

G.

**Kentucky SKY**

Submittal of a proposal to serve the Kentucky SKY population is optional. Evaluation of proposals received for this Section will be limited to Contractors receiving an award for the main Managed Care contract. (See Section 70.1 for more information.)

Section references herein are made to RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices.”

1.

**Executive Summary**

a.

Provide an Executive Summary that summarizes the Contractor’s proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor’s ability, understanding and capability to provide the full scope of work.

Humana is pleased to submit our proposal to the Kentucky Department for Medicaid Services (DMS) for the Kentucky SKY Program. Founded in Louisville, Kentucky, in 1961, Humana has deep roots in and is an integral part of the healthcare system of the Commonwealth. As the Commonwealth’s largest Kentucky based company and private employer we are deeply engrained in the fabric of the community through charitable contributions, community service and economic development of the healthcare segment.

At both an organizational and staff level, serving the Kentucky SKY program aligns with Humana’s mission and culture. We have been a Managed Care Organization (MCO) in the Kentucky Medicaid Managed Care program since 2013, through which we currently coordinate services for nearly 146,000 Enrollees, including more than 2,000 potential Kentucky SKY Enrollees. Enrollees. Across all lines of business, we currently serve more than 900,000 Kentucky Enrollees. Our experience serving a high needs population is not limited within our Medicaid products; we have in place strong evidenced-based programs (EBP) to support special and complex populations across our lines of business. Humana has the tools and resources to tailor these programs to requirements of the Kentucky SKY Contract.

Humana is proud to have developed a strong and collaborative relationship with DMS through our work as an MCO for the Medicaid program. We have worked alongside DMS for the past six years and have had the opportunity to help grow the program to include the Affordable Care Act (ACA) Medicaid Expansion population. We support the Commonwealth’s evolution and development of a comprehensive program for children in foster care, Former Foster Youth, Adoption Assistance, Former Foster Youth, and Juvenile Justice--involved youth populations. Through more than two decades of managed Medicaid Contract experience, population health expertise, a rich history of innovation, and strong provider and community relationships in the Commonwealth, we are ideally positioned to help DMS meet its goals for the Kentucky SKY program.



### Improving the Health of the Communities We Serve

Humana is committed to improving the health of the communities we serve. We **will donate 10% of Kentucky SKY cumulative pretax profits back to Community-Based Organizations (CBO) that support the Kentucky SKY population in the Commonwealth.** Should our annual financial performance qualify for a disbursement, Humana will quantify the total disbursement and develop a suggested distribution of payments along with our rationale. We will meet informally with DMS to obtain input on our suggested disbursement, then finalize the amount and notify the recipient organizations. We propose to focus our donations on creating local, sustainable solutions to population health problems impacting Kentucky's foster care children, youth, and caregivers, with an emphasis on rural and underserved areas. Potential examples include promoting trauma awareness in schools and providing support to our Kentucky SKY Enrollees for a successful transition into adult life through tuition support, job training, and internships.

b.

The Contractor's statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;

We applaud the Commonwealth in designing a comprehensive program for high-need youth who have been affected by the foster care, Department of Juvenile Justice (DJJ), and adoption systems. Humana Offering systems. Offering a single care coordination plan for this complex youth population as they move between life circumstances, with the option to continue in the Kentucky SKY program as they age out (before turning turn 26). Humana understands the varying circumstances of each of the sub-populations within the Kentucky SKY program and offers a model that is tailored to their unique needs. Children in foster care, Adoption Assistance, and Juvenile Justice, adoption assistance, juvenile justice as well as Former Foster Care young adults need **access to timely services coordinated by a single individual with whom they can develop a meaningful relationship.**



Humana's model for the Kentucky SKY program offers integrated care coordination that places the child and family's needs first. Our model is driven by community and provider partnership as components of our High Fidelity Wraparound approach to care planning. We will leverage our strong comprehensive provider network and experience working with new providers while carving in new services.

### Enrollees in the Kentucky SKY Population

The four distinct populations included in the proposed Kentucky SKY program – children in the foster care system, those adjudicated to the DJJ, Adoption Assistance families, and Former Foster Youth – bring distinct differences yet shared critical characteristics as well. The Kentucky SKY population has experienced extensive trauma and abuse, often resulting in a complex level of need for physical health and behavioral health (BH) care. Humana has a robust provider network of physical health and BH providers we will further educate and develop through targeted trainings to improve their understanding of trauma and how to mitigate the effect of Adverse Childhood Experiences (ACE) on this the population. We aim to support families and caregivers through education, access to specialized services, and connection to key community partners and resources.

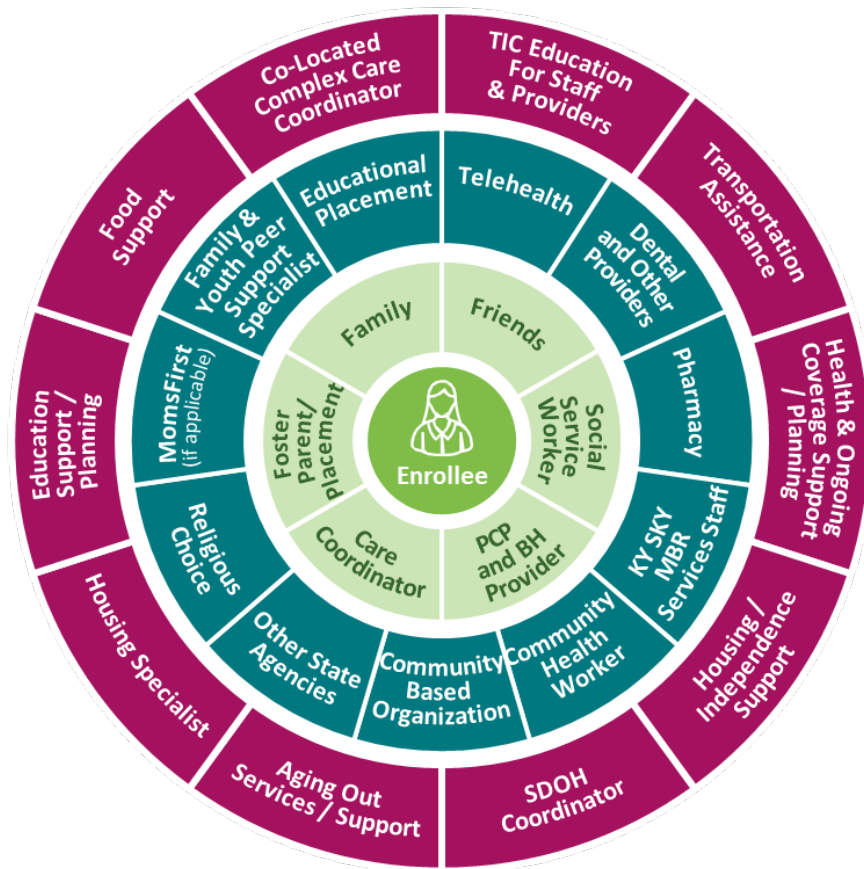
### Foster Care Enrollees

We have found that Enrollees in this population have experienced or been affected by trauma. Life circumstances including being removed from their family of origin, multiple changes in living arrangements, turnover in assigned workers, and other de-stabilizing events are common occurrences for these Enrollees occurrences for the Enrollees. This history of instability results in many losses for the identified Kentucky SKY population, affecting their family relationships, natural supports, and relationship sand and they have with medical and social service providers. The life circumstances of children in child welfare and Juvenile Justice contribute to barriers accessing healthcare, little continuity of care, and poorly coordinated care, all of which

lead to high healthcare costs and inappropriate utilization of services. Their complex needs reflect experiences with all forms of abuse and neglect and can manifest in serious BH symptoms. The Former Foster youth require support to become advocates for themselves to take charge of their healthcare, while the Adoption Assistance families will need consistency and continuity of specialized care to support their families. The Kentucky SKY program necessitates continuity through a single MCO to serve these populations. Humana will dedicate skilled Care Coordination Teams (CCT) teams with which Enrollees can cultivate a relationship to support short- and long-term goals. We are confident in our ability to offer a stable continued relationship with our existing Care Coordinators (CC). This also involves targeted recruiting for skilled individuals passionate about serving this population in addition to our already existing resources, allowing Humana to execute on the Kentucky SKY program components while improving the health of the Enrollees. Our hiring and retention plan will result in long-lasting, continued relationships where feasible.

Involving families of origin, caregivers, and natural supports in care planning and goal-setting plays a crucial role in helping youth achieve successful outcomes using a strength-based model. Children who are supported by kin or fictive kin may have improved outcomes than those without support, but all youth in this population will still require the necessary support and services to overcome ACEs. Humana will work with caregivers, including kin and fictive kin, to include them in designing a person-centered care plan. We look forward to working with DMS and the Department for Community Based Services (DCBS) to delineate policies and procedures that clearly identify when caregivers can and should be involved – ensuring the Enrollee’s and caregiver’s voice and choice are incorporated in care planning activities and services received.

**Figure I.G.1-1: Kentucky SKY Care Model**



**Humana is an incumbent MCO in the Kentucky Medicaid Managed Care program, currently serving the Kentucky SKY-eligible population effectively.** We currently serve more than 25,000 Kentucky Medicaid Enrollees who would be Kentucky SKY-eligible. We offer extensive evidence that our tailored care coordination efforts are producing excellent results. Several examples of our statistical performance serving the foster care portion of the population are below in **Table I.G.1-1**.

