

Kentucky SKY

G.

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 **Draft Medicaid Managed Care Contract and Appendices** Section 70.2 for more information.)

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

2.

Company Background

a.

Corporate Experience

i.

Describe the Contractor’s experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:

Humana has broad experience serving vulnerable populations similar to the SKY population through a variety of different models, having served Medicaid-eligible populations continuously for more than two decades through programs including traditional Medicaid Managed Care (MMC), Managed Long-Term Services and Supports (MLTSS), the Centers for Medicare and Medicaid Services (CMS) Financial Alignment Initiative Dual Demonstrations, Medicare Advantage (MA), Dual Eligible Special Needs Plans (D-SNP), and Medicare Part D Prescription Drug Plans (PDP). We currently manage Medicaid benefits for more than nearly 615,000 Enrollees in Kentucky, Florida, and Illinois. We have significant expertise providing service coordination, care planning, and specialized clinical management within a social-supports-based framework for the complex needs of Temporary Assistance for Needy Families (TANF); Children’s Health Insurance Program (CHIP); Affordable Care Act (ACA) Expansion; aged, blind, and disabled (ABD); dual-eligible; serious and persistent mental illness (SPMI); and substance use disorder (SUD) populations. Through years and breadth of experience, we have developed substantial experience integrating medical, behavioral, and social services to positively impact health, social, and experiential outcomes. **Humana’s broad 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.**

EXPERIENCE SERVING FOSTER CHILDREN IN KENTUCKY

In conjunction with the Department for Community Based Services (DCBS), we currently manage more than 2,000 potential Kentucky SKY Enrollees in Kentucky. We deploy **our High Fidelity Wraparound care planning model** and robust data analytics systems to support complex care needs and effectively manage Enrollees within a collaborative, comprehensive team-based approach that incorporates internal and external partners. Our **care coordination model mirrors the Kentucky SKY-designed model of care envisioned by Department of Medicaid Services (DMS)** with the following components:

- Each Enrollee is assigned one Care Coordinator (CC), who serves as a single point of contact for the Enrollee. This approach facilitates a seamless healthcare experience and improves access to care by simplifying processes and care coordination
- Our fully integrated Care Coordination team (CCT) anchors our care coordination program, which encompasses physical health, BH, pharmacy, and social needs

- Our CCs regularly update each individualize care plan to ensure Enrollee goals and needs reflect current health conditions, which inform and track CCT initiatives and address emerging health concerns

Through this model, we achieved the following improved health outcomes among our Kentucky Enrollees in foster care:

- The rate of hospitalizations decreased by 31.6% from 2017 to 2018
- **Emergency department (ED) visits** per person **decreased by 12%** from 2017 to 2018
- Our Enrollees accessed an **average of 3.5 visits to their Primary Care Provider (PCP)** each year

ADDITIONAL EXPERIENCE SERVING VULNERABLE POPULATIONS

Vulnerable Populations in Kentucky

Our vast experience serving vulnerable populations for the past 20 years positions us well to manage care for the Kentucky SKY population. **In Kentucky, Humana has been contracting with the Commonwealth for its Medicaid Managed Care program since 2013.** Humana covers more than 145,000 Enrollees through this program, covering TANF, CHIP, ABD, dual eligible, and ACA Expansion populations. Within this population, we provide care to more than 3,700 disabled Enrollees under the age of 26, more than 38,000 Enrollees with BH needs, and almost 80,000 Enrollees identified as having significant healthcare needs. Humana covers integrated preventive, primary, acute, pharmacy, and BH services for Enrollees in these programs.

Vulnerable Populations in Florida

Humana has covered capitated Medicaid benefits in Florida since 1997 and currently serves as a Managed Care Organization (MCO) in Florida's Statewide Managed Care (SMMC) program, covering more than 460,000 Enrollees. As part of the SMMC program, we serve Enrollees in the Managed Medical Assistance (MMA) program, which covers TANF, CHIP, ABD, and dual-eligible populations. Through the MMA program, Humana covers primary, acute, pharmacy, BH, and transportation services. As part of the SMMC program, Humana also covers long-term services and supports (LTSS) for ABD Enrollees through the Long Term Care (LTC) program. **In 2018, the Agency for Health Care Administration (AHCA) further expanded our longstanding partnership, selecting Humana as one of only two MCOs awarded a Comprehensive SMMC contract across all 11 regions statewide** (against 13 other bidders across the state). Further, **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).**

Managing Special Health Needs

Our infrastructure (refined through years of serving vulnerable populations), support systems (e.g., CCT and CCs), and robust data analytics capabilities enable us to effectively, efficiently, and reliably deliver high-quality care to Enrollees with special health needs. We bring additional relevant experience through our managing co-occurring, complex care in the following channels:

- We engage Enrollees identified by our Severity Predictive Model at risk for high cost claims in our **Personal Nurse chronic care management program** that provides educational interventions; management of conditions and medical problems; medication management; linkage to community resources; and enhanced coordination of health plan services to assist Enrollees with complex needs and their caregivers
- Our BH Predictive Model identifies Enrollees at high risk for BH needs such as autism, and we engage these Enrollees in our integrated care coordination BH program
- In Kentucky alone, we provided care to more than 1,200 NICU babies, with 175 of these Enrollees staying in the NICU for more than 30 days

i.a.

Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;

EXPERIENCE PROVIDING TRAUMA-INFORMED SERVICES

Humana’s experience coordinating and providing trauma-informed services is rooted in our integrated clinical model. As trauma and adverse childhood experiences (ACE) affect the physical, BH, and social needs of Enrollees, **our integrated clinical model’s whole person design assures appropriate care is delivered** by providers and the CCT. The structure of the CCT provides our Enrollees a single point of contact (i.e., the CC) for all their care needs, fostering a sense of safety and trust for the Enrollee.

We have developed this model through experience coordinating and providing trauma-informed services in many states and programs. With millions of Enrollees across all 50 states, Humana regularly manages care for all types of individuals that have suffered traumatic experiences. For example, Humana has Medicaid health plans that support individuals with disabilities that resulted from traumatic accidents. We have experience with dual-eligible demonstration programs for individuals dually eligible for Medicaid and Medicare, which require comprehensive care planning for all Enrollees, knowing that many have intensive, specialized care needs, including trauma-informed services. More broadly, traumatic experiences can affect Enrollees on all of our health plans, and we have developed programs to quickly support Enrollees in the event of trauma. Managing these complex needs requires a local approach, and through our experience serving Kentucky SKY-eligible Enrollees over the last six years, we have built local partnerships that will be critical to appropriately coordinating trauma-informed services. Humana is committed to building on our experience and an ongoing initiative to incorporate trauma-informed principles and practices within our culture in order to become a trauma-informed organization.

In addition to our current practice, Humana will deploy robust resources to coordinate and provide trauma-informed services for the Kentucky SKY population through the following:

- **Trauma-Informed Care (TIC) Training:** We **will train all Enrollee-facing Kentucky SKY associates on TIC and Post-Traumatic Stress Disorder (PTSD) as part of new hire and annual training process.** This will enhance our associates’ ability to support Enrollees in their path to open up about their needs with their providers.
- **Relias:** Our providers will have access to several evidence-based training programs, including more than 20 TIC modules. These modules will be available online through our provider portal, Availity.
- **Training from Lived Experience:** 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 train our clinical and Enrollee-facing associates and share their experiences interacting with the healthcare system. **Trainers have lived experiences with trauma and will share information on the supports needed to care for Kentucky SKY Enrollees.**
- **ACEs Training:** Humana has partnered with the Bounce Coalition, a Louisville-based non-profit focused on improving the future health of children, to train our clinical associates and providers on how best to care for children with ACEs. Bounce will train Humana Community Health Workers (CHW), CCs, Enrollee-facing associates, and our providers on how best to interact with Enrollees who have endured traumatic experiences and screen for trauma.
- **TIC Provider Recognition Program:** 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 University of Louisville’s (UofL) Center for Promoting Recovery and Resilience and the University of Kentucky’s (UK) Center on Trauma and Children to inform the design of our TIC recognition. Providers can achieve this recognition through several modes:

“
We are committed to strengthening and supporting the well-being and vitality of Kentucky’s children, families, and communities through our high-quality, impactful services designed to empower clients building on their unique strengths. And, we are excited to be working with Humana, an innovative managed care partner, to support the Enrollees that will be served by the SKY program.

”
– Anita P. Barbee, PhD,
MSSW, UofL Kent School of
Social Work

- We will leverage Relias’s online evidence-based programs to offer our providers more than 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 incentivize 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 move them up the PCP-assignment algorithm** for SKY Enrollees. For more information, please see section I.G.4. Kentucky SKY Contractor Educational and Training Requirements.

i.b.

Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma- Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;

BH Drug Utilization Review Initiative: Regular Medication Reconciliation

We perform a medication reconciliation for our Enrollees **upon enrollment, during change in condition or living situation**, and **at a minimum every 120 to 180 days thereafter** (depending on acuity) and in collaboration with the Enrollee’s PCP, BH provider, and Humana’s Kentucky Medicaid pharmacist. Our CCs will share the results of the medication reconciliation with the Enrollee’s CCT (including the Enrollee’s providers, DCBS Social Service Worker (SSW) or DJJ social worker, foster parents or out-of-home placement provider, Humana Nurse Case Manager (for medically complex Enrollees) and other representatives) to determine appropriateness of use, adjust treatment as needed, and prevent possible duplication or drug-drug interactions through better provider awareness. If there are concerns about the number of Enrollee medications or possible drug-drug interactions, our CCs will employ the assistance of a Humana pharmacist to conduct a full medication review.

The initial medication reconciliation performed upon enrollment also ensures continuity of care of prescribed medications, as our CC manages the handoff of current prescriptions to the Enrollee’s PCP. We will continue to cover existing medications for 90 days after enrollment, regardless of formulary variations or Prior Authorization (PA) requirements.

For a similar initiative, among our Florida Medicaid network providers, we achieved the following results through our BH drug utilization review program in Q1 of 2018:

- Interventions targeting prescribers whose Enrollees had a detected refill gap of more than 10 days led to an **8 to 10% improvement** in the average proportion of days covered
- **54 to 75%** of providers (with variations by region) who received an intervention after prescribing suboptimal doses either increased the prescribed drug’s dose or stopped the medication
- Of providers who prescribed two or more concurrent prescriptions in the same therapeutic class to an Enrollee, **60 to 73%** stopped or replaced one or more of the medications belonging to that class

Pharmacy Initiative: Performance Improvement Project for Addressing Antipsychotic Use

Between 2014 and 2016, Humana CareSource deployed a performance improvement project (PIP) targeting safe and judicious antipsychotic use in children and adolescents in our Kentucky Medicaid plan. For Enrollees ages

zero to 17 receiving antipsychotic medications and their attributed providers, we implemented several interventions including pharmacy point-of-sale edits, provider monitoring, and Enrollee and provider education.

