution of the turnover plan**. Finally, Humana will detail specific data or reports that are requested by DMS or new contractor, and we will assign a tracking ID, an accountable owner, and target date for each request. This traceability allows all involved parties to maintain full transparency within the effort.

Humana will work cooperatively with DMS and the new contractor to supply the appropriate information in the agreed-upon timeframes during the turnover period. We will be available beyond the Contract's termination at no additional cost to explain and document any services performed as part of this solicitation and resulting Contract. We pay claims for dates of service incurred up to the date of termination and any that come in post-turnover. We will also respond to any appeals or related activities for adverse determinations made prior to the end of the Contract and post-turnover that impact claims or authentications for date(s) of service during the Contract. We will develop a list of reports and reach agreement with DMS on the last due date for each report. We will comply with all closeout obligations as itemized by DMS. The Post Turnover Results Report, which we will submit within 30 days of the program end date, will summarize all the activities we have undertaken during the transition process and identify any issues that require further monitoring from DMS or other MCOs. We will continue to monitor any remaining transition issues for up to 12 months after the program end date.

To seamlessly transition our Illinois ICP program at the end of 2017, Humana convened a cross-functional project team from all relevant internal departments and worked closely with Illinois State agencies to complete

a successful turnover. This team met with the State on a weekly basis to track and report all aspects of the turnover, adhering to a predetermined project plan and transition plan. Humana associates worked closely with State agencies to draft a detailed project and transition plan that outlined each step of the turnover and included timelines for each item. These plans outlined necessary tasks and deadlines to complete such as decommissioning our phone lines and notifying Enrollees of the transition. These plans and timelines were closely tracked through our Medicaid Governance structure and Metrics Dashboard, which monitored every operational area of our Illinois program and continued to do so until the claims runout had completed. The dashboard monitored all aspects of our operations, including the call center, claims, clinical programs, enrollment, grievances and appeals, and our provider network and was used to report updates to the State agency. Humana ensured continued adherence to timeliness requirements during the transition. For example, our grievance and appeals team continued to resolve expedited appeals within the 24-hour timeframe, and our claims associates sustained our 90-day claims processing rate. Humana also worked closely with other MCOs to transition all relevant Enrollee data for the plans' new Enrollees, including Primary Care Provider data, prior authorizations, and care plans. Upon close out of our operations, we destroyed all data received from the State per our DUA.

5.	Document and verify how all data is securely transferred during a turnover ensuring integrity of same. Maintain the CIA concept in turnover, Confidentiality, Integrity, and Availability.

To ensure the successful transfer of data, Humana will establish a secure File Transfer Protocol (FTP) site that maintains the concept of confidentiality, integrity, and availability in coordination with DMS. Because Humana has longstanding, continuous contracts in other states, our system capabilities will continue in the event of plan turnover, enabling us to provide data access to DMS and another MCO post-Contract termination. Humana has demonstrated our capacity to exchange data with Medicaid programs in several states including Kentucky and can confirm our capability to interface with DMS and its intermediaries.

Maintaining Confidentiality
Humana uses industry-standard transmission and encryption practices to ensure that sensitive (Humana Internal, Humana Restricted, and Confidential) data are transmitted, stored, and received securely. Humana maintains transmission protection policies and standards that include, but are not limited to the following:
- Encryption Policy
- Encryption Standard
- Private and Public Key Infrastructure (PKI) Management Policy
- Private and Public Key Infrastructure (PKI) User Standard
- Private and Public Key Infrastructure (PKI) Key Custodian Standard
- Private and Public Key Infrastructure Management Standard
- Electronic Transmission with Trading Partners Policy
- Transmission Security Standard

Humana's controls for transmission apply to the following:
- Web Internet/Intranet/Extranet
- Non-Dedicated Wire Lines
- Dedicated/Private Wire Lines
- Public/Shared Lines (broadband)
- Indoor Wireless LANs (IEEE 802.11x)
- Outdoor Fixed Wireless (IEEE 802.16, 802.20)

Maintaining Integrity
Humana's "Transmission Security Standard" contains a guide for associates and contingent workers to use in determining the security requirements for transmissions based on methods and clients. "Https" protocol is used

on internal client server connections if there is a chance that sensitive data are involved. Triple Data Encryption Standard (3DES) is used for e-message encryption algorithm. Also, Humana uses SHA-256 hashing technology or stronger.

Humana has established requirements for data transmission with trading partners. An IT Security Agreement (ISA) must be completed and in Humana's possession before any sensitive data exchange. The ISA identifies activities and describes the terms and conditions the trading partner must undertake to exchange data with Humana. All documents required by federal, State, or local regulations must be completed before any sensitive Humana information will be exchanged. Before any datum that includes Enrollee protected health information (PHI) is exchanged, a Business Associate Agreement (BAA) is required to be on file with Humana's Privacy Office. If a BAA has not been established, the Privacy Office will be contacted to determine if a BAA is required.

All data exchanged with CMS, states, and external partners are channeled through our Electronic Transmission (ET) department. The ET department has its own training and procedures to make sure data integrity and security are given the highest importance.

Maintaining Availability
We house our production servers in Humana's primary hardened data center 20 miles south of our corporate headquarters in Louisville, Kentucky. Our secondary data center, located in Simpsonville, Kentucky, offers redundancy and can be activated remotely. We maintain backups of critical applications and systems, which we update nightly. Both data centers are Tier III certified, which means they require no shutdowns for equipment replacement and maintenance, have exterior walls built to withstand 150 mile-per-hour winds, and are windowless in the area storing data.

Our data centers are accessible remotely by authorized associates via Humana's secured virtual private network (VPN), allowing us to maintain operational functionality, regardless of time or place. Our associates using operational systems such as claims and encounter processing, provider intake, and care management are able to access the data they need to continue to serve Enrollees, providers, and other stakeholders. The data are also available for transfer to the Commonwealth or another MCO.