**Table I.G.1-1: Key Performance Statistics, Humana Kentucky Foster Care Enrollees, 2018-2019**

Performance Statistic	Annualized Usage or Cost Per Person (per 12 Coverage Months)					
	All Humana Kentucky Foster Care Enrollees			Humana Kentucky Foster Care Enrollees Continuously Enrolled Throughout 2018 and 2019		
	2018	2019	% Change	2018	2019	% Change
Average Number of Enrollees	1,352	1,692	25.2%	613	613	NA
PCP Visits	6.5	5.0	-22.9%	6.3	4.2	-33.6%
Emergency Department (ED) Visits	0.6	0.5	-18.8%	0.5	0.4	-17.3%
Hospitalizations	0.08	0.05	-37.5%	0.02	0.00	-70.0%

Because the foster care population experiences considerable coverage volatility, raw comparisons between 2018 and 2019 can be distorted by a different mix of Enrollees comprising each year’s data. Therefore, we also included our performance for the subgroup of Kentucky foster care children who were continuously enrolled in Humana throughout 2018 and 2019. These figures, shown in the last three columns of **Exhibit I.G.1-1**, illustrate our impacts across 613 foster care children where we had a long-range opportunity to engage with Enrollees and caregivers and collaborate with DCBS.

**Under our care coordination model, our Kentucky foster care Enrollees have experienced strong access to front-end care (e.g., Primary Care Provider (PCP) services) and reduced the need for crisis-level services (hospitalizations and ED visits), which contributed to a reduction in overall claims costs.** Our success stems from our passionate understanding of the needs of our children and foster families.

Our care coordination model has minimized clinical crises among our foster child population.

**Overall hospital admissions decreased 70.0% between the two years** for our continuously enrolled foster care Enrollees, and hospitalization rates decreased 37.5% during this timeframe across all our foster care Enrollees. While this Enrollee subgroup has significant medical and non-medical needs, only 6.7% of our continuously enrolled foster care Enrollees were hospitalized during 2017. As these children’s enrollment tenure at Humana progressed, **this figure was reduced to 4.4% in 2019.**



ED usage rates also reflect the degree to which Enrollees reach a “crisis point,” when needed care occurs in the most appropriate setting. Among our continuously enrolled foster care Enrollees, **the total number of ED visits decreased 17.3% from 2018 to 2019.** Among frequent ED utilizers (those with five or more visits during 2017), these children’s ED visits **decreased 39.5%** in 2018. However, these types of impacts are not only occurring within foster care. We achieved a plan-wide reduction of 11.0% in ED visits across our 86,216 Kentucky Medicaid Enrollees with continuous coverage during 2018 and 2019, and a 6.8% reduction in ED visits among our adult Supplemental Security Income (SSI) population. Our care coordination model, which offers each Enrollee a dedicated CC that includes follow-up upon ED admissions, by design, has resulted in this achievement.

Humana’s ability to facilitate and deliver access to primary care for foster care Enrollees has enabled the above successes. Our continuously enrolled foster care Enrollees **averaged three annual PCP visits during both 2017**

**and 2018**; 72.9% accessed at least one PCP visit during 2017, and **this proportion increased to 76.2%** in 2018. We achieve these results in two ways: by securing and maintaining a large provider network (our current Medicaid network includes 3,525 Kentucky PCPs), and through care coordination efforts that track and facilitate access to PCPs.

Most of the Kentucky SKY-eligible population has at least one BH condition, and many also have complex physical health needs. **Humana's ability to achieve physical and BH integration is evidenced by 80.7% of our continuously enrolled foster care Enrollees with BH needs accessing at least one PCP visit during 2017 – with this proportion increasing to 86.4% in 2018.** We achieved similar results across our Kentucky Medicaid Enrollees with disabilities age 26 and under, as 80% of those with BH needs accessed PCP services during 2018.

These programs and associated achievements align with DMS and DCBS priorities, given the enhanced program design features and the depth of the requirements found in the Draft Medicaid Contract for Kentucky SKY. Humana's model of care and commitments are similarly aligned with the needs of the Kentucky SKY population, their caregivers, and families. Additional areas we seek to enhance include:

- Improving assessment capabilities and treatment delivery through extensive data gathering, bi-direction data feeds with DCBS and DJJ, and the ability to share care plans and records with role-based access to the natural supports that make up the Enrollee's CCT.
- Upon the discretion of DMS and DCBS, seeking to Co-locate Complex CCs in each DCBS region. Through co-locating in key DCBS regions, we aim to reduce the workload for DCBS Social Service Workers (SSW) by ensuring immediate access to services for our Enrollees, especially those who have dire needs, while also streamlining communications and collaborating around care planning.
- Develop a robust BH network designed to support EBPs that support the child and their family and align with services that will be available through Family First Prevention Services Act. We are also committed to connecting families with community resources and support groups to support the Commonwealth's goals around kinship care and foster care placement stability.
- Designing our staffing model to serve key needs of Kentucky SKY Enrollees. All Kentucky SKY-dedicated associates will receive specialized training on topics that will help them best serve the unique and complex needs of this population: Autism Spectrum Disorder, Medically Complex needs, High Fidelity Wraparound Services model, and Trauma Informed Care (TIC), as a few examples.

Medically Complex Foster Care Enrollees make up a unique subgroup within the foster care population, with their own unique needs and challenges to address. Placement can often be a barrier for these children, as highly-skilled caregivers are needed to safely care for their complex health needs. Humana built its Kentucky SKY model with dedicated CCs carrying small caseloads to provide a High Fidelity Wraparound approach to care planning through Individual Health Plan (IHP) meetings and treatment plan development. Humana will continue to recruit and ensure access to the specialty pediatric providers who can effectively treat the Medically Complex foster care population.

We applaud the child welfare reforms currently underway across the Commonwealth and look forward to the opportunity to cover preventive services and support family preservation and permanency for Kentucky's at-risk youth and families through Family First Prevention Services Act. This involves creating a unique collaboration between DMS and DCBS, similar to the connection between Medicare and Medicaid for dual-eligible Enrollees. We are an ideal and experienced partner to support an integrated program that is designed to braid funds and services to offer a streamlined experience for the child and their family.

#### **DJJ-Involved Youth**

Youth adjudicated to the DJJ in Kentucky present with complex care needs that require a specialized approach to care planning and community support. We recognize children and families can interact with DJJ services on several levels including prevention programs, various levels of detention or residential placement, probation, and aftercare programs supporting reintegration to the community. DJJ's goals around rehabilitation and



reducing recidivism to detention/incarceration will be a focus of care planning for Humana’s Kentucky SKY-dedicated care coordination approach with this population.

These children and their families will require appropriate care and treatment planning for complex BH needs, as many will struggle with substance use disorder (SUD) and other potential BH diagnoses often tied to the behaviors that lead to DJJ involvement. A portion of this population may be dually involved with DJJ and DCBS with an extensive trauma history, further supporting the need for providers that employ EBPs using a trauma-informed lens.

DJJ-involved children may have Medicaid eligibility suspended intermittently and may receive care through braided funding based on their level of commitment. Humana will continue make every effort to ensure continuity of services through trusted providers whenever possible. We will seek opportunities to participate in care planning prior to the child’s return to a community-based setting to further support the goals of DJJ and the Kentucky SKY program.

### **Former Foster Care Youth**

Foster children who “age out” of care between the ages of 18-21 are at high risk for poor outcomes related to their physical and behavioral health, independence and self-sufficiency, and even life expectancy. These youth have often experienced trauma and struggle with a lack of attachment and supports to transition into independence when compared to other adolescents. Humana will invest in this population by leveraging services outside the traditional Medicaid offerings, such as Family and Youth Peer Support Specialists, Community Health Workers (CHW), and Housing Support specialists to take a population health approach to care planning.

Former Foster Youth will require extensive trust and relationship-building in order to collaborate with the Kentucky SKY-dedicated CCT to develop and follow through on care plan goals. In accordance with the High Fidelity Wraparound Model, we will seek to build a team of natural supports, including former caregivers and/or family members around the Enrollee with their consent and when appropriate to improve resiliency and develop a safety net for their independence.

Humana recognizes this population is likely to have a incidence of BH issues and is at risk for developing SUD, therefore it will be critical to ensure former foster youth are seeking preventive care from quality trauma-informed PCPs and specialists. Humana will work to create Enrollee materials that will educate and empower foster youth to take control of their own healthcare decisions.

### **Adoption Assistance Youth**

Through early support and relationship-building when a child is placed in a potentially adoptive home, Humana hopes to demonstrate value to families in the Adoption Assistance program in Kentucky. By helping to educate, inform, locate services, promote stability and support through care planning, we hope to engage Adoption Assistance Enrollees and their families at a high rate. Adoptive parents may need education around Medicaid services, including options to supplement with a primary insurance plan and what a CC can do to support the family once DCBS supports are no longer involved.

Enrollees in the Adoption Assistance program will continue to have complex needs related to their health and a need for BH providers experienced in working with children of similar backgrounds. Humana intends to support local advocacy and support groups specific to adoptive families, connecting families with critical community resources and providing ongoing safety and treatment planning to maintain the stability of the child in the home setting.