Over the three-year period, we achieved the following results among our Kentucky Medicaid Enrollees:

- A **30% reduction** in the rate of use of higher-than-recommended doses of antipsychotics in children and adolescents
- A **31% reduction** in the rate of use of multiple concurrent antipsychotics in children and adolescents
- A **24% increase** in the rate of metabolic screening for children and adolescents on antipsychotics

Interventions first implemented with this PIP have now been incorporated into our standard processes. Strategies include adding pharmacy edits that require prior authorizations for prescription of two or more concurrent psychotropic medications, conducting provider education and intervention targeting inappropriate prescribing practices and follow-up monitoring, and identifying and intervening with Enrollees without a claim for first-line psychosocial use prior to prescription of an antipsychotic.

Clinical Initiative: Increasing Preventive Dental Care

A strong tie exists between dental health and physical health. In the 2016 “Dental and Oral Health Services in Medicaid and CHIP” report, CMS states that tooth decay is the most common chronic condition in children enrolled in Medicaid and CHIP health plans. If left untreated, tooth decay can exert strong negative effects on a child’s physical and social development and school performance, which leads to expensive medical and BH treatments. Through our emphasis on preventive care, **we deploy initiatives that effectively mitigate the development of chronic conditions.**




In partnership with the State of Florida, Humana implemented a Performance Improvement Project (PIP) to **increase the number of Medicaid Enrollees receiving preventive dental care** Annual Dental Visit (ADV), a Healthcare Effectiveness Data and Information Set (HEDIS) measure). Our initiative included the following methods to contact and inform providers and Enrollees.

- We distributed our Medicaid HEDIS, Consumer Assessment of Healthcare Providers and Systems (CAHPS) Guide & Checklist to providers, educating them on the importance of preventive dental services and the periodicity schedule associated with those services.
- We delivered the Monthly Action List and Report Card to PCPs and our dental subcontractor to help identify Enrollees with care gaps.
- Our Quality Improvement Advisors (QIA) visited pediatricians’ offices to deliver the Provider Educational Pamphlet for dental services and worked with PCPs on how to educate Enrollees on Covered Dental Services.

Our Dental Call Campaign targeted outbound calls to Enrollees with open dental care gaps.

These interventions yielded a sustained improvement in Enrollees receiving preventive dental care, as reflected in **Table I.G.2-1** below.

Table I.G.2-1: Sustained Improvement in Annual Dental Visits

| Year | Annual Dental Visit (Total) Rate | YOY Variance |
|------|----------------------------------|--|
| 2015 | 46.10% |  Baseline |
| 2016 | 48.54% |  2.45% |
| 2017 | 51.93% |  3.38% |

i.c.

A summary of lessons learned from the Contractor’s experience providing similar services to the populations enrolled in Kentucky SKY; and

Note: Given the connected nature of parts i.c. and i.d., we have addressed them together under the i.d. header below. The response is organized by lesson learned, with the application to the Kentucky SKY program described under each.

i.d.

How the Contractor will apply such lessons learned to the Kentucky SKY program

Through our extensive experience managing services for populations similar to those in the Kentucky SKY program, we have encountered various programmatic issues and engrained those lessons learned to improve our operations in both those programs and in Kentucky.

AGENCY MISALIGNMENT

Medicaid MCOs need to comply with associated requirements and regulations from agencies other than the agency overseeing the Kentucky SKY program. For example, to effectively serve children in the foster care system, MCOs need to work closely with the related state agencies. These agencies may have conflicting requirements or misaligned deadlines, which can lead to compliance issues.

In the Virginia Commonwealth Coordinated Care (CCC) program, Humana experienced issues with misaligned deadlines regarding waiver enrollment and renewals. Whereas Department of Medical Assistance (DMAS) required waiver enrollment and renewals to be submitted by a certain date in the new program year, another agency was responsible for making the determinations and frequently missed DMAS’s deadlines. Facing compliance issues with DMAS on this issue and similar problems, Humana ultimately worked with DMAS and the other required agencies to reconcile misaligned requirements and deadlines. We have experienced agency misalignment between Medicaid agencies and Departments of Insurance regarding provider network regulations.

Application to Kentucky SKY

In the Kentucky SKY program, Humana will work with DMS to ensure regulations and requirements are consistent across other agencies. Humana will propose convening interagency workgroups, including DMS, to align requirements across the different departments involved with the Kentucky SKY program.

PROVIDER TRAINING AND ENGAGEMENT

Strong provider engagement – paired with easy-to-use processes and tools – can improve health outcomes and Enrollee experiences while reducing complaints and avoidable costs. This is especially important when new programs are being implemented, or when new populations or benefits are being introduced to managed care.



To ensure strong engagement, all providers are assigned a Provider Relations representative who personally visits them and acts as a single point of contact for all training. Provider Relations representatives are responsible for communicating all policy changes that may impact providers. We schedule training at the providers’ convenience and lead group training sessions when there is minimal patient care activity. We conduct one-on-one training to deliver information, helping providers understand their overall performance metrics and determine whether their associates have any questions or training needs. With an understanding that many providers prefer to pull training information on a self-serve basis, Humana offers several other ways to access important information.

- Web-based individual training: Humana offers web-based training through our Availity portal and Humana.com. The Availity portal offers approximately 50 separate self-directed classes that cover topics like electronic claims submissions, the Health Insurance Portability and Accountability Act (HIPAA), and

clinical practice guidelines (CPG). Instructor-led, web-based training is also available at least one day per week.

- **Webinars:** Humana offers interactive webinars throughout the year. Webinar topics include claims processing, encounter submissions, continuity of care, dual-eligible Enrollees, referrals, authorizations, contracting, and credentialing processes. Requests from providers, observed trends by our Provider Relations representative, the Provider 360 Committee, and system or programmatic changes, inform these webinar topics.
- **Online reference materials:** Humana has a large array of materials available online, in addition to face-to-face training, web-based training, and webinars. Providers can access online materials at any time including Provider Manuals, quick reference guides, Enrollee Handbooks, phone numbers, and other resources. Materials are all available on our public website; they do not require an account or login to access.

In our Kentucky, Florida, and Virginia Medicaid programs, we have engaged in high-touch, in-person provider education to improve the understanding of programmatic operations and increase programmatic support. Further, in the Florida SMMC Program, Illinois Integrated Care Program (ICP) and Medicare-Medicaid Alignment Initiative (MMAI) programs, we have conducted provider town halls to offer education and training on issues resolvable through larger format meetings.

Application to Kentucky SKY

For Kentucky, Humana will continue to offer all of the above resources to ensure strong provider engagement. We will also apply these lessons learned by implementing a new advisory committee to solicit input from the provider community, monitor concerns, and report progress toward addressing them. Moreover, Humana will effectively communicate the importance of provider participation and the key role they play in supporting Enrollee needs through the SKY program.

MCO-TO-MCO ENROLLEE TRANSITION

To successfully transition about 24,000 Kentucky SKY Enrollees to one MCO, the transitions need to be carefully managed to maintain appropriate continuity of care for this vulnerable population. Important considerations span from provider assignment to care coordination, and well-managed transitions depend on data shared between MCOs.

In the Virginia CCC program, Humana experienced numerous Enrollee transitions from other MCOs. However, the other MCOs frequently provided incomplete information on Enrollees. Specifically, the authorization transfer process lacked critical information elements for a smooth process. Humana, working with the program's other MCOs, noted these information gaps and submitted a revised form to DMAS to enhance this method. Ultimately, DMAS selected Humana's revised form as the new template for the authorization transfer process.

Application to Kentucky SKY

For SKY, Humana will also work with the Enrollees previous MCOs and DMS to ensure the MCO transition of care process and form encapsulates complete information to ensure smooth this MCO-to-MCO Enrollee transition. Based on experience in the Commonwealth and with other managed care programs, we are prepared to work collaboratively with other MCOs and DMS to ensure effective Kentucky SKY Enrollee transitions.

ENCOUNTERS

Obtaining accurate, up-to-date encounter data is an issue with many managed care programs. Without this data, MCOs and State agencies struggle to maintain insight into Enrollees' service utilization and care coordination needs.

Since we began operating in the Kentucky Medicaid program, Humana has collaborated with DMS through various lines of communications to improve the accuracy of encounters. Humana has leveraged the following methods of communication to successfully work through encounter issues: MCO Encounter Work Groups; Bi-Monthly Encounter Meetings; and Weekly Information Technology (IT) Meetings. Through open communication,

system enhancements have been made on our side for encounters, enabling improved accuracy and decreased penalties. Using feedback from the MCO Encounter Work Group, DMS completed a 105-day purge of un-repairable encounters, which allowed us to move forward with improved opportunities for accuracy.

We have also added a Medicaid Encounter Data Quality Coordinator, Herb Ellis, to identify, resolve, and monitor encounters (including data validation and management issues) for Medicaid. This Encounter Data Quality coordinator is our expert on encounters to answer questions, provide recommendations, and participate in problem solving and decision-making related to encounter data, submissions, and processing. Mr. Ellis analyzes activities related to the processing of encounter data and data validation studies to enhance accuracy while working with the business areas to ensure the timely and accurate submission of encounter data and report to DMS.

Application to Kentucky SKY

Humana will continue to use these meetings to improve encounter data in the Kentucky SKY program. Moreover, we will work with DMS to continually identify additional methods to improve the accuracy of encounter data.

ELIGIBILITY

Many Managed Care programs experience issues related to technological system errors, including Enrollee eligibility determination systems. Eligibility system errors can lead to varying programmatic issues, such as wrongful enrollment termination.

In 2016, Humana identified issues with the Benefind System used for eligibility by DMS. Issues identified in the system included: Retroactive County Flip; Missing County; Deemed Eligible Newborns; Cases in Change Mode; Age and Program Mismatches; and Retroactive Eligibility Changes. A series of meetings with DMS' Benefind team gave us the opportunity to collaborate and co-create resolutions. We worked to provide DMS with multiple data requests and reconciliation files. Humana made system enhancements both for short- and long-term solutions based on feedback and discussions with DMS, leading to successful resolutions for eligibility issues.