## **HUMANA’S LONG-STANDING COMMITMENT TO KENTUCKY**

Since 1961, Humana has been cultivating strong community and provider relationships in the Commonwealth and developing an intimate knowledge of the health and social needs of its vulnerable citizens. Humana has an in-depth, intimate understanding of the unique cultural and geographical dynamics at play. Humana currently

serves Kentuckians through our Medicaid Managed Care, MA, MA Dual Eligible Special Needs Plan (D-SNP), Medicare Part D Prescription Drug Plan (PDP), and Commercial programs. We also cover all of Kentucky’s military service Enrollees and their families through the U.S. Department of Defense TRICARE program. **In total, Humana serves more than 900,000 Enrollees in plans across all 120 counties in the Commonwealth.**

**Table I.G.1-2: Humana Enrollment in Kentucky**

Medicaid Managed Care	Medicare Advantage	MA Dual Eligible	Dual Eligible Special Needs Plan	Prescription Drug Plan	Commercial	TRICARE
145,668	172,242	15,023	2,596	199,400	243,100	144,700

**In addition to the Commonwealth’s being Humana’s home and national corporate headquarters, we have substantial Kentucky-based market teams and operational infrastructures with a detailed understanding of local health issues and key stakeholders.** In 2019, Humana employed 12,577 individuals and paid approximately \$1.3 billion in wages and salaries across Kentucky. We have 25 physical locations throughout, including Humana Neighborhood Locations in Louisville and Covington that provide access to fitness classes, health and wellness seminars, and disease-specific education classes for Humana Enrollees and the broader community.

In addition to our long-standing partnerships and programmatic involvement with Community-Based Organizations (CBO), the Humana Foundation, a 501(c) (3) entity with a governing and grant-making body separate from Humana business operations, has contributed nearly \$30 million to Kentucky non-profits and organizations since 2013. A few recent examples of the Humana Foundation's investments include:

- Interapt and University of Louisville (UofL) investments in 2019 to bring information technology (IT) training to West End residents (\$325,000)
- The Family Scholar House investments in 2018 and 2019 for its HEROES program, which builds upon its current model of engaging low-income individuals in improving their overall well-being via education, career advancement, and family support services (\$1,075,000)

Metro United Way investments in 2018 and 2019 to expand its pilot financial literacy and training program, to improve financial independence and provide families and residents experiencing economic distress with financial literacy coaching, and other social services (\$1,485,000).

Humana associates have also contributed nearly 475,285 volunteer hours in the Commonwealth since 2014, demonstrating Humana’s commitment to community development and our associates’ dedication to the communities we serve. Humana supports and encourages volunteerism through our Volunteer Time Off benefit, which allows associates to volunteer during work hours without impacting their vacation or leave benefits.

**c.** An overview of the Contractor’s proposed organization to provide coordinated services for the Kentucky SKY program;



**Humana’s Organizational and Management Structure**

Humana’s organizational structure consists of our **established local and experienced Kentucky-based market resources, led by our local executive team and overseen by our Kentucky-based national leadership** to bring together best practices, infrastructure, and feedback from multiple sources (e.g., providers, Enrollees, associates, Subcontractors). This helps us ensure we achieve programmatic goals, enable the delivery of high-quality care to improve health outcomes, and allow our local structure to respond quickly to emerging Enrollee and provider needs. We base our organizational structure upon our more than 50 years of experience from multiple lines of business, industry best practices, organizational values, state and federal regulations, DMS Contract requirements, and national healthcare agency guidelines.

Kristan Mowder, RN



Executive Director

Through our aligned corporate and local organizational structure, Humana’s Kentucky SKY organization will combine the breadth and scale of Humana’s national experience with our strong, long-standing local presence in the Commonwealth.

Our Chief Executive Officer (CEO), Jeb Duke, who has been with Humana for 12 years and has supported Humana’s Kentucky Medicaid Contract for two years, leads our Kentucky Medicaid Executive team. Mr. Duke is accountable for the operational and financial success of the health plan. Mr. Duke leads our Kentucky-based team; is the face of our MCO to local providers, consumers, and the wider community; and is the essential link to our corporate leadership, which supports our market operations with rich technical expertise.

Our Kentucky based team is led by Kristan Mowder, will serve as the Executive Director for our Kentucky SKY program. Having lived in Kentucky for more than 20 years, Ms. Mowder **brings more than six years of experience serving the program today**. In her current role, she serves as the Director of Health Services, which provides direct oversight of areas such as care coordination, quality, BH, and foster care. Ms. Mowder has ten years of Kentucky-specific experience which includes the Kentucky Medicaid program, as well as serving the needs of children in the child welfare system. She participates in regular meetings with DMS, DCBS, and the Department of Behavioral Health, Development and Intellectual Disabilities (DBHDID). Ms. Mowder brings relevant BH experience prior to her work in managed care. Ms. Mowder was a key architect of the current Humana Foster model in Kentucky and has utilized her experience in the development of our SKY proposal. In addition to the years of experience Ms. Mowder brings to the Kentucky SKY Program, she will be accompanied by the experienced team that is currently managing the foster care population within our traditional Kentucky Medicaid program. This team consist of a highly experience Behavioral Health Director, Liz Stearman, a Certified Social Worker, who spent the first 15 years of her professional career working with children and families involved with the child welfare system in Kentucky. Over the last six years our foster care coordination team has grown to include a diverse skillset to meet the needs of this population to include experience working in the

Ian Nathanson, MD



Medical Director

behavioral health system, pediatric medical care, and child welfare systems. Our team consists of three registered nurses, two licensed clinical social workers, one licensed professional clinical counselor/licensed art professional therapist, one certified social worker, and one licensed social worker. To further round out our Kentucky SKY Program, we will be utilizing Dr. Ian Nathanson, a board certified pediatrician, as the program’s Medical Director, and Dr. Taft Parsons, a board certified psychiatrist, as the program’s Behavioral Health Medical Director. Both have several years of experience serving the Medicaid population within managed care. We will be creating a new position for the Kentucky SKY Program called the Trauma-Informed Care Program Director. Tricia Cloud, RN, will serve in this position and will work with internal and external partners to ensure all are aware and practicing methods to support our Enrollees with a trauma-informed care (TIC) approach. Ms. Mowder will oversee the day-to-day operations of our Enrollee Services and Provider Services staff, including the Member Services Call Center, Provider Services Call Center, and Provider Relations Team for the Kentucky SKY population. Ms. Mowder connects local operations with corporate operation resources such as IT, encounter processing, and grievance management.

Taft Parsons, MD



Psychiatrist

Our Kentucky-based clinical team is led by our Medical Director, Ian Nathanson, MD, who reports to the Ms. Mowder and oversees care coordination, quality management and UM responsibilities undertaken by our physical health, BH, and Quality teams. We currently have Dr. Nathanson, in this role as interim, as he is not licensed in the state of Kentucky. However, as part of the process to find the permanent hire, Dr. Nathanson will assist with vetting all candidates and interviews to find the appropriate person. Taft Parson, MD, is our interim Psychiatrist as he is



Liz Stearman, CSW, MSSW



Behavioral Health  
Director

not licensed in the state of Kentucky. As stated with Dr. Nathanson, he will also assist with all aspects of the hiring process. Dr. Nathanson and Dr. Parsons will provide their expertise in the industry through all of implementation and readiness until a full-time hire is found.

Dr. Nathanson and Dr. Parsons will collaborate with our BH Director, Ms. Liz Stearman, CSW, MSSW, to improve the health of Enrollees through innovative, person-centered interventions that address physical health, BH, functional, and social needs. Ms. Stearman was born in Kentucky and has lived here the majority of her life; she has worked in BH in Kentucky Medicaid since 2016 and has worked in BH and counseling generally for nearly two decades.

Eric Dodson, Esq.



Quality Improvement  
Director

Our Quality Improvement Director, Eric Dodson, Esq., who was born and raised in Paducah, Kentucky and now resides in Crittenden, Kentucky. Will oversee our Quality Improvement staff which includes the EPSDT Coordinator, Martha Campbell, and our QAPI Coordinator, Brenda Stampa, RN. Mr. Dodson and Ms. Stearman will work closely to ensure integrated care is woven throughout our quality operations.

Humana has also hired a Kentucky SKY Trauma-Informed Care Program Director, Tricia Cloud, RN, who has been with Humana for 22 years and was born and raised in Lexington, Kentucky. Ms. Cloud will work with internal and external stakeholders to ensure all are aware and practicing methods to support our Enrollees with a trauma informed care approach by utilizing and promoting the vast amount of training materials available through our partnership with **Relias**. While working with these stakeholders, Ms. Cloud, will be assessing, educating, and promoting the High Fidelity Wraparound care planning principles.

Tricia Cloud, RN



Trauma-Informed Care  
Program Director

Ms. Mowder, along with all Kentucky SKY leadership, will participate in our Kentucky Local Market Operating Committee (LMOC), which meets bi-weekly. The Kentucky Medicaid Executive team will work in tandem with the Kentucky SKY Key Personnel during the LMOC. The LMOC reviews operational dashboards containing performance reporting in areas such as quality improvement, call center performance, Enrollee and provider grievances and appeals. Mr. Duke and Ms. Mowder will represent the Kentucky LMOC on our corporate Operations Steering Committee. The Operations

Steering Committee, which consists of leaders from across our National Medicaid program, identifies cross-market synergies, strategic opportunities, and Contract-wide Medicaid changes.

### Local, Internal Market Model

Humana will serve the Kentucky SKY program with an experienced Kentucky SKY team that is almost entirely Kentucky-based. Serving the Kentucky SKY population represents an important, exciting opportunity for Humana in ways that go well beyond the business dynamics. **Humana maintains key functions in the Commonwealth**, including our dedicated Kentucky SKY Member Services Call Center, Provider Services Call Center, Provider Relations and Network Operations, Enrollee and Community Engagement, CCs, and Quality Improvement (QI). Our National Operations teams, which include many nationally-recognized experts (e.g., program integrity, management information systems (MIS), and data analysis), collaborate with our local team to continuously improve service delivery. We support their work with significant investments in data analytics and state-of-the-art MIS systems.

Humana is proud to offer an integrated, internal care coordination and operational model for the Kentucky SKY program. Humana deploys an integrated clinical model that manages BH services and pharmacy services – in addition to addressing social needs – internally. Using an internal model improves the overall quality of care integration and information-sharing capabilities, which allows us to seamlessly access and share information from the spectrum of Enrollees’ services and needs and create better coordination between behavioral and pharmacy services. This is particularly helpful for managing complex, co-occurring physical and BH conditions that many Kentucky SKY Enrollees present and lends itself to an overarching High Fidelity Wraparound model of care planning when strengthened by the addition of external natural supports and stakeholders to the Enrollee’s CCT.

### Enrollee Engagement Strategies

Humana is committed to improving outcomes for a variety of conditions, empowering our Enrollees with engagement tools, resources, and innovations that promote healthy behaviors and self-management. We will offer the following solutions (as appropriate) to individuals identified.

Self-management tool: We will provide access to **myStrength**, a digital solution designed to improve self-management of BH and physical health conditions, including depression, anxiety, insomnia, chronic pain, and postpartum depression. myStrength offers online learning, self-help tools, wellness resources, and text-based, one-on-one coaching that use evidence-based approaches, including cognitive behavioral therapy.

### Successful Program Implementation

Humana understands the critical importance of delivering a seamless program and the importance of implementation. At Humana, successful implementation is also an indication as to whether we are providing high quality care. We will deliver an experienced implementation team supported by experts in BH and child welfare.

Humana has served Enrollees with Special Healthcare Needs (ESHCN) nationwide for more than 30 years. Today, approximately 22%, or 32,000, of our Kentucky Medicaid Enrollees are stratified in risk tiers that qualify for one-on-one care management. We also have more than 2,600 Enrollees who qualify for our **maternity care management program, MomsFirst**, which aims to engage pregnant Enrollees of all risk levels, providing services and supports tailored to meet their individual needs and risk levels. Humana currently services 2,596 Enrollees through our Dual Eligible Special Needs Plan (D-SNP) in the Commonwealth.

We also have extensive experience serving more than 35,000 Enrollees with complex needs through our Managed Long-Term Services and Supports (MLTSS) and Centers for Medicare and Medicaid Services (CMS) Duals Demonstration plans in other states. Humana serves more than 285,000 Dual Eligible Enrollees through our D-SNPs in 22 states and Puerto Rico, including almost 8,000 Dual Eligible Enrollees through our Duals Demonstration plan in Illinois. We have experience identifying opportunities to effectively address Enrollee needs in these programs and creating targeted initiatives to produce measurable results. For example, in Illinois we introduced a Skilled Nursing Facility (SNF) program to address preventable hospital admissions and

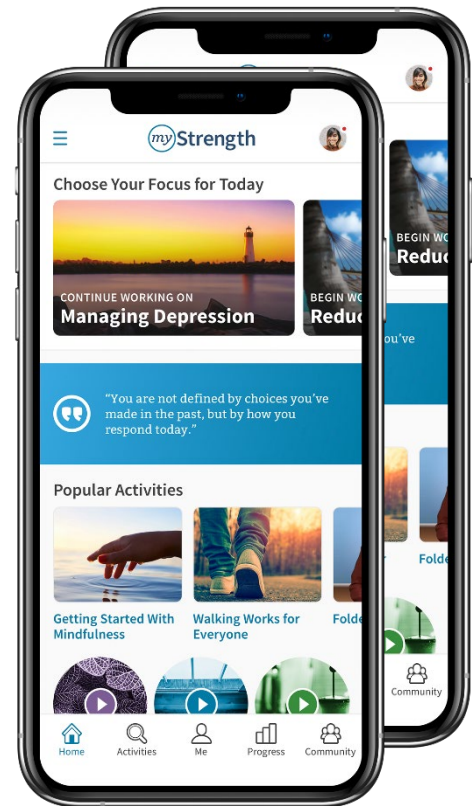


Figure I.G.1-2: myStrength Self-Management Tool

We engage more than **1,300** Enrollees in our Florida MomsFirst program each month. Between 2017 and 2018, this program contributed to a **10.3%** decrease in maternity-related readmissions.

readmissions to nursing facilities. These efforts resulted in a decrease in readmission rates and hospitalizations per month. These Enrollees have many similar characteristics, needs, and acuity levels as Enrollees in the Kentucky SKY program.

Humana’s care management program has proven to improve care and health outcomes for our Enrollees. **In 2017, Enrollees in Kentucky engaged in our Complex Care Management program experienced a 17% decrease in ED utilization, a 40% decrease in inpatient admissions, and a 36% decrease in overall medical costs.**

### Organizational Culture

Humana emphasizes its organizational culture daily in a way that strives to give associates a sense of security, purpose, and belonging. We aim to inspire our associates and empower them to help others, leading to an organization with world-class associate engagement. Humana pays a minimum wage of at least \$15 per hour across all associates, providing a sense of economic security and personal empowerment. We are also proud to have earned the following honors:

- **#4** on Robert Wood Johnson Foundation’s **Top 100 Companies Supporting Healthy Communities and Families**
- **#1** in **Customer Service** among Health Insurance Companies by Newsweek for the second consecutive year in 2020
- **#1** Health Care Provider in Forbes’s **“The Just 100: America’s Best Corporate Citizens”** for three consecutive years
- **#2** in Health Care: Insurance and Managed Care in **Fortune’s “World’s Most Admired Companies”**
- **100%** on Human Rights Campaign’s **Corporate Equality Index** for six consecutive years
- **5 Stars** in Employment and Philanthropy from the **Hispanic Association for Corporate Responsibility**

Figure I.G.1-3: Humana Awards & Recognitions



### Collaboration across the Commonwealth

The success of the Kentucky SKY program will depend heavily upon successful collaboration across Commonwealth agencies, the MCO, and providers. Humana is the perfect partner given its experience collaborating in this manner. We will work to mobilize and organize the strongest possible CCT for each Kentucky SKY Enrollee, creating effective collaboration across the foster care children, their family of origin, kinship caregivers, foster parents, DMS, DCBS, DJJ, a wide array of providers, schools, community agencies, and other stakeholders.

We describe some of our key mechanisms to achieve and maintain optimal collaboration below.

Co-located Complex CCs: Humana will co-locate Complex CCs in each of the DCBS regions, pending DCBS' feedback and approval. Upon notification of intent to award Humana the Kentucky SKY Contract, we will begin the application process in each Service Region. Additional Co-located complex CCs will be hired and deployed as warranted throughout the Contract term.

At the individual Enrollee level, our Co-located Complex CCs will be available to help address developments in the Kentucky SKY Enrollee's related circumstances in near real-time. Given the profound degree to which the Kentucky SKY population's medical needs, placement circumstances, and non-medical needs are interwoven, this approach positions Humana, DCBS, and DJJ to collaborate closely and deliver optimal "whole person" support to each Kentucky SKY Enrollee throughout their enrollment tenure.

Kentucky SKY Provider Advisory Committee (PAC): Humana will implement a Kentucky SKY-specific PAC, including a BH committee, to help guide our provider communication and education strategy. Our Kentucky SKY Medical Director, Ian Nathanson, MD, will lead our Kentucky SKY PAC, which will comprise of diverse provider types and community leaders, such as a representative from one of the Commonwealth's state-operated or contracted psychiatric hospitals. The PAC will give providers a forum to speak openly and share feedback about Humana, our operations, and the Kentucky SKY program in general. Humana will also use our PAC to identify provider training needs, which will be discussed each time our PACs convene. **We will identify and report topics to the DMS, DCBS, DJJ, and DBHDID.**

“  
We plan to participate on their community and provider advisory boards and advocate for continuous quality improvement and ensure our network benefits from appropriate training.  
”

– Michelle M. Sanborn,  
Children's Alliance

We will also use the PAC as an opportunity to share updates and information with contracted providers. In our other markets and programs, the PAC is a crucial component of our education strategy, informing both content and delivery method decisions, which we anticipate will be true in this case.

**Michelle Sanborn from The Children's Alliance has committed to serving on our Kentucky SKY PAC. Additionally, Mark D. Birdwhistell from University of Kentucky (UK) Healthcare has committed to assigning experts on our regional Quality and Member Access Committees (QMAC), as well as, on our Kentucky SKY PAC.** We have provided Letters of Support from UK, University of Louisville (UofL, and The Children's Alliance in **Attachment I.G.1-1, Attachment I.G.1-2, and Attachment I.G.1-3**, respectively.