Application to Kentucky SKY

As eligibility issues arise in the Kentucky SKY program, Humana will continue to work with DMS and KAHP to resolve these matters. Based on our current work with DMS, we are confident in our ability to continue resolving programmatic issues.

ACCESS TO CARE

Many states face the critical problem of rural or difficult-to-access areas, and the provider shortages that often face these areas. As a result of this issue, Enrollee needs can often go unaddressed for significant periods of time, potentially leading to greater complications than if addressed earlier.

To overcome these barriers in Kentucky, Virginia, and Florida, we have used mobile health clinics and telehealth capabilities to reach Enrollees in geographies with limited access to care. Moreover, in addition to mobile and telehealth technologies, Humana ensures that our community and Provider Relations representative as well as our CCs invest significant time developing an in-depth understanding and relationships with providers and community-based organizations (CBO) in these rural and difficult-to-access regions. Intimate knowledge and close relationships help quickly react and manage issues as they happen for Enrollees.

Application to Kentucky SKY

For the Kentucky SKY program, Humana will also leverage our extensive experience with mobile health clinics and telehealth to reduce access to care issues in rural areas, especially in southern Kentucky and Appalachia. We offer training and expertise to help providers develop telehealth capabilities, and we pay telehealth claims at the same rate as in-person services. We will also **partner with Arcadian Telepsychiatry** to provide scheduled virtual video and telephonic psychiatry, psychology and therapy visits to support physicians. Under this system, PCPs

can directly arrange BH services for their patients who screen positive for a BH need, and Humana Enrollees can receive BH services (including the prescribing of controlled medications) right in their PCP's office.

Humana will also enable Enrollee-led telehealth by offering eligible Kentucky SKY enrollees access to MDLIVE's virtual care platform for 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 (BH for ages 10 years and up) where Enrollees can see a licensed therapist face-to-face from the comfort of their home or other secure location. We will also work with providers to offer extended hours making it easier for Enrollees who may have to travel long distances or whose schedules simply do not permit working hour visits. Our CCs will invest significant time developing an in-depth understanding and relationships with providers and CBOs in these rural and difficult-to-access regions. Further, our deeply rooted relationships with community-based partners and our robust network will help alleviate issues stemming from limited access to care.

FOOD INSECURITY

Many Medicaid programs are facing an increase in food insecurity among Enrollees, which can lead to worsened health outcomes. Similarly, food deserts increase the likelihood of poor eating habits among Enrollees.

In the Illinois MMAI program, we have sought to improve problems related to food deserts and food insecurity in our service areas through a health and nutrition program. Specifically, Humana identifies communities with a high concentration of individuals experiencing either food insecurity or food deserts. We provide education on the functionality of various grains, produce, meat, and dairy products and nutrition label interpretation. Additionally, our program provides demonstrations on how to cook various food products. Finally, our associates help Enrollees through a "grocery store shopping challenge" (meal planning for under \$10) by showing how to find ingredients to cook the most nutritional meals on a minimal budget. Additionally, through our national population health strategy, Bold Goal, Humana develops close working relationships with local food banks to increase attendance among and distribution of food to Enrollees experiencing food insecurity.

In the Florida SMMC program, we have launched a food insecurity pilot. Through this program we partner with Conviva Care Solutions to have PCPs screen Enrollees for food insecurity. After having identified these Enrollees to Humana, Feeding America, our other partner, provides them with a food basket and provides the Enrollees with information on how to connect with local food banks.



Application to Kentucky SKY

For Kentucky SKY, Humana CCs will further develop our food education initiatives, particularly education on nutritious diets and how to cook healthy on a limited budget. Moreover, through both our CCs and Bold Goal initiative, Humana will leverage its existing relationships with food banks, such as Dare to Care in Louisville, to increase food access among our Enrollees. Additionally, through our value-based payment arrangements, we will explore incentivizing providers to screen for SDOH indicators, including food insecurity, and to connect Enrollees with the appropriate resource (or refer them to Humana CCs to do so).

In partnership with the Feeding Kentucky Farm to Food Bank program, Humana will explore addressing food insecurity in the Federally Qualified Health Center (FQHC) setting, through a food prescription program. This programming would focus on impacting child hunger by addressing food insecurity for the family unit. Families accessing the FQHC for their medical care would be screened for food insecurity, and those accepting a referral into the program would receive a prescription for seasonal fruits and vegetables.

For one in five Kentucky children, school lunch may be the only continuous nutritious meal they receive. Summer is the most vulnerable time for those children experiencing food insecurity. Of the more than 500,000 children who receive free lunch during the school year, only one in 12 have access to a free meal during the summer. Humana proposes sponsoring mobile meal distributions through Kentucky Kids Eat, a Feeding Kentucky program, to address the summer hunger issues many of Kentucky's children face. These mobile meal distribution programs are able to expand the reach of traditionally free-standing locations in order to provide meals to kids living in more rural and remote areas. By expanding the reach of the mobile food program,

Humana will positively impact the food security and nutrition of the Commonwealth's most vulnerable children and families.

In partnership with community partners, Cooking Matters and Share our Strength, Humana will work to teach families basic cooking skills and how to budget and use Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC) dollars.

ii.

Provide a listing of the Contractor's prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information:

- a. State name
- b. Contract start and end dates
- c. Number of covered lives
- d. Whether the Contractor provides services regionally or statewide

Florida Statewide Medicaid Managed Care

- a. Florida
- b. January 2019 – December 2023 (Contract Origination: 1997)
- c. 428,533 Enrollees
- d. Statewide services

Kentucky Medicaid Managed Care

- a. Kentucky
- b. July 1, 2015 – December 31, 2020
- c. 145,688 (End of Contract: December 2020)
- d. Statewide Services

b.

Office in the Commonwealth

For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarized the outcome of the co-location in coordinating of services for program participants.

Humana currently does not have co-located associates in any agency regional office. However, we will commit to having Co-located Complex CCs at each DCBS regions. We will house at least two dedicated full-time associates in the Jefferson and Northern Bluegrass regions and at least one dedicated full-time associates in each of the other DCBS Regions, pending approval of our application. Humana will collaborate with DCBS and DJJ to determine the staffing needs and colocation capacity. We will be targeting regions where support is the most needed by DCBS. Humana is recommending that we target the Northern Bluegrass region to align with the START team to remove SDOH barriers for families and linkage to recovery based treatment programs. We would also like to co-locate with the Children's Review Program to assist with updating 886a's, contracting providers if services or coverage are a barrier to placement.

These associates will have a small case load of 1:25 Enrollees and will be accessible in the office or via their cell phone. Having Co-located Complex Care Coordinators will allow for hands on discharge planning assistance, updating of the 886a documentation, trainings to be held on site for SSWs, ability to meet with transition-age youth in person to update their Medicaid eligibility and provide guidance on healthcare coverage. These collocated associates will also be able to immediately triage calls to SSWs regarding provide billing, pharmacy issues, etc.

In addition to the Co-located Complex CCs, Humana has committed to having a dedicated liaison for DJJ Enrollees. This liaison will rotate between the key DCBS offices as the population is relatively small.

Quickly after DMS notification of intent to award a Contract, Humana will meet with DCBS to begin exploring all aspects of our co-location model, including, but not limited to, office space availability, IT issues and options, and confidentiality protection. We will then prepare our application(s) to DCBS and work through the actual co-location implementation steps as agreed.

Humana has been recognized as a great and inclusive place to work. In 2019, Forbes Magazine named **Humana one of the country's Best Employers for Diversity** and the Human Rights Campaign Foundation named us as one of the **Best Places to Work for LGBTQ Equality**. In addition, Diversity, Inc. named us a **top 50 employer** in 2018.

c. Staffing

i. Describe the Contractor's proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum:

Our large Kentucky presence and our culture of "giving back" to our community are an important advantage to DMS, DCBS, and the Kentucky SKY Program. Humana's workforce currently includes approximately 12,577 Kentucky-based associates, and we have a proven commitment to supporting our community. Humana associates have also contributed nearly 551,000 volunteer hours in the Commonwealth since 2014, demonstrating Humana's commitment to community development and our associates' dedication to the communities we serve. Many of our Kentucky employees are foster care parents themselves. Humana offers six weeks paid leave for parents who have a baby, adopt a child or have a foster child placed in their home. Foster parents can use this benefit once every rolling 12 months; **more than 80 Humana employees have used our foster parent leave benefit since 2017 (in addition to those serving as foster parents previously)**. Our Kentucky SKY associate team will become almost entirely Kentucky-based. Serving the Kentucky SKY population represents an important, exciting opportunity for our team in ways that go well beyond the business dynamics.

Humana's approach to identifying key personnel places primacy on finding leaders who reflect our values and are aligned with our mission: Putting Enrollees first through a whole-person model of care that accounts for their physical health, BH, and social needs in a culturally competent manner. We hire leaders committed to making a positive impact on the Medicaid delivery system and the social supports infrastructure as a whole. We recognize addressing today's most challenging health needs requires collaboration



**ASSOCIATE SPOTLIGHT:
Kristan Mowder, RN**

Kristan, our Kentucky SKY Executive Director, has been with Humana since 2013. She has lead several areas within Humana's Kentucky Medicaid program, such as case management, quality, behavioral health, and developed Humana's Kentucky Medicaid foster care program. Prior to working in managed care, Kristan spent her career working with a wide spectrum of the Medicaid population. She utilized her psychology degree providing community case management at a Community Mental Health Center located in Lexington, KY, now known as Newvista, for the Medicaid children and adult IDD waiver population. After becoming a nurse, Kristan had the pleasure of starting her nursing career working at The Ridge, a free-standing psychiatric hospital in Lexington, KY, as the charge nurse for the child unit with a large number of the children served having been impacted by the child welfare system in some way. Kristan concluded her provider experience by serving as the Chief Nursing Officer at Eastern State Hospital, the largest State Psychiatric Hospital in Kentucky.

from multiple points of view. Therefore, we seek individuals with diverse experiences and perspectives. Their unique characteristics, backgrounds, and insights drive the novel, innovative, and strategic thinking that has allowed and continues to allow Humana to positively impact the diverse marketplace. Our Plan Executive Director, Kristan Mowder, RN, works alongside our Recruitment team, Human Resources department, and our national Medicaid Leadership teams to hire leaders who embody these characteristics, while driving strategic, clinical, and operational priorities. This model has been successful: **The average tenure of our senior Medicaid managers is 10 years.**

When recruiting candidates, we focus on building a team that blends Kentucky-specific knowledge and experience with experts in Medicaid managed care for foster children and national best practices. In-state associates focus on addressing the most critical elements of care and support delivery, while corporate shared services associates provide industry-wide expertise and enable us to handle peak volumes or seasonal variances without interruption.