Kentucky SKY Quality and Member Access Committees (QMAC): Humana will also organize regional QMACs to serve as the eyes and ears of the community and identify gaps in services and areas of opportunity. These QMACs will be attended by local non-profits, CBOs, providers, Enrollees, Enrollee advocates, and others. We will incorporate the regional QMACs' feedback into Humana's quality committee and governance process to inform opportunities for internal operational improvements and quality initiatives. Humana will employ 8 Community Engagement Coordinators who will work in conjunction with CHWs, the Social Determinants of Health (SDOH) coordinators, and the CCTs in that region to recruit Enrollees, organizations, and providers to the QMAC. This approach localizes our approach to each region in the Commonwealth.

d.

A summary of the Contractor's strategy and approach for administering services for Kentucky SKY Enrollees;

We understand that the needs of the overall Kentucky SKY population must represent a collection of **each individual's unique circumstances, needs, and strengths**. The spectrum of placement dynamics, birth and foster family and family of origin dynamics, health needs, and non-medical needs is extraordinarily wide across the Kentucky SKY population. We strongly concur with DMS's required model of care for this Draft Medicaid

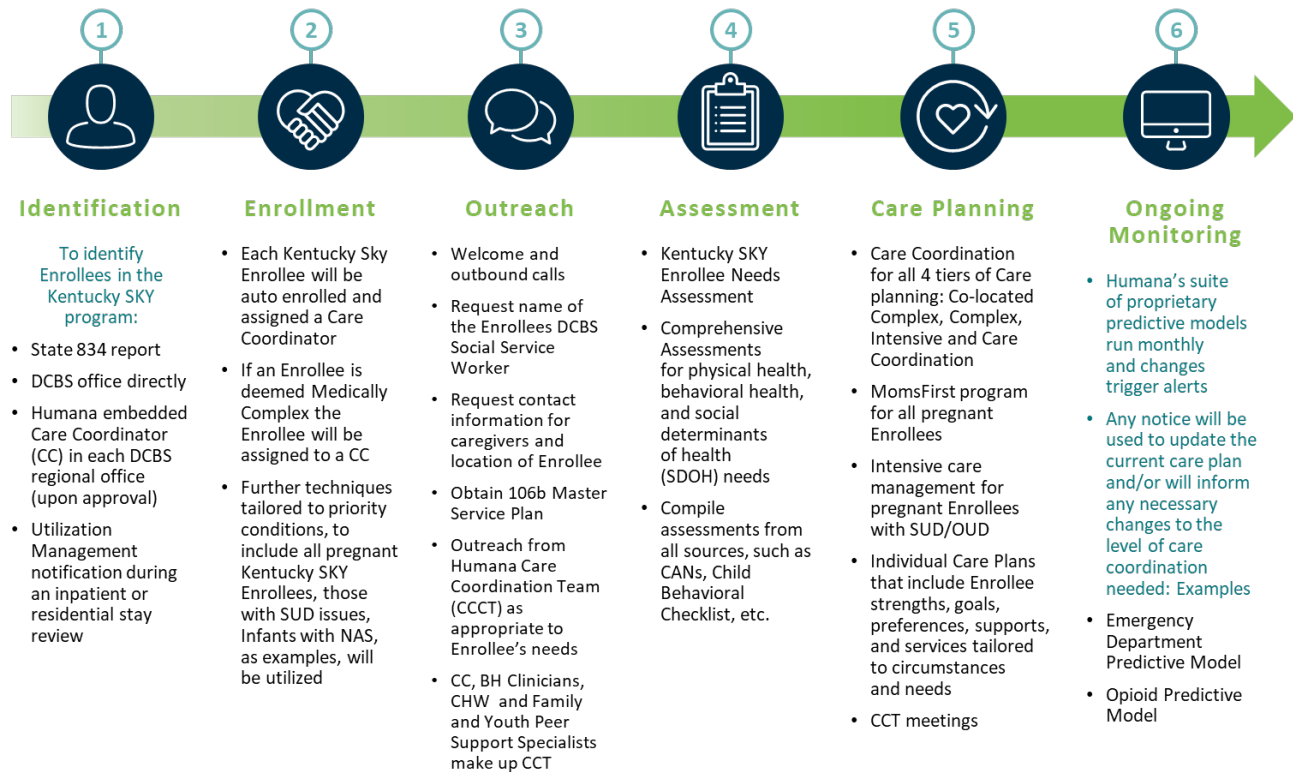
Contract, which creates a well-defined framework to identify and address each *individual's* current and evolving needs. We also offer several mechanisms to help optimize the care model for the Kentucky SKY program.

#### Local Care Coordination

- Our CCT will be fully interdisciplinary, including anyone in the youth's life who is in a position to help Humana fully understand and optimally serve that individual and has proper consent. Where possible, our goal is for children in foster care to achieve permanency based on the goal determined by DCBS. Beyond the typical CCT participant providers, state agency personnel, kin, fictive kin, and foster parents, a given Enrollee's CCT may also include past foster parents and providers, school personnel, a basketball coach, dance teacher, preacher, etc. Our CC use a High Fidelity Wraparound approach to achieve outcomes that are in the best interest of our Enrollees.
- Because we understand the intensive needs the Enrollees in the Kentucky SKY program have, we believe our CCs must serve as the key contact for each Enrollee in our model. We have designed a specialized Kentucky SKY Intake and Support (SIS) team that will be able to start the enrollment process, support expedited enrollment for all Kentucky SKY Enrollees, and identify and resolve changes to demographics, including but not limited to name change, address change, and placement change – with the goal of coordinating a seamless experience and immediate access to services for all Enrollees.
- As a result, Humana is offering a low Enrollee-to-CC ratio. Our Co-located Complex CC level includes a ratio of one CC to every 25 Enrollees and our Complex Care Coordination, our Coordination level includes a ratio of one CC to every 35 Enrollees. Enrollees in our Intensive Care Coordination level will have a ratio of one CC to every 60 Enrollees. The Enrollees who are in Case Coordination will have a ratio of one CC to every 300 Enrollees. As a result, our CCs will have the capacity to develop meaningful relationships with our Enrollees.
- Each Enrollee will receive individualized care planning supports. Our CCs use a High Fidelity Wraparound approach, motivational interviewing techniques, and strengths-based strategies that are trauma-informed to achieve outcomes in the best interest of our Enrollees. We will have champions of the High Fidelity Wraparound model as well as TIC across our organization for the Kentucky SKY program. These champions will assist everyone in practicing the principles of the High Fidelity Wraparound model and trauma-informed care (TIC) within their work.



Figure I.G.1-4: Humana’s Care Coordination Approach



**Integrated Care Delivery**

The complex behavioral and medical needs of the Kentucky SKY population, compounded by their life circumstances, can be addressed only through an established system of care and coordination. Humana will operate above the compliance standard in this area in several ways.

Integrated, Internal Model: Humana is proud to offer **an integrated, internal care coordination and operational model for the Kentucky SKY program**. Humana deploys an integrated clinical model that manages physical health, BH, and pharmacy services – in addition to addressing social needs – internally. Using an internal model improves the overall quality of care integration and information-sharing capabilities, allowing us to seamlessly access and share information from the spectrum of Enrollees’ services and needs, creating better coordination among physical, behavioral, and pharmacy services. This is particularly helpful for managing populations with co-morbid conditions and SUD, which is especially impactful for the opioid crisis facing the Commonwealth.

Humana operates our own URAC®-accredited Pharmacy Benefit Management (PBM) operation, **Humana Pharmacy Solutions, Inc.® (HPS)**. As a PBM that exclusively serves Humana plans, HPS is deeply integrated into our operations, including our clinical programs. HPS has more than 20 years of experience serving the complex and special needs of the Medicaid population and will bring this expertise to manage the pharmacy benefit for Kentucky SKY Enrollees. Across all lines of business, **HPS provides PBM services for more than 10 million Enrollees, including more than 700,000 Kentucky residents.**

HPS has a proven track record of managing pharmacy costs, providing access to medications, and providing comprehensive pharmacy-related Enrollee support programs. Because HPS is a subsidiary of Humana Inc., our Kentucky SKY plan will also benefit from having full transparency into PBM costs and network financial rates. Pass-through pricing has been, and will continue to be, a main feature of HPS’ operations.

Integrated, Internal Clinical Platform: To further enable our ability to impact health and social outcomes, Humana brings a proprietary and integrated suite of internal administrative and clinical technology platforms. These applications enable our CCs and dedicated Kentucky SKY Member Service Representatives (MSR) to

effectively coordinate the full spectrum of care and supports for our Enrollees, helping them improve health and outcomes. This includes our **proprietary integrated clinical platform, CareHub**, which advances data analytics and predictive modeling functionality and enables Humana to identify high-risk Enrollees for engagement in tailored, localized population health management programs.

In addition, CareHub deploys powerful data algorithms and analytics to alert our CCs to emerging risks. Some specific ways in which our data systems support optimal care integration are listed below.

- Care plans and Health Risk Assessments (HRA) are automatically pushed to Availity, our provider portal, and our Enrollee portals to facilitate data-sharing and alignment of services.
- Care plans can be faxed from within the system to additional providers or involved parties. (e.g., we can capture a DCBS SSW's fax to share the care plan).
- Our **Clinical Guidance eXchange (CGX) workflow system enables a fully integrated approach to care coordination** for Enrollees by combining all aspects of care on one unified platform; through CGX we can capture alternate contact information, such as guardians and the DCBS SSW; we capture language and cultural preferences so that all team members have access to this information.
- Our system supports tracking of each Kentucky SKY Enrollee's interdisciplinary CCT and facilitates information-sharing among them. Internal Humana associates involved in a Kentucky SKY Enrollee's care coordination (our CCs, doctors, BH Clinicians, Utilization Management (UM) associates, and SDOH associates) all see the same Enrollee record and can assign tasks and enter notes. This facilitates team Enrollee communications and maintains a single Enrollee record.