We actively seek a mix of internal candidates (through job postings and enterprise recruitment channels) and external candidates (through online recruitment tools and recruiters) comprising expertise, leadership, and experience with unique local considerations to add to the Humana team.

i.a.

Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others).

Humana’s organization structure is built upon more than 50 years of experience from multiple lines of business, industry best practices, organizational values, Commonwealth and federal regulations, Department of Medicaid Services (DMS) Contract requirements, and national healthcare agency guidelines. Our Kentucky SKY program organization will be comprised of our established **local Kentucky-based market resources, supported by our local Executive Leadership team, and overseen by our national leadership.** We will have 268 associates who are fully dedicated to the Kentucky SKY program. This structure brings together best practices, infrastructure, and feedback from multiple sources (e.g., providers, Kentucky SKY Enrollees, associates) to help us achieve programmatic goals, deliver high-quality care and improve health outcomes, and respond quickly to emerging Enrollee needs.

Organizational Structure Driving Innovation

We have dedicated resources within our clinical, provider, and operations areas to support **our fully integrated model** and execute the broader vision championed by our market executive team. This structure ensures innovative solutions are integrated throughout our organization. In addition to these dedicated resources, established innovative practices within our structure that include:

Table I.G.2-2: Innovative Solutions throughout Our Organizational Structure

| Position/Committee | Innovative Support |
|---|---|
| Trauma-Informed Care (TIC) Program Director | <ul style="list-style-type: none"> • Tracks and implements emerging evidence-based TIC practices • Shares evidence-based TIC practices to providers and associates • Organizes and facilitates general educational meetings with providers • Identifies training gaps among our providers, CBOs, foster parents, and other key partners • Creates and/or disseminates training materials and identifies appropriate venues to conduct training |
| DJJ Liaison | <ul style="list-style-type: none"> • Ensures SKY Enrollee is assigned to the correct PCP. • Provides clear communication channel between Humana, the SKY Enrollee and the DJJ workers and support staff |

Table I.G.2-2: Innovative Solutions throughout Our Organizational Structure

| Position/Committee | Innovative Support |
|---|--|
| | <ul style="list-style-type: none"> • Monitor trends in barriers and innovation related to serving SKY Enrollees within the DJJ population |
| Quality and Member Access Committee (QMAC) | <ul style="list-style-type: none"> • This meeting is led by the Culture and Community Engagement Director, an innovation that should maximize the targeted SKY focus with this group • Serves as the ears and eyes of the community • Identifies gaps in services and areas of opportunity • Creates solutions for issues most pertinent to our Kentucky SKY Enrollees and providers • Reports into our quality committee and governance process – directly linking them to internal operational improvements • Our Community Engagement team associates will work closely with CHWs, and SDOH Coordinators, |
| Regional, Co-Located Complex Care Coordinator | <ul style="list-style-type: none"> • Our Co-located Complex CCs in key DCBS locations, with at least one located in each DCBS region to facilitate communication and collaboration in real time to meet SKY Enrollee needs • We will also co-locate CCs in DJJ Community Districts. In partnership with DJJ, law enforcement officials, the courts, judges, and attorneys, Humana will provide a direct line of communication between these stakeholders and ourselves to ensure a seamless information exchange information |
| Family and Youth Peer Support Specialist | <ul style="list-style-type: none"> • Our Family and Youth Peer Support Specialists will be trained to work with the specific populations within the SKY program based on their own lived experiences • Families and caregivers of youth in the SKY population can get help navigating the System of Care for their children, schools, courts, child welfare, Medicaid, community based organizations • When possible and appropriate we will encourage our SKY Enrollees to obtain Peer Support Specialist Certification if this is of interest to them, with the possibility of future employment with Humana |
| Community Health Workers | <ul style="list-style-type: none"> • Will build relationships with community partners specifically engaged with the SKY population and suited to meet their needs • Local community-based presence to address the individual needs of SKY Enrollees face-to-face when possible • hired from the communities they serve, are trained and have a deep understanding of the available community resources in their communities • provide direct and active support to our SKY Enrollees to identify and link the child and caregiver(s) to needed social and community supports |
| Social Determinants of Health Coordinators (SDOH) | <ul style="list-style-type: none"> • Identify and refer for SDOH needs including addressing food insecurity, educational challenges, age-appropriate challenges, housing needs • Will serve as conduit between Community Based Organizations set up to mitigate SDOH barriers in local communities where SKY Enrollees and their families or caregivers live • Local community-based presence to address SDOH needs with culturally competent interventions and resources |
| Housing Specialist | <ul style="list-style-type: none"> • Will be trained on SKY population needs and how to most effectively meet those specialized needs with relation to housing |

Table I.G.2-2: Innovative Solutions throughout Our Organizational Structure

| Position/Committee | Innovative Support |
|--|--|
| | <ul style="list-style-type: none"> • Understand the risks of homelessness for former foster youth to engage in prevention activities and provide housing support resources • Build relationships with key housing resources through state entities, Community Based Organizations and social services agencies to link SKY Enrollees with the right supports |
| Care Coordination Manager | <ul style="list-style-type: none"> • Assist with oversight of the SKY Population Health Management staff, focusing on the Care Coordinators. • Experienced in working with the SKY populations to keep focus on specialized needs of the population and understanding how to navigate systems to improve outcomes |
| Kentucky SKY Program Operations Steering Committee | <ul style="list-style-type: none"> • Lead by our Project Manager, Lisa Hart, and consists of the Kentucky SKY leaders • Provides support, guidance, oversight to the Kentucky SKY program • Oversees the critical implementation components such as the Implementation Steering Committee, Implementation Core Team meetings, IT enhancements, and the Implementation Command Center • Reviews the status of ongoing operations and renders key decisions on issues and risks that may arise |
| Kentucky SKY Quality Improvement Committee (QIC) | <ul style="list-style-type: none"> • Co-chaired by our Kentucky SKY Medical Director, Ian Nathanson, MD, and SKY Psychiatrist Taft Parsons to ensure integration occurs throughout the Kentucky SKY program • Reports into our Kentucky Medicaid QIC with a focus on the specialized needs of the population or providers serving these Enrollees |
| Quality Initiative Governance Committee (QIGC) | <ul style="list-style-type: none"> • Uses multiple dashboards and reports to assess our program performance and meets every month to discuss findings |
| Voice & Choice Information Exchange care portal | <ul style="list-style-type: none"> • High Fidelity Wraparound model of care planning • Provides an easy to use portal to ensure collaboration and communication with all members of the SKY Enrollees care team |

i.b.

Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.

We believe our fully integrated CCT will promote whole-person and integrated care for Kentucky SKY Enrollees. The CCT team consists of clinical and non-clinical associates with expertise in physical health, BH, and addressing SDOH to fully support Enrollees with co-occurring, complex needs along with the Enrollees family or caregivers as approved by DCBS SSW. This co-located





ASSOCIATE SPOTLIGHT:
Tricia Cloud, RN, CCM

Tricia, our Kentucky SKY TIC Program Director, strives to create market-based population health services which enable improved clinical outcomes through access to affordable healthcare and social support resources for Kentucky Medicaid Enrollees. With more than two decades of experience in the managed care industry, she is uniquely positioned to develop innovative clinical initiatives and population health programs. Born and raised in Lexington, KY, Tricia has a strong connection to the Commonwealth. Prior to joining Humana in 1997, she worked as a Home Health Registered Nurse at Nurses Registry and Home Health in Lexington, KY and an Intensive Care Registered Nurse at Frankfort Regional Hospital in Frankfort, Kentucky.

team has access to a 360-degree view of our Enrollees through our integrated clinical platform, Clinical Guidance eXchange (CGX), and we ensure our Enrollees have access to a single point of contact for all their care needs while benefiting from the High Fidelity Wraparound expertise.

Recognizing the complex, co-occurring health needs of Kentucky SKY Enrollees extends beyond traditional physical healthcare, we have integrated BH professionals and CHWs into our care team. We have structured our entire organization to **drive collaboration** among all channels, especially among our Medical Director, BH Director, and Population Health Management (PHM) Director, because delivering high-quality care requires cooperation, shared responsibility for open communication, and solicitation of input from all functional areas. Therefore, our clinical, provider, and operations areas have been deliberately structured to support a collective and dynamic approach to promote whole-person integrated care spanning physical, behavioral, pharmacological, and SDOH. While discrete operational areas may address and monitor different aspects impacting Enrollee health, all areas work

together to co-create solutions and communicate solutions through cross-functional forums. For example, if quality measure reporting reveals polypharmacy issues present among Kentucky SKY Enrollees with BH conditions, our Quality Improvement Director, Eric Dodson, Esq., Medical Director, Ian Nathanson, MD, Pharmacy Director, Joe Vennari, PharmD, BH Director, Liz Stearman, CSW, MSSW, TIC Program Director, Tricia Cloud, RN, and other cross-organization essential personnel collaborate to develop a quality initiative. This team would then coordinate with respective operational areas to implement this quality improvement activity and work with associates from our Provider Services Staff to initiate provider education. In addition, our Dr. Nathanson and Kentucky SKY Psychiatrist, Taft Parsons, MD, co-chair our SKY QIC and report into our Kentucky QIC, ensuring integration occurs throughout our Kentucky SKY program.

Humana recognizes the need to drive quality of care and health outcomes across our entire Kentucky Medicaid health plan. Meaningful quality improvement requires all operational areas to be invested in and responsible for quality improvement for the organization, not just their area of oversight. Thus, all business units (i.e., those represented in our organizational structure) have leadership serving as members of the Kentucky QIC. These committees oversee and review data reports that are used to engage all functional areas within the organizational structure to drive cost-effective health improvements and provide a forum for our functional areas to brainstorm, share best practice, troubleshoot challenges, and prioritize local market goals.

Population health is a foundational element to our enterprise mission and a core component of our all of our Medicaid programs. **We apply our PHM approach in every market we serve and every line of business, and this will include the Kentucky SKY population.** Population health and care coordination are critical components of our model of care. We will implement a PHM program assessing our Kentucky SKY Enrollees to identify needs, employ strategies to improve the health and well-being of our Enrollee population, develop and implement interventions, and continuously measure and monitor outcomes to adjust our approach.

Our approach to population health developed over time through our experience serving similar populations in our other Medicaid and dual-eligible plans and has been strengthened locally by our **nearly 60-year presence in the Commonwealth**. Core principles of population health drive the overarching strategy across our organization to improve health outcomes and promote smarter spending. We have cohered our clinical, provider, and operations resources to ensure population health is integrated throughout the organization with the following:

- **Embed population health strategies in operations:** Population health is the overarching framework that informs our approach to improve health outcomes and promote smarter spending. To reflect that in our organization, our CCT reports directly to the PHM Director. Further, given the integral and value-added nature of a population health approach across many other areas of our plans and national support organizations, Humana has established an enterprise-wide approach of embedding population health strategies throughout our operations. This applies to areas such as Quality, Utilization Management (UM), and Community Engagement, among others.
- **Employ dedicated Community Engagement Coordinators:** Part of our population health strategy is connecting with the communities we serve. To do this, we employ associates, such as **Community Engagement Coordinators** and **CHWs** to build relationships with community partners and address the needs of individual Enrollees. Humana's CCT is the anchor of our Kentucky SKY PHM program. As part of this structure, we have personnel dedicated to building relationships with community partners, specialists to link Humana associates and staff to resources that address SDOH-related needs and specialists to manage resources and strategies related to homelessness and housing.
- **Integrate population health priorities into quality management:** We take a population-wide focus on quality to inform improvements in care delivery and outcomes, including advancing health equity.
- **Address SDOH needs as critical gaps in care:** We integrate SDOH needs as part of Humana's comprehensive and integrated model of care. Humana screens Enrollees for unmet SDOH needs during the Enrollee Needs Assessment and on an ongoing basis within care coordination. Our CCT is designed to address SDOH gaps as part of the care coordination process.
- **Build and maintain sustainable strategic relationships:** We cultivate relationships with community partners, state agencies, and providers to create evidence-based, scalable, and financially sustainable population health solutions. Humana recognizes that effective partnerships are foundational to delivering effective care and our teams are dedicated to using our data to inform our outreach and engagement strategy.

ii.

What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?

Humana hires individuals fully qualified, licensed, and legally authorized to work in the Commonwealth and perform the services required of them. In addition to appropriate education, training, and licensure, we will require our Kentucky SKY associates to have the following experience and knowledge of:

- Foster Care and Juvenile Justice systems
- Adoption Assistance
- Delivery of BH services
- TIC
- ACEs
- Crisis Intervention Services
- Cognitive Behavioral Therapy
- Evidence-based practices applicable to the Kentucky SKY population

In addition to experience, when recruiting and interviewing, we will look for additional soft skills such as:

- Empathy
- Persistent
- Willingness to collaborate
- Lived experience
- Good communication skills
- Culturally Competent

We will comply with Section 42.6.2 of the Draft Medicaid Contract and ensure all associates involved with clinical and medical decision making have a valid, active, and unrestricted license to practice in the

Commonwealth. Annually (at a minimum) we will verify all associates have required and current licenses that are in good standing and will provide a list to DMS of licensed associates and current licensure status.

iii.

Provide a narrative description of the Contractor’s approaches to recruiting staff for the Kentucky SKY program, including:

Our recruitment and talent management strategies focus on sourcing, recruiting, hiring, and developing highly skilled, experienced, culturally diverse, and dedicated associates who have demonstrated they can effectively serve foster care children. We seek to find the most qualified individual for each role and therefore prioritize in our active recruitment process professional work experience and formal education (particularly individuals who are trauma-informed or have training in providing TIC); knowledge of and experience serving a population similar to Kentucky SKY; personal experience; and other personal attributes such as empathy and compassion.

Humana has more than 50,000 associates nationwide and more than 12,000 associates in Kentucky from which to source qualified candidates that we can recruit from as well. Therefore, to the extent possible, we hire Enrollee-facing associates from the communities they serve and qualified individuals who have experienced trauma and recovery themselves. 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. Should Humana be awarded the Kentucky SKY Contract, we already have 17 of the 20 Key Personnel hired, along with our TIC Program Director. Our hiring and retention plan will result in long-lasting, continued relationships where feasible.

iii.a.

Recruitment sources;

ONLINE RESOURCES

As the primary source of industry recruitment, Humana leverages the Internet to recruit highly qualified individuals. Our career website connects candidates to job postings and provides recruiters a robust database of diverse applicants from which to source. Our recruiters search this database and conventional websites (such as Indeed and Career Builder) to identify potential candidates who may not have applied to advertised positions. In addition, we utilize targeted and niche websites (such as LinkedIn, Twitter, and Facebook) for specific positions.

Table I.G.2-3: Online Recruitment Sources

| Posting Board | Description |
|--------------------|---|
| Career Builder LLC | <ul style="list-style-type: none"> Managed Services Agreement for Sourcing for Service Operations, Sales, Pharmacy & Clinical/Registered Nurse (RN). Our team of Recruiters also has resume Search Licenses for sourcing candidates for all types of openings. |
| Direct Employers | <ul style="list-style-type: none"> Non-profit consortium that provides job listing with local state offices and unlimited resume search licenses to their database. All outreach is with military, veteran, disability diversity. |
| FlexJobs | <ul style="list-style-type: none"> Postings scrape setup for "flexible jobs" (part-time and work at home). |
| Glassdoor | <ul style="list-style-type: none"> Job scraping and paid job ads. |
| Indeed | <ul style="list-style-type: none"> Job scraping on all Humana jobs; paid banner ads and Recruiter search licenses |
| Dice | <ul style="list-style-type: none"> Technology job postings and resume search licenses |
| LinkedIn | <ul style="list-style-type: none"> job slots, recruiter licenses and in mails for each license; also includes Gold Career Page with five views (IT, Finance, Sales & Mkt, Clinical, and Default) Will search in targeted groups such as: Medicaid, social work with children etc. |
| Handshake Tool | <ul style="list-style-type: none"> Networking, Job Posting, and Event Management Platform for College Students |

Table I.G.2-3: Online Recruitment Sources

| Posting Board | Description |
|---|--|
| Military Spouse Employment Partnership (MSEP) | <ul style="list-style-type: none"> Our MSEP membership allows us to link to the Military Spouse Job Search Web site which supports all military service branches. |
| Social Media (Facebook & Twitter) | <ul style="list-style-type: none"> Run digital ads on these platforms to attract talent |

ADDITIONAL RESOURCES



Military Outreach

We regularly partner with organizations such as The Wounded Warrior Project, Blue Star Families, and the National Military Family Association to recruit qualified individuals. We hold job fairs both in person and virtually and advertise in local newspapers (including military installations) and publications such as G.I. Jobs magazine, U.S. Veterans magazine, and Recruit Military Search and Employ magazine. If required, we use broadcast radio advertisements and independent research firms to ensure a deep, diverse pool of qualified candidates. We currently have 506 Veterans, 82 Disabled Veterans, and 112 military spouses employed in Kentucky.

Humana is also committed to hiring veterans as we understand and appreciate the extraordinary commitments veterans have made for our nation and Commonwealth. In 2011, Humana launched the Veterans Hiring Initiative, and **since then we have hired more than 5,100 veterans and military spouses, nearly 700 of whom are located in Kentucky.** Our objective is to: provide employment and development opportunities to veterans and their spouses; meet our talent demands with uniquely qualified military talent that enhances the service provided to our members; and act as a corporate leader in support of the military and veteran community. To date Humana has received 42 awards for Veteran’s Initiative Results as shown in **Table I.G.2-4** and **Figure I.G.2-1**.



Humana was awarded the Top 18 Companies for Veterans Award from DiversityInc for placing #10 on list for 2018, for the first time in Humana history.

Table I.G.2-4: Veteran’s Hiring Initiative Results

| Veteran’s Hiring Initiative Results Since Start of Initiative in 2011 | | | | |
|---|---------------------------------------|---|--|---|
| DATA CURRENT AS OF JANUARY 15, 2020 | | | | |
| Veterans Hired: 4204 | Military Spouses Hired: 973 | Disabled Veteran/Wounded Warrior Hires: 414 | Current Veteran Associate Population: 1647 | Current Military Spouse Associate Population: 739 |

Figure I.G.2-1: 2019-2020 Veteran’s Hiring Initiative Awards and Recognitions



College Programs and Sources

We maintain relationships with 24 undergraduate and nine graduate schools to engage top university talent in internships or full-time associate experience and development through the following:

- Healthcare Leader Rotation Program: Develop enterprise-thinking leaders through structured rotational program with an emphasis on strategy, finance, and operational experiences
- Actuarial, Information Technology and Accounting/Finance: Recruit actuarial talent to full-time roles at Humana
- Black Achievers: Partnership between Humana Foundation and Black Achievers program to award scholarships and internship opportunities to top diverse talent
- Graduate Program Recruitment: Recruit best talent across the country to full-time roles at Humana
- Management Leaders for Tomorrow (MLT)/ Consortium for Graduate Study of Management (CGSM): Recruit African-American and Hispanic students from top schools
- University of Louisville: Recruit top Masters of Science of Social Work for various roles across the enterprise
 - While we have a partnership with the University of Louisville to recruit top Masters of Science of Social Work, Humana recruits from all colleges and universities but does not have an associate at the campus.
- Specialized Internships: Determined by business area need enables us to quickly fill roles

ASSOCIATE REFERRAL PROGRAM

Our online referral system allows Humana associates to refer qualified internal associates and external candidates for open positions at Humana. Associates submit the candidate's name and contact information, which triggers a message to a hiring manager to conduct a resume review. As Humana managers can directly refer their associates through this system, our Associate Referral Program enables us to promote from within the organization, as well as source external talent.

iii.b.

Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;

Humana takes several measures to ensure positions remain filled. Our dedicated Recruitment team actively sources potential candidates throughout the year (through the various methods described in the previous question) to ensure we hire highly qualified individuals who mirror our values. Through continuous leadership training and professional development of our associates, we maintain a rich pool of internal talent. In instances where we have not identified individuals at the time of proposal or our staffing estimates were too low, Humana has more than 50,000 associates nationwide and more than 12,000 associates in Kentucky from which to source qualified candidates. Our Associate Referral Program (described in the previous question) provides an additional avenue for Humana associates to recommend qualified individuals to open positions.

In the event of a position becoming vacant during live contract operations, and there is no fit in the existing talent pool, we will name an interim leader from within the current Kentucky Medicaid organization, and move swiftly to fill the role in accordance with the expedited timeline outlined earlier in this response to sub question a.v.