CareHub's clinical rules engine, **Anvita, tracks Healthcare Effectiveness Data and Information Set (HEDIS) measure outcomes and initiates Gap in Care messaging** (Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), Inpatient and Discharge alerts) to help our associates and providers manage Enrollee health outcomes. The Gap in Care information also maps into Availity to encourage provider ownership of metrics (coupled with our value-based payment (VBP) incentive model) as well as Enrollee engagement in health.

#### **Humana's Voice & Choice Information Exchange Care Portal**

Humana is committed to fully implementing a High Fidelity Wraparound model of care planning for Kentucky SKY Enrollees. We see a critical need to provide an easy-to-use portal to foster collaboration and communication with all members of the Kentucky SKY Enrollee's care team, the Voice & Choice Information Exchange care portal. Based on the Enrollee's needs and the required consents to participate in care planning, members of the CCT could include:

- Family members
- Kinship caregivers
- Educational supports
- DCBS workers
- DJJ workers
- Court Appointed Special Advocate (CASA) workers
- Court designated worker (CDW)
- PCP/Pediatrician
- BH specialist
- Natural supports as designated

Each member of the CCT's inputs are valuable and critical key to directional care planning. Our, Voice & Choice Information Exchange care portal can be used for housing health information, communicating between parties on the care team, scheduling meetings, sharing and updating the care plan, reminders for scheduled appointments, notification of care gaps, etc. The portal would house information such as assessments, former and active care plans, crisis plans, current medications, contact information, and approved access levels for various team members to send messaging between CCT members.

### Behavioral Health

Humana understands BH is as essential to the well-being of our Enrollees as their physical or social health. Today, more than one-quarter of our Kentucky Medicaid Managed Care Enrollees have a BH condition, including approximately 10% with a serious mental illness (SMI) diagnosis and approximately 13% with a SUD diagnosis. Of Humana's BH-diagnosed Enrollees, 75.7% had at least one PCP visit during 2017; this proportion increased to 80% in 2018. These Enrollees averaged 4.8 PCP visits during 2017 and 5.2 PCP visits during 2018. Further, the total number of ED visits decreased 3.7% among our BH-diagnosed Enrollees from 2017 to 2018, and ED usage for Enrollees with five or more visits decreased 38.4% from 2017 to 2018.

We are committed to addressing the BH needs of our Enrollees through a fully integrated, internally-built BH model of care that integrates physical and behavioral health, pharmacy, and social support services while proactively empowering Enrollees to engage in their health. We will also leverage how our innovative provider partnerships use the expertise of Kentucky's BH system to ensure our Enrollees receive evidence-based, high-quality services. For instance, **Humana is partnering with Springstone, a BH provider, to invest in the expansion of step-down services, including intensive outpatient therapy and partial hospitalization, for the population that needs more intensive care than a typical psychiatrist or therapist can provide.**

Through our quarterly meetings with DBHDID and development of collaborative agreements with Commonwealth facilities, we aim to support the delivery of evidence-based and innovative models of care to our Enrollees, including the provision of the Commonwealth's recently implemented 1115 waiver for SUD services. In particular, we look forward to collaborating with DMS and DBHDID to implement the State Plan Amendment for school-based services (if approved) to expand access to child and adolescent BH services for Kentuckians.

### Quality Management and Health Outcomes

At Humana, quality improvement is a core value that guides our day-to-day behaviors, decisions, and actions. In each year since 2011, Humana has been the first-or second-ranked Florida Medicaid health plan, according to the National Committee for Quality Assurance (NCQA).



Humana understands the complex and layered needs of the Kentucky SKY population require intricate and coordinated processes to deliver care. Because these processes extend beyond those traditionally measured by HEDIS, we are committed and prepared to work with DMS, DCBS, and DJJ to develop quality outcomes reporting for this program that provide meaningful insight into the successes and opportunities for improvement.

Humana will bring our clinical and reporting expertise, along with dedicated quality resources, to collaborate with DMS in developing and implementing effective performance measurements for the Kentucky SKY program. Our Kentucky SKY Medical Director, SKY Medicaid BH Director, and Quality Improvement (QI) Director will provide necessary local oversight, review quality metrics and data, and oversee rapid-cycle improvement methods to continuously monitor and assess our performance. Our Kentucky **SKY Medical Director, Psychiatrist will co-chair our Kentucky SKY Quality Improvement Committee (QIC)** and report into our Kentucky Medicaid QIC. We have **more than 100 Humana associates dedicated to quality, provider engagement and education, analytics, Enrollee outreach, and care coordination supporting overall quality improvement** for our Kentucky SKY program.

### Partnerships to Support SDOH

Addressing SDOH makes the healthy choice the easy choice, empowering individuals to focus on health promotion and disease prevention. **To that end and to support and drive broader population health goals, Humana established an enterprise-wide initiative, our "Bold Goal," to improve the health of the communities we serve,** working toward this goal through **innovative partnerships with local CBOs, businesses, government agencies, and providers.** By enhancing the quality of our



relationships with these organizations and co-creating innovative community-based initiatives, Humana’s Bold Goal drives Enrollee well-being and quality of life within the community.

## **COMMUNITY PARTNERSHIPS**

### **United Way of Kentucky**

Humana is committed to working with **United Way of Kentucky** to broaden coverage of 2-1-1 across the Commonwealth. The Kentucky 2-1-1 community resource directory (CRD) is powered by United Way across the Commonwealth, but does not have contact centers and coverage in all counties. Through Humana’s new partnership with the United Way of Kentucky, we are helping fund and deliver 2-1-1 services to the entire Commonwealth, with an expectation of addressing efficiency and standardization of user experience as we move forward.

### **United Community Louisville**

A community-wide, community-driven, and agency-linkage technology platform system in which individuals are matched with appropriate community services based on their unique needs across the health, education, and social service sectors and managed to closure. CBOs are connected via the platform, facilitating referrals and information sharing, including “closing the loop” on referrals by sharing information when Enrollees access a community agency service. **Unite Us** (the vendor selected by Metro United Way, Louisville Health Advisory Board, and other community partners for the **United Community Louisville pilot**) has a proven cross-sector health and social care coordination platform in 40 communities nationwide and is currently hiring locally-based staff to support the program.

The goals of Humana’s investment in the United Community Louisville pilot include:

- **Development of a connected, collaborative, community-wide system to coordinate care and services** across multiple sectors to address SDOH needs, promote education, and offer real-time tracking and reporting
- **Measurably improve health, education, and well-being outcomes** by coordinating the delivery of health and social services among children, individuals, and families with complex needs
- **Creating a “no wrong door” system** whereby individuals are channeled to appropriate services based on their unique needs and preferences across the health, education, and social service sectors, and tracking outcomes after service referrals

Our investment includes licenses that will allow our CHWs and CMs to access the referral platform fed by the Metro United Way 2-1-1 CRD, make community-based referrals, and ensure Enrollee access to state-based services.

**Aging Out and Transition Supports:** Our ultimate goal is to support and guide our Enrollees through each stage of life, providing them the tools and resources to maintain their health and well-being. Humana will also augment and support DCBS and DJJ using well-defined transition planning processes. We will work with DCBS (a collaboration facilitated through our co-location model at key DCBS locations) and DJJ to identify how to streamline the Casey Life Skills (CLS) Assessment tool to improve efficiencies. We propose that our Kentucky SKY CCs participate in DCBS and DJJ transition planning meetings. We will collaborate with DCBS and DJJ to identify needed resources and services and facilitate referrals where appropriate. We will convene working groups where there are gaps with foster care agencies and organizations and engage with the existing agencies to inform how all parties can work together to improve the aging-out experience.

## **HUMANA’S WORKFORCE DEVELOPMENT PROGRAM**

Humana recognizes that the health of our Enrollees is dependent upon their well-being and stability. Our voluntary, holistic workforce development program is designed to assist Enrollees find dignified, stable work that affords increased self-sufficiency for themselves and their families. The Humana Workforce Development Program will provide up to 12 months of assistance to



support each participant in planning for the future (e.g., education, training, financial counseling) and engaging in and maintaining meaningful work (e.g., job support and retention coaching). We will seek to build access to a network of CBOs with expertise in providing these services by rewarding those organizations that successfully place and stabilize employees.

Additionally, we will connect Enrollees to resources across the community to address any unmet needs that present barriers to finding and retaining employment. To support our female Enrollees seeking employment, we are building a direct referral process with **Dress for Success – Louisville**, which serves job-seeking women through career mentoring, financial education, and professional career attire in the greater Louisville area. As part of our program evaluation, we will track outcomes of our Enrollees to better understand the correlation between job stability and health.

Humana will offer reimbursement for tools that empower our Enrollees to get their GED. Humana Enrollees will have access to GEDWorks, a program that includes the assignment of a bilingual advisor, access to guidance and study materials to prep for the tests, unlimited use of practice tests, and a test pass guarantee. The test pass guarantee ensures that Enrollees can take the test multiple times (at no cost to the Enrollee) until they pass. With the exception of the actual GED tests all other components are offered virtually, allowing maximum flexibility for our Enrollees to meet their goals.



e.