CONTINGENCY PLAN

Humana takes several measures to ensure key personnel positions remain filled. Our dedicated Recruitment team actively sources potential candidates throughout the year (through the various methods above) to ensure we hire highly qualified individuals who mirror our values. Through our continuous leadership training and professional development of our associates, we maintain a rich pool of internal talent. In instances where we have not identified individuals at the time of proposal, Humana has more than 50,000 associates nationwide and more than 12,000 associates in Kentucky from which to source qualified candidates. Our Associate Referral Program provides an additional avenue for Humana associates to recommend qualified individuals to open positions.

In the event of a position becoming vacant during live contract operations and there is no one who is a fit in the existing talent pool, we would name an interim leader from within the current Kentucky SKY program and move swiftly to fill the role.

iii.c.

How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and

Humana has a comprehensive approach to assure the Department that Kentucky SKY personnel are sufficiently experienced, licensed, and trained. By setting high standards for all personnel that support implementation and ongoing administration of the Kentucky SKY program, Humana builds a foundation for success. We start by identifying all licensure and experience requirements in accordance with Section 42.6.2 of the Administration and Staffing section in the Kentucky SKY Draft Medicaid Contract. Next, we engage Medicaid leaders and Human Resource partners to identify additional requirements – above and beyond those in the Draft Contract – that will ensure individuals hired for each position can meet the complex needs of Kentucky SKY Enrollees.

Our background screening process includes a rigorous review to confirm each candidate's attested experience, education, and licensure. For example, we review medical licensure through a license verification tool available through the Kentucky Board of Medical Licensure, and we work with universities to confirm education requirements are met. All subcontractors are required to undergo a similar process to vet all associates that will support the Kentucky SKY Contract. On at least an annual basis, we will verify that applicable associates have all necessary current licenses and that these licenses are in good standing. We will provide a list to the Department of licensed staff and current licensure status each year, or on request.

ONBOARDING TRAINING

Beyond recruiting and hiring the most qualified personnel, Humana will educate and train all of our Kentucky SKY personnel, ensuring that they are sufficiently trained to meet the needs of the Kentucky SKY population. As part of our onboarding process, a host of trainings will be made available to all of our providers. As part of the initial training process, all associates are required to disclose and validate their licenses and any past issues.

Associate Onboarding Training

For our associates, the mandatory training covers broad topics that are fundamental to our work as a payer as well as job-specific training. We use multiple strategies including e-Learning modules, attendance at nationally recognized or certified workshops and conferences, job shadowing, desk study, and testing. All Humana associates working on the Kentucky SKY program will participate in a mandatory, comprehensive onboarding program that includes State-specific contract and program training. All contractually required training will be completed within the first 30 days of employment. Topics that will be covered include but are not limited to:

- The contractual requirements of the Kentucky SKY program
- How the needs of this population may differ from those of the Medicaid managed care population
- Detailed understanding of the Kentucky SKY Program and the roles and responsibilities of the Department, DCBS, and DJJ.

For complete list of associate training curriculum, please see sub question v. below.

iii.d.

How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.

Humana believes in investing in full-time permanent employees who understand the state, the Kentucky SKY population, and Humana. These associates will take part in implementation and everyday operations. We have identified existing personnel to serve in the Kentucky SKY Program. We also plan to complete hiring for all necessary associates to support this program three months prior to our go-live date.

As the sole MCO for the Kentucky SKY program, during the implementation period we will:

- Refine care coordination staffing requirements as well as the roles and responsibilities of the CC and CCT
- Ensure successful retraining of any associates transitioning from another department within the company
- We will review existing policies and procedures to update for the Kentucky SKY requirements
 - Additionally, we will develop new policies and procedures for any gaps identified

Upon receiving the lists of Enrollees, we will gather all appropriate information and data integration about our Enrollees. We will work with our IT department to make any necessary system enhancements to comply with the requirements of the Kentucky SKY program. We expect such enhancements and innovations to continue to be part of the growth and evolution that will characterize our health plan, as we collaborate with DMS throughout the life of the Kentucky SKY program and Contract.

As an example, in November 2018 through February 2019, after being awarded all 11 regions of the Florida SMMC Contract, we conducted town halls to roll out the new contract prior to implementation. These were done across the state with the purpose of educating providers on contractual requirements, benefits, and services offered by Humana and also educating them on how to do business with Humana. As we move into

ongoing administration of the Draft Medicaid Contract, if there are big programmatic changes that were to occur during the life of the Draft Medicaid Contract, we will consider using town halls as a forum for provider education.

iv.

A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” and as otherwise defined by the Contractor, including:

iv.a.

Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.

Table I.G.2-5: Listing of Full-time Kentucky SKY Key Personnel

| Individual Name | Title (listed in order of Contract) | Brief Job Description | Qualifications | Fulltime Equivalents (FTEs) | Humana Employee or Subcontractor | Office Location |
|-----------------|-------------------------------------|--|---|-----------------------------|----------------------------------|--|
| Lisa Hart | Project Manager | <ul style="list-style-type: none"> Oversees the planning and implementation of the program, and facilitate ongoing operations | <ul style="list-style-type: none"> Extensive implementation experience of new programs Experience with Program oversight, risk mitigation, status reporting, and executive leadership summaries | 1 FTE | Humana Employee | <u>Current and Upon Award:</u> 321 West Main Street Louisville, KY 40202 |

| | | | | | | |
|-----------------------------|------------------------------|---|---|-------|-----------------|--|
| Kristan Mowder, RN | Executive Director | <ul style="list-style-type: none"> Maintains authority over the implementation and general administration of the Contract | <ul style="list-style-type: none"> Extensive experience in healthcare management Extensive knowledge of NCQA and Joint Commission Hospital Standards Broad knowledge of business operations including staff recruitment, development, and retention Experience in staff safety, quality assurance, and compliance Strong organizational skills and time management Experienced in strategic planning Project management experience Financial management skills Effective leader of management team | 1 FTE | Humana Employee | <p><u>Current and Upon Award:</u> 101 East Main Street Louisville, KY 40202</p> |
| Ian Nathanson, MD (Interim) | Medical Director | <ul style="list-style-type: none"> Oversees and manages all major health programs in the contract Responsible for treatment policies, protocols, Quality Improvement (QI) activities, PHM activities, and UM decisions related to the program and devoted to ensure timely clinical decisions | <ul style="list-style-type: none"> Physician licensed in Florida Full-time hire will be licensed in Kentucky Doctor of Medicine Certified in Pediatrics, American Board of Pediatrics Certified in Pediatric Pulmonology, American Board of Pediatrics Certified in Sleep Medicine, American Board of Pediatrics | 1 FTE | Humana Employee | <p><u>Current:</u> 3111 W. Martin Luther King Jr Blvd Suite 600, Tampa, FL 33607</p> <p><u>Upon Award:</u> Full-time hire will be located at 101 East Main Street Louisville, KY 40202</p> |
| Eric Dodson, Esq. | Quality Improvement Director | <ul style="list-style-type: none"> Oversees all QI activities | <ul style="list-style-type: none"> Juris Doctor Extensive healthcare experience Extensive experience at the Kentucky Cabinet for Health & Family Services as a Family Service Office Supervisor | 1 FTE | Humana Employee | <p><u>Current:</u> 500 West Main Street Louisville, KY 40202</p> <p><u>Upon Award:</u> 101 East Main Street Louisville, KY 40202</p> |

| | | | | | | |
|-------------------------|--------------------------------|---|--|-------|-----------------|---|
| Liz Stearman, CSW, MSSW | Behavioral Health Director | <ul style="list-style-type: none"> Manages the provision of all BH services | <ul style="list-style-type: none"> Extensive BH experience Experience with Kentucky Department for Community Based Services in Child Protective Services Masters of Science of Social Work (MSSW) Certified Social Worker licensed in Kentucky | 1 FTE | Humana Employee | <u>Current and Upon Award:</u> 101 East Main Street Louisville, KY 40202 |
| Heather Rayburn | Utilization Management Manager | <ul style="list-style-type: none"> Responsible for operation of UM program Oversees all subcontractors performing UM activities | <ul style="list-style-type: none"> Extensive health plan clinical services experience Bachelor of Science in Nursing Licensed Practical Nurse | 1 FTE | Humana Employee | <u>Current:</u> 515 West Market Street Louisville, KY 40202 <u>Upon Award:</u> 101 East Main Street Louisville, KY 40202 |

| | | | | | | |
|---|--------------------------------------|--|---|-------|--------------------|---|
| Pamela "Kitten" Lawless, MSSW, CSW, CCM | Care Coordination Manager | <ul style="list-style-type: none"> • Manage the day-to-day operations of the Care Coordination department • Manage employee productivity, perform audits of work performed and provide timely feedback to employees regarding their performance • Oversee and ensure that all daily and weekly work assignments are completed timely and accurately • Develop and train employees on workflows to complete required tasks to meet established goals for UM • Monitor and help drive improvements in the Care Coordination team • Aid in implementing new clinical programs. • Coach, mentor, and train new and existing employees • Use, protect, and disclose patients' protected health information (PHI) in accordance with Health Portability and Accountability Act (HIPAA) standards. • Analyzes data within the clinical programs and make recommendations for improvement | <ul style="list-style-type: none"> • Knowledgeable of community and state support resources for foster care population • Proven track record in driving continuous improvement efforts to improve Enrollee experience and tracked results • Identifies and corrects problems with Foster Care and Subsidized Adoptive Assistance Enrollees related to Residents of Psychiatric Treatment Facilities, and Group Homes. • Certified Trainer - Mental Health First Aid | 1 FTE | Humana Employee | <u>Current and Upon Award:</u> 101 East Main Street Louisville, KY 40202 |
| J. Eric Davis | Pre- Certification Coordinator | <ul style="list-style-type: none"> • Oversees the coordination of Prior Authorizations (PA) and Pre-Certifications to ensure timely care | <ul style="list-style-type: none"> • Licensed health professional • Licensed Behavioral Health Practitioner | 1 FTE | Humana Employee | <u>Current and Upon Award:</u> 101 East Main Street Louisville, KY 40202 |
| JR Aubrey | Provider Relations Liaison | <ul style="list-style-type: none"> • Manages the resolution of Provider access and availability issues | <ul style="list-style-type: none"> • Extensive Network Operations experience • Extensive provider network and patterns of care experience | 1 FTE | Humana Employee | <u>Current and Upon Award:</u> 515 West Market Street Louisville, KY 40202 |

| | | | | | | |
|-------------------------------|---------------------|---|---|-------|-----------------|---|
| Taft Parsons, MD (Interim) | Psychiatrist | <ul style="list-style-type: none"> Ensures appropriate behavioral health services are delivered | <ul style="list-style-type: none"> Board Certified in Psychiatry Doctor of Medicine Enterprise Medical Director for Behavioral Health Extensive Health Plan experience and knowledge DEA certified for Suboxone Medication Assisted Therapy Certified in LEAN for Healthcare | 1 FTE | Humana Employee | <p><u>Current:</u> 500 West Main Street Louisville, Kentucky 40202</p> <p><u>Upon Award:</u> Full-time hire will be located at 101 East Main Street Louisville, KY 4020</p> |
| Mary Ellen "Mel" Dodson, MSSW | Inquiry Coordinator | <ul style="list-style-type: none"> Oversees the coordination of protocols for submitting Grievance and appeals | <ul style="list-style-type: none"> Extensive experience in BH Certified Social Worker in the state of Kentucky Masters of Science in Social Work Experience with the Kentucky DJJ as a Social Services Clinician I Assist with Behavioral Health department to determine the needs of callers, making appropriate and timely determinations for authorization requests Experience requesting clinical information to assist in making determination Experience with risk management procedures such as identifying, coordinating, and following through on quality concerns, sentinel events, complaints and performance standards | 1 FTE | Humana Employee | <p><u>Current:</u> 500 West Main Street Louisville, Kentucky 40202</p> <p><u>Upon Award:</u> 101 East Main Street Louisville, KY 40202</p> |

iv.b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor’s employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.

The only Key Personnel not filled by Humana is the Dental Director, which is filled by Avēsis. None of Avēsis’ staff will be 100% dedicated to the Kentucky SKY program.

iv.c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.

Please see **Attachment I.G.2-1** for the complete set of resumes for all Kentucky SKY Key Personnel.

v.

Overview of the Contractor’s proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” for all operational areas. Provide the Contractor’s proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.

Onboarding, continuing education, and training ensure our associates remain highly skilled and trained to support all our Kentucky SKY Enrollees in any location.

In addition to Humana’s mandatory comprehensive onboarding program, associates supporting the Kentucky SKY program will be required to participate in Kentucky SKY-specific training. To prepare for their role in the Kentucky SKY program, associates will complete all contractually required training within the first 30 days of employment. We deliver this training through a variety of platforms and methods, including:

- **Humana’s Welcome Center**, which is responsible for organization-wide training for new hires on day one of onboarding. This system uses Computer-Based Training (CBT) modules extensively to ensure consistency, quality of training material, and overall efficiency. Since CBT training is readily available, Humana associates can complete training at their own pace within the required training timeframe.
- **The Humana Learning Center**, our learning management system (LMS), is a resource available to all associates throughout their employment and is responsible for delivering CBTs and tracking attendance in virtual or in-person instructor-led training (ILT).
- **ILT** provides in-person or virtual support using Skype, Microsoft Teams, or WebEx. Highly qualified facilitators who have previous experience performing the roles they now train conduct training via our specialized video conference training.
- **Self-study training** using materials specifically designed and developed for this format of learning. Some of this content may be standalone or requisite pre-work for an ILT or a CBT.

In addition to enterprise-wide associate training, Humana has developed specialized subject matter training materials for each department. This ensures associates acquire the specific content knowledge for their particular role, enabling them to perform job duties competently. For all trainings, we use our best-in-class LMS, the Humana Learning Center, to deliver courses and record and track progress.

ONGOING TRAINING

Humana requires all licensed associates to complete continuing education as prescribed to maintain their state/board clinical license [e.g., registered nurse (RN) and licensed clinical social worker (LCSW)] to perform the duties of their assigned role. As policies and procedures evolve and innovations occur, we have experience as well as established processes for identifying new requirements, updating existing materials, developing new materials, and delivering and tracking required training (primarily through CBTs in the Humana Learning Center and through ILT). We also provide ongoing coaching and development opportunities through leadership feedback, one-on-one coaching, and virtual and classroom trainings.

We identify training needs as they arise through supervisor observation, formal audit, and other means to spark refresher courses of previously-delivered training or a program update. The individual associate’s role will also influence the type of training, whether it is one-on-one feedback, training delivered during a team meeting, or more formal training that may incorporate new hire training materials.

Ethics and Compliance Training

Effective compliance and FWA training is a cornerstone of Humana’s Compliance Plan and is administered in our Ethics and Compliance Training curriculum. This required training is completed annually by all Humana associates, including the Chief Executive Officer, all senior leaders, the Board of Directors, and contingent labor, including all subcontractors. Additionally, our new associates, senior leaders, and members of the Board of

Directors (including temporary and contracted workers) are required to complete Ethics and Compliance Training within 30 days of hire or start date and are required to complete the “Ethics Every Day” training annually thereafter. Employees of entities we acquire are required to complete the Ethics and Compliance Training within 60 days of acquisition close date and complete the “Ethics Every Day” training annually thereafter. **Table I.G.2-6** summarizes training modules within the Ethics and Compliance Training.

Table I.G.2-6: Ethics and Compliance Training Modules

| Training | Description |
|--|--|
| Ethics & Compliance Core Training | <ul style="list-style-type: none"> Familiarize or re-familiarize with Ethics Every Day, Humana's code of conduct, and Humana's policies and procedures. This includes using these resources at the point of need in daily activities. This will help create a perfect experience for our customers and help prevent future issues or misconduct Recognize why a compliant culture is vital to our company success and ensure every business action contributes to an ethical and compliant culture Recognize the importance of reporting ethical and compliance issues such as FWA |
| Information Protection | <ul style="list-style-type: none"> Describe and recognize threats to data and information security Locate the Enterprise Information Protection (EIP) policies and standards Cite applicable state and federal regulations that govern data and information Evaluate how data is classified and identify potential risks Apply rules to protect their passwords, computer, email, and workspace while in the office, at home, or traveling Send and store data in alignment with the Humana polies and standards Use available resources to assess potential risks and report issues |
| Medicare/ Medicaid (based upon role) | <ul style="list-style-type: none"> Recognize how a compliance program operates Recognize how to report compliance program violations Distinguish between First-Tier, Downstream, and Related Entities Define Medicare Advantage (MA) Program overview Identify applicable MA marketing guidelines and risks for providers Describe the key concepts and considerations related to Medicare Risk Adjustment, documentation, coding, billing, and claim submission Explain the importance of Speaking Up, including how and where to report issues and/or suspected violations Explain the duty to report as it generally relates to FWA in the healthcare setting |

Cultural Competency Training

Ensuring enrollees receive high-quality care in a culturally competent manner is a foundational core value at Humana. To achieve cultural competence in service delivery, we continuously develop and refine training and resources for associates and providers. In addition to orientation, we require our providers to participate in annual trainings and education sessions in one of the more than 50 online courses we offer and in methods for providers to improve communication with Enrollees. Our training addresses three major elements

- Clear communication, which may include a “Teach Back” method and “Ask Me 3” communication tools
- Understanding subcultures and how culture influences interactions with providers
- Understanding the needs of people with disabilities and their caregivers

Cultural Competency training modules are mandatory for all associates upon hire, and we require annual refreshments as well as re-trainings on a corrective action basis if a deficiency is identified. For associates serving Medicaid Enrollees, we also require specific training comprising content tailored to the population. This includes topics such as Health Literacy and Numeracy, Cross-Cultural Negotiation, and Understanding Seniors and People with Disabilities. We further enhance our training for Enrollee-facing associates to meet the social, cultural, religious, and linguistic needs of all Medicaid subpopulations.

Along with our mandatory training, Humana’s Learning and Development teams, in consultation with industry experts, developed a suite of cultural competency resources for providers and Enrollee-facing associates. Modules include “Closing the Gap,” which discusses resolving challenges and obstacles unique to SKY Enrollees. In partnership with professors at Bellarmine University, we developed a **Poverty Simulator for our associates** serving Kentucky SKY Enrollees. This simulator teaches associates what it is like for families living at or below the federal poverty level. During the simulation, participants role-play to better understand and grasp the challenges inherent to low-income and disadvantaged families.

Across the enterprise, all Humana associates, including CHWs, UM staff, CC, Community Engagement Coordinators, and Quality Improvement staff partake in rigorous annual training courses that include HIPAA compliance; FWA; health promotion; and cultural competency. Cultural competency is such an integral component of our culture that Humana requires associates serving Medicaid Enrollees to complete supplementary training tailored to this population.

Medicaid and Kentucky SKY Program-Specific Training

Humana is dedicated to continually training and developing our Medicaid leaders and associates. **Table I.G.2-6** details the general and Kentucky SKY program-specific continued Medicaid training courses for our associates that align to each person’s level of experience or tenure at Humana.

STAFF TRAINING ON KENTUCKY SKY

Our training program and content will be tailored to provide associates with a thorough understanding of the Kentucky SKY program, as well as the situations Kentucky SKY Enrollees face. We will require Kentucky SKY program associates to complete the contractually required training within the first 30 days of employment or when the Contract is executed or amended. Examples of training topics include:

- The contractual requirements of the Kentucky SKY program
- The unique physical health and behavioral needs of the Kentucky SKY population, including how the needs of this population may differ from those of the traditional Medicaid managed care population
- Detailed understanding of the Kentucky SKY program and the roles and responsibilities of DMS, DCBS, and DJJ
- The organization, staffing, and infrastructure, as well as Kentucky SKY business processes and workflows required of the Kentucky SKY Medicaid Contract once it has been executed or to support the Kentucky SKY program
- Recognizing and reporting abuse and neglect, including trauma
- Identifying and reducing waste, including strategies for reducing duplication of service
- How to contact an Enrollee’s Care Coordinator directly
- High Fidelity Wraparound Principles
- Care Coordinators and MSRs will be trained on how to educate an Enrollee on keeping their Medicaid coverage if they opt out of the Kentucky SKY program

Humana assigns and tracks timely completion of onboarding and annual training. Through this mechanism, we ensure all Enrollee-facing associates are up to date on their required trainings.