A summary of the Contractor’s strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and

Humana has an existing comprehensive and dependable network of participating providers serving our Medicaid Enrollees in the Commonwealth, including our foster care, Former Foster Care, Adoptive Assistance, and DJJ Enrollees. This robust network will serve as the base for our Kentucky SKY population. Our current provider network in the Commonwealth includes every acute care hospital in Kentucky and approximately 3,525 PCPs, including approximately 891 pediatric PCPs, 3,192 BH providers, and 978 dental providers. **We have contracts with all Federally Qualified Health Centers (FQHC), 94% of all Rural Health Centers (RHC), all 14 Community Mental Health Centers (CMHC), and all of the freestanding psychiatric hospitals and Psychiatric Residential Treatment Facilities (PRTF) in the commonwealth, maximizing access to care for our Enrollees.**

In preparation to serve the Kentucky SKY population, we have recruited and expanded our network to include providers who currently serve these beneficiaries and additional provider types who will further strengthen our network to support this membership.

### Kentucky SKY Provider Network

For the Kentucky SKY program, we understand the critical role of BH providers, child care agencies, and providers offering social necessary services. We continuously monitor, assess, and evaluate our provider network to inform our ongoing provider network recruitment and maintenance strategy. Our network will continue to evolve over time to ensure we offer the depth and breadth needed to support the Kentucky SKY population. For example, if child care agencies, other qualified residential foster placement agencies, and social service program providers who are deliver EBPs under Title-IV-e funds and are streamlined in the Kentucky SKY program with braided funding, we will directly contract with these providers to offer a comprehensive set of benefits to our Enrollees through our managed care program. Our experience supporting managing LTSS and D-SNPs is similar; we will use lessons learned and best practices from these programs to ensure successful implementation.

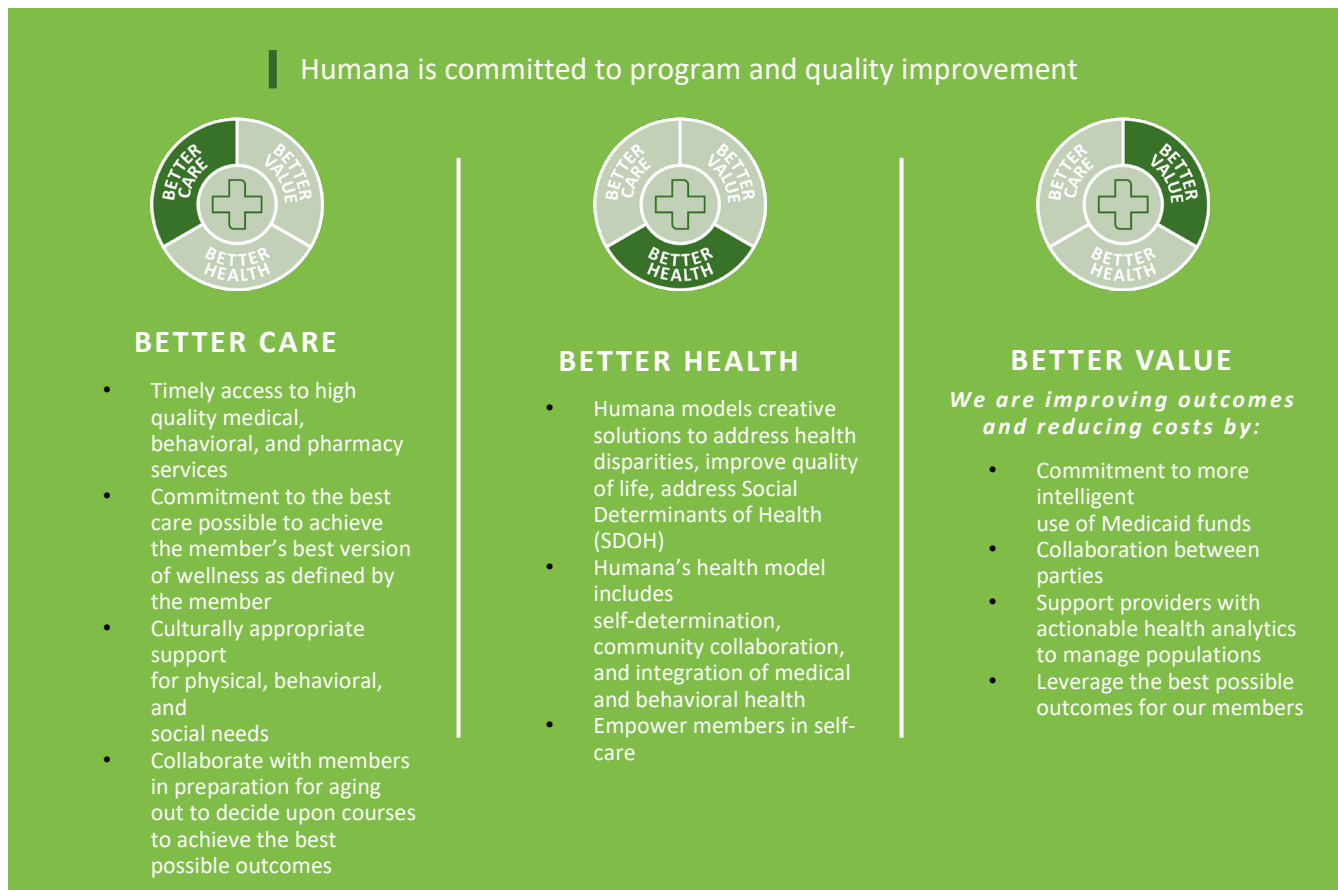
We support our Kentucky providers with local Provider Relations representatives and a vast array of corporate resources. Relationships with our providers are further enhanced via our extensive information technology systems and support resources. Additionally, we will offer all our providers specific training on how to serve the



Kentucky SKY program and participants, both from an operations and programmatic level as well as best practices on clinical guidelines including TIC and relevant assessments. Humana will also train our Quality Improvement Advisors (QIA) to ensure our providers have the support they need to deliver optimal care to our Kentucky SKY Enrollees.

To support the establishment and success of our provider network, **Humana offers a wide continuum of VBP models that incentivize providers to undertake initiatives to improve preventive care, reduce costs, and improve Enrollee satisfaction.** Our Kentucky Medicaid VBP programs will extend to Kentucky SKY and encompass a wide scope of provider types, including PCPs, BH providers, and OB/GYNs.

**Figure I.G.1-5: Humana’s Triple Aim for Quality**



**Telehealth and Mobile Health Capabilities**

Humana fully embraces the use of telemedicine as a way to enhance access and provider capacity. We will offer several telehealth solutions to improve access to important specialists for the Kentucky SKY population:

Virtual Care: We will use MDLIVE’s virtual care platform to offer eligible Kentucky SKY Enrollees telemedicine capabilities aimed at reducing ED visits. Enrollees will have access to a) **Urgent Care** through which they can access licensed healthcare professionals for diagnosis and treatment of common ambulatory illnesses, and b) **BH and Well-Being services** through our teletherapy and tele-psychiatry, where Enrollees can see a licensed therapist face-to-face from the comfort of their home.

Telepsychiatry: We are partnering with Arcadian Telepsychiatry to provide scheduled virtual video and telephonic psychiatry, psychology, and therapy visits. Services include: Diagnostic assessment, ongoing



counseling, ongoing medication management, and care coordination. Our partnership increases access and availability to BH services through a robust network of psychiatrists, psychologists, licensed professional counselors, licensed marriage/family therapists, and licensed clinical social workers.

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

Tele-dentistry: In partnership with Avēsis, we will use tele-dentistry technology to help ensure Kentucky SKY Enrollees and their dental home team can continue to work together, even if the Enrollee needs to move to a foster home outside of the 50 miles/50 minutes access standards. Using both synchronous and asynchronous modalities, we will connect Kentucky SKY Enrollees with their dental home provider(s) by collaborating with individual county health departments to schedule and deploy public health hygienists to the Enrollee’s home, school, or other community-based locations to help facilitate the virtual appointment.

To extend dental care access to our Enrollees in underserved provider shortage areas, we will use Avēsis’ tele-dentistry service. **In partnership with the Kentucky Primary Care Association, Avēsis will pilot tele-dentistry in the Commonwealth through select FQHC and RHC partners.** The pilot plans to include collaboration with local health departments to engage public health hygienists in delivering virtual care. Additional activities to expand access to dental health services include holding community events in rural areas targeting dental education and care and the **development of a pilot to offer dental services in public schools targeting children with care gaps.**

“  
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 to work together across the continuum of care.  
”

– Gina Klyachkin, President,  
KVC Kentucky

f.

A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Enrollees in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor’s experience with addressing these challenges for similar contracts and populations.

Humana offers a multitude of innovative strategies to serve the Kentucky SKY program. Given the unique needs of the Kentucky SKY population, we are designing a program that incentivizes working together across the systems of care. This includes moving beyond the tradition role we can play, as the MCO in the interactions we have with providers, CBOs, Commonwealth agencies, and with Enrollees.

### Value-Based Payment (VBP)

Our Kentucky Medicaid VBP programs will extend to Kentucky SKY and encompass a wide scope of provider types, including PCPs, BH providers, and OB/GYNs. Today, Humana has more than 131,000 MA Enrollees in Kentucky assigned to PCPs engaged in VBP models that align reimbursement with quality care. For Humana providers in VBP arrangements, our models have resulted in higher HEDIS scores, more preventive care, lower hospital admission rates, and lower overall care costs. Further, we support providers in achieving quality outcomes through robust data analytics, including care gap alerts that are integrated with comparative metrics and benchmarks. KVC, Centerstone, and Mountain Comprehensive Care Center have expressed interest in partnering with Humana. Please refer to their Letters of Support, **Attachment I.G.1-4**, **Attachment I.G.1-5**, and **Attachment I.G.1-6**, respectively.

Specific VBP components that will be of particular benefit to our Kentucky SKY population include:



- Our Medicaid Quality Recognition (MQR) program, through which PCPs meeting quality and outcome goals across a set of pre-determined metrics are eligible to receive an annual bonus payment
- BH providers who provide services within seven days of a BH-related hospital or ED discharge will earn a bonus incentive
- To encourage and support physical and BH integration, Humana will reward BH providers with a per-Enrollee bonus for referring Humana Enrollees to a PCP
- To improve access to care and accommodate Medicaid and Kentucky SKY Enrollees' schedules, Humana will offer an Extended Hours Bonus. PCPs and BH providers will be eligible for a bonus for each visit billed using Current Procedural Terminology (CPT) codes for services provided during extended and non-standard office hours
- Humana will also provide an **incentive payment for providers successfully completing selected TIC training or certification programs**, as described in the following section

### Kentucky SKY Program Conference

Humana will host an annual Kentucky SKY Program Conference. This conference will **convene leaders in the field**, providers, Enrollee advocates, non-profit organizations, State agencies and employees, and Enrollees to discuss challenges, identify best practices, and offer training on specific topics. Topics for the conference will be determined through collective feedback from our regional Kentucky SKY QMAC and the Kentucky SKY PAC.

### Kentucky SKY QMACs

Humana will also organize regional QMACs to serve as the eyes and ears of the community and identify gaps in services and areas of opportunity. Local non-profits, CBOs, providers, Enrollees, Enrollee advocates, and others will attend these committees. We will incorporate the regional QMACs' feedback into Humana's quality committee and governance process to inform opportunities for internal operational improvements and quality initiatives. Humana will employ Community Engagement Coordinators who will work in conjunction with CHWs, the SDOH coordinators, and the CCT in that region to recruit Enrollees, organizations, and providers to the QMAC. We have received several expressions of interest to participate in our QMACs, as an example please refer to **Attachment I.G.1-9** for our Letter of Support from CASA.

“  
We are excited that Humana is implementing regional community advisory boards. We anticipate this strategy will allow for local nuances and issues to be raised and addressed. To help inform Humana clinical programs and operational processes, our advocates will be encouraged to engage in these regional community advisory boards.  
”  
– Court Appointed Special Advocates (CASA)

### Value-Added Services

Humana is offering a strong set of services beyond the required benefits package to give our Kentucky SKY Enrollees the best opportunity for success. A few of the innovative value-added services we will offer for the Kentucky SKY program are listed below.

- **myStrength**: myStrength is 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 management, and insomnia, among others) as well as text-based, one-on-one coaching. We will offer this tool to our Kentucky SKY Enrollees to help them navigate their health conditions and access services from a virtual peer.
- **Individual Therapy for Foster Parents**: We will place a particular emphasis on the caretakers, such as foster parents or kinship designees of our Enrollees. Humana will offer 12 individual sessions of therapy for foster parents and kinship caretakers annually, and authorize additional therapy sessions as needed.

- **Wellness Incentive Program:** Humana will offer financial, non-cash incentives to our Former Foster Care Enrollees who complete wellness visits, dental checkups, and additional preventive services.

### Innovative Strategies to Support Trauma-Informed Care (TIC) Approaches

As part of a comprehensive effort to earn the opportunity to serve the Kentucky SKY population in its entirety, Humana is committing to several initiatives to maximize the degree to which our providers are successfully delivering TIC. These are summarized below:

**Trauma-Informed Care (TIC) Program Director:** In addition to meeting all of DMS’s required staffing positions for Kentucky SKY, Humana already has a **Kentucky SKY TIC Program Director, Tricia Cloud, RN**. Ms. Cloud will be fully dedicated to the Kentucky SKY program and will meet with DMS and DCBS regularly to identify provider training needs and broader opportunities to elevate TIC across the Commonwealth. During these meetings, Ms. Cloud will exchange pertinent data that will inform our approach to engage providers caring for Kentucky SKY Enrollees, enabling us to target our outreach and education efforts.

Ms. Cloud will participate on community boards to work with state and community agencies to identify needs or trainings of interest. To optimally integrate TIC activities with broader Kentucky SKY services, Ms. Cloud will also review Kentucky SKY quality data reports and notes from all Regional QMACs.

### Trauma-Informed Care (TIC) Provider Recognition Program

Humana recognizes TIC as a crucial component of provider training. To promote and facilitate access, we will develop a **TIC Provider Recognition Program**, which will recognize successful completion of TIC training. We have secured partnerships with both the UofL Center for Promoting Recovery and Resilience and the UK Center on Trauma and Children to inform the design of our TIC recognition program. Humana will also seek input from DMS, DBHDID, DCBS, and DJJ. Providers can achieve this recognition through several modes:



- We will leverage Relias’s online EBPs to offer our providers 20 TIC modules, which will be available online through our secure provider portal, Availity
- We will accept and acknowledge providers who have already completed industry-approved training (such as the University of Buffalo’s Trauma-Informed Organization Certificate Program: Basics for All Staff) and have experience serving Kentucky SKY-eligible Enrollees
- As our collaborations with both UofL and UK evolve, we will explore including their repository of training resources

To incent providers to pursue this recognition, we will **offer a value-based incentive program for successful completion**. Additionally, Humana will **identify TIC-recognized providers in our Provider Directory** and **give priority in our PCP-assignment algorithm** for Kentucky SKY Enrollees. Please refer to **Attachment I.G.1-1** and **Attachment I.G.1-2** for our Letters of Support from UK and UofL.

### Training from Local Organizations

Humana will integrate trainings offered by local non-profit organizations in our provider education strategy. These organizations provide an important and practical perspective to ensure providers are caring for our Enrollees in a culturally competent and fully aware manner.

Humana has a **partnership with the Bounce Coalition** to conduct training across multiple functions in our organization. Bounce is a Louisville-based non-profit focused on improving the knowledge and skills of all who interact with children and families. It aims to teach others how to recognize the impact of ACEs, ultimately equipping our providers and associates with the skills to help youth develop resiliency and the

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Humana’s efforts will address the core needs of our community’s vulnerable children and families – fostering resiliency-building knowledge, skills, and practices across Kentucky. The Bounce Coalition is proud to collaborate with Humana to help the citizens of Kentucky who are served by Medicaid to thrive.  
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– David Finke, PhD, Co-Chair,  
The Bounce Coalition

ability to cope with trauma. The Bounce Coalition will train our MSRs and care coordination associates on how best to care for children impacted by ACEs.

Bounce Coalition will, at least quarterly, facilitate training for our providers and their support staff to teach practical skill-building for interacting with children impacted by ACEs, including ways to prevent burnout, sharing best practices, and reinforcement of trauma-informed principles. Please refer to **Attachment I.G.1-7** for our Letter of Support from Bounce Coalition.

Similarly, **we will also work with Healing Trauma Resources, Education and Empowerment (TREE)**, a local non-profit organization dedicated to transforming how our society responds to abuse and trauma. Healing TREE will present at our town halls and annual Kentucky SKY Program Conference to share their experiences interacting with the healthcare system. Trainers will have lived experience with trauma and will share information on the supports that are needed to care for Enrollees in the Kentucky SKY program. Please refer to **Attachment I.G.1-8** for our Letter of Support from Healing TREE.

#### **University of Kentucky (UK) Center on Trauma and Children**

Humana has a strong partnership with UK, where we have identified exciting opportunities to partner with several departments focused on trauma practices. As an example, UK has spearheaded research on secondary traumatic stress (STS). **Humana will work with UK leadership to identify providers who have transformed their practices to be aware of and avoid STS and collect best practices to share among our network.** Furthermore,

we will work with UK's efforts in the Child and Adolescent Trauma Treatment and Training Institute (CATTI) to identify providers trained on TIC modalities. Considering the relevance of all the groundbreaking work UK is leading, we will seek to have UK's leaders present at our annual Kentucky SKY Program Conference.

#### **Looking Ahead**

Through our diverse managed care experience, we have developed expertise providing care coordination, care planning, and specialized clinical management for the complex needs of Temporary Assistance for Needy Families (TANF); Children's Health Insurance Program (CHIP); Expansion; Aged, Blind, and Disabled (ABD); and dual-eligible populations within a social supports-based framework. This experience will help us effectively deliver an enhanced coordination and social support model for the Kentucky SKY program. Humana's Medicaid Managed Care experience demonstrates a strong ability to manage complex populations in large numbers and at industry-leading levels of quality while continually improving health and well-being outcomes for Enrollees.

Humana is uniquely positioned and committed to serving as the Kentucky SKY partner given our broad presence in the Commonwealth, operational infrastructure, outstanding team, and commitment to serving Kentucky residents with complex needs. We look forward to working with DMS, DCBS, DJJ, and other stakeholders to support population health, value-based care, quality outcomes, and innovation in the Kentucky SKY program.

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**Humana has been a long-standing MCO serving the Kentucky Medicaid program and is offering innovations to the State's Kentucky SKY program.**

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