Table I.G.2-7: General Medicaid and SKY Program-Specific Medicaid Training

| Training | Description | Frequency |
|---|--|--|
| Medicaid: Kentucky SKY Contract Training | <ul style="list-style-type: none"> • This course reviews the Kentucky SKY program and covers a plan summary, landscape, and benefit details for the plan • All associates who touches the Kentucky SKY program will be required to complete this course <ul style="list-style-type: none"> ○ The Course is a breakdown of the Contract ○ Includes definitions and abbreviations; General Responsibilities of the Managed Care Plan; enrollment/disenrollment specifications;; marketing and outreach; Enrollee materials; required Kentucky SKY benefits and services;;Enrollee and Provider Grievance and Appeals; written documents; provider programs; service level agreements; penalties and sanctions; state reports; | Upon hire and program updates, before Contract go live |
| Medicaid Basics (101, 103, 104) | <p>Online Classes</p> <ul style="list-style-type: none"> • 101: Explores basic framework of Medicaid; eligibility; benefits; Humana's involvement in the Medicaid program; Dual Demonstration; Long Term Care Services and Support; Non-Long Term Care Services and Support; additional resources • 103: Focus on Long Term Services and Supports; eligibility; Long Term Care; Home and Community Based Services; Participant Directed Option or Consumer Direction; printable infographics of listed topics • 104: Focus on Long Term Services and Supports; eligibility; Long Term Care; Home and Community Based Services; Participant Directed Option or Consumer Direction; printable infographics of listed topics | Upon hire and program updates |
| Medicaid 110: Medicaid Plan Product Training | <ul style="list-style-type: none"> • This course covers an Industry overview of Medicaid Plans including the program overview, population information, program principles, benefits, and the Humana landscape | Upon hire and program updates |
| Medicaid 111: Long Term Services and Supports Product Training | <ul style="list-style-type: none"> • This course covers an industry overview of Long Term Services and Supports including the program overview, population information, program principles, benefits, and the Humana landscape | Upon hire and program updates |
| Medicaid 112: Medicare-Medicaid Plan Product Training | <ul style="list-style-type: none"> • This course covers an industry overview of Dual-Eligible Plans including the program overview, population information, program principles, benefits, and the Humana landscape | Upon hire and program updates |
| Trauma-Informed Care (TIC) Training | <ul style="list-style-type: none"> • We will train all Enrollee-facing Kentucky SKY associates on TIC and Post-Traumatic Stress Disorder (PTSD) as part of new hire and annual training process. This will enhance our associates’ ability to support Enrollees in their path to open up about their needs with their providers. | Upon hire and program updates |

Table I.G.2-7: General Medicaid and SKY Program-Specific Medicaid Training

| Training | Description | Frequency |
|--|---|--------------------------------------|
| <p>Training from Lived Experience</p> | <ul style="list-style-type: none"> 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 train our clinical and Enrollee-facing associates and share their experiences interacting with the healthcare system. Trainers have lived experiences with trauma and will share information on the supports needed to care for Kentucky SKY Enrollees. | <p>Upon hire and program updates</p> |
| <p>ACEs Training</p> | <ul style="list-style-type: none"> Humana has partnered with the Bounce Coalition, a Louisville-based non-profit focused on improving the future health of children, to train our clinical associates and providers on how best to care for children with ACEs. Bounce will train Humana Community Health Workers (CHW), CCs, Enrollee-facing associates, and our providers on how best to interact with Enrollees who have endured traumatic experiences and screen for trauma. | <p>Upon hire and program updates</p> |

Cybersecurity Training

The Training and Awareness team provides cyber security education on best practices and emerging threats for all associates. Our program utilizes an innovative reward-based, blended learning approach with gamification components promoting engagement.

We offer formal security training through four mechanisms:

- Online:** We offer CBT and user guides for cyber security best practices and related projects (i.e., P-Synch User Guide, Secure Mail, File Transfer, Data Classification), including annual Ethics and Compliance training.
- Phishing:** Humana measures our risk exposure from associates and contingent workforce by simulating real-world criminal phishing attacks and reports campaign metrics to management. We use feedback from metrics to drive training and awareness activities.
- Ladder:** We manage this badging and rewards program to encourage associate engagement with cybersecurity topics. The Training and Awareness team supports Ladder platform through incentives, communications, application development, and administrative services.
- Get Lunched:** We host a minimum of six Lunch & Learn sessions per year to educate associates on cyber security topics (i.e., smartphones, phishing, identity theft) across the entire organization. These sessions include security guest speakers, and we award participants WOW Bucks.

Our broader company-wide awareness program consists of the following:

- Communications:** We develop and distribute cyber communications that leverage all available channels and range from software updates/rollouts to urgent messages about phishing attempts, including a monthly all-associate, including temporary and contractors, email.
- Cybersecurity Awareness Week:** Humana plans a week-long series of events for all associates to provide education on cybersecurity topics applicable to their professional and personal lives.
- Video:** We assess cybersecurity hot topics and learning opportunities for associates. After video script development, production, and editing, a deployment strategy is developed to reach the most associates possible.
- SharePoint:** We provide programming services to present all training and awareness materials in a central website for associates; the site includes videos, training, and articles. We manage additional sites that support EIP and other EIP teams, EIP onboarding and Cybersecurity awareness.

Disaster Recovery and Business Continuity Training

Members of the Disaster Recovery (DR) team responsible for DR plans and testing are certified by DRIL.org, which is an international body for educating and credentialing on disaster recovery and business continuity. Our associates maintain their certification and membership in that organization via continuing education. Team members also hold certifications from EMC for VMWare, SRM/SRDF, PMP, ITIL, Cisco, MCSE, and more.

The DR team offers four required Humana training sessions to associates regarding DR, including: DR fundamentals, DR planning, DR testing and exercises, and use of the newly developed, in-house DR plan repository. This repository ensures plan creation and maintenance, including automated notifications, approvals, and reporting.

The DR team offers four Humana training sessions to associates regarding DR, including:

- **DR fundamentals:** Overview of recovery-based activities; how we participate in IT disaster recovery discussions with our partners, stakeholders, and associates.
- **DR planning:** Recovery Plan development, ownership, and maintenance; Recovery Plan best practices, compliance reporting, escalation, and how to engage the IT Disaster Recovery team for support.
- **DR testing and exercises:** Disaster Recovery compliance requirements for plan and system testing and reporting; expectations during an actual disaster.
- **DR plan repository:** Use of the new, in-house tool, including creating and maintaining a plan in the repository, automated notifications, approvals, and reporting.

The Enterprise Business Continuity team has developed technology-based training videos to ensure associates are trained on the importance of Business Continuity planning (particularly in the context of the scenarios described above) as well as the overall related lifecycle. Specific topics covered by these videos include:

- Introduction to the Enterprise Resiliency Office (four modules):
 - Business Impact Analysis
 - Strategy and Plan development
 - Crisis Management and communication
 - Plan Exercises
- Crisis Management Overview
- Humana Business Continuity Plan table top exercise – Severe Weather
- Humana – Pandemic BC exercise
- Humana – Network outage BC exercise
- Humana – Vendor outage BC exercise

The Enterprise Risk Management team provides oversight to ensure required staff training is completed on an annual basis.

Humana believes in leveraging learnings and experience at all levels to support continuous business process improvement. After each event and training exercise, leaders at headquarters and in market locations conduct “lessons learned” reviews of the response. Best practice learnings from these reviews are incorporated into subsequent training programs and business continuity plans.

Business Continuity (BC) Plan Owners and Recovery team members participate in annual testing exercises of their Business Continuity Plan. These exercises include different loss types such as facility, people, technology, and vendor in test scenarios. The Crisis Management team and Enterprise Critical Incident Response team (ECIRT) conduct other tests such as active shooter, hurricane response, and other natural or man-made disaster responses. The Enterprise Resiliency Office develops and makes available BC training videos for Business Continuity Plan Owners and Recovery to view annually as required training. The Enterprise Resiliency Office and Retail Operational Risk Management coordinate the timing and design of these tests.

Across the enterprise, all Humana associates, including CHWs, UM associates, CMs, Community Engagement associates, and Quality Improvement associates partake in rigorous annual training courses that include HIPAA

compliance, FWA, health promotion, and cultural competency. Cultural competency is such an integral component of our culture that Humana requires associates serving Medicaid Enrollees to complete supplementary training tailored to this population.

Table I.G.2-8: All Associate Training Curriculum

| Training | Description | Frequency |
|---|---|--|
| Health, Safety and Welfare | <ul style="list-style-type: none"> Overview of health, safety, and welfare concepts, including how to recognize and report suspected events. | Upon hire and program updates and annually |
| Fraud, Waste and Abuse and Business Ethics | <ul style="list-style-type: none"> Overview of FWA concepts including how to recognize and report any suspected events. | Upon hire and program updates and annually |
| Health, Safety and Welfare | <ul style="list-style-type: none"> Overview of health, safety and welfare concepts including how to recognize and report suspected events. | Upon hire and program updates and annually |
| Fraud, Waste and Abuse | <ul style="list-style-type: none"> Overview of FWA concepts, including how to recognize and report any suspected events. | Upon hire and program updates and annually |
| Information Protection | <ul style="list-style-type: none"> Describe and recognize threats to data and information security Locate the Enterprise Information Protection (EIP) policies and standards Cite applicable state and federal regulations that govern data and information Evaluate how data is classified and identify potential risks Apply rules to protect their passwords, computer, email, and workspace while in the office, at home, or traveling Send and store data in alignment with the Humana polies and standards Use available resources to assess potential risks and report issues | Upon hire and program updates and annually |
| Humana Learning Systems | <ul style="list-style-type: none"> Locate and navigate the Humana Learning Center (HLC) Enroll in a course Launch a course Mark a course Complete and add it to a personal Training History Review the Training History Track grades Search for a course Explain what a CBT is Navigate through a CBT | Upon hire and program updates |
| Perfect Experience | <ul style="list-style-type: none"> Describe what Perfect Experience means at Humana Identify the characteristics of Perfect Experience | Upon hire and program updates |
| Health Insurance 101 | <ul style="list-style-type: none"> Define key insurance terms | Upon hire and program updates |

Table I.G.2-8: All Associate Training Curriculum

| Training | Description | Frequency |
|--|---|--|
| Humana and Well-being | <ul style="list-style-type: none"> Identify Humana’s dream relating to well-being Explain the elements for well-being and why they are important to Humana | Upon hire and program updates |
| Go365 | <ul style="list-style-type: none"> Explain Go365 and how it works Explain how participants earn Vitality points and rewards Locate the Go365 site and Vitality blog | Upon Hire and program updates |
| Human Resources and Department Policies | <ul style="list-style-type: none"> To provide guidance on Humana Corporate Human Resources (HR) and market departmental policies and procedures. | Upon hire and program updates |
| Emergency Management Plan Training | <ul style="list-style-type: none"> Review of the Emergency Plan, the individual roles needed to implement the plan, updating emergency contact information, reviewing the Humana Medicaid BCP SharePoint site resources, printing needed emergency related documents, and registering for Humana notification alerts. A mock exercise will be conducted with selected associates to ensure the plan is functional and to test if changes are needed. | Upon hire and program updates and annually |
| Quality Management & Risk Management System | <ul style="list-style-type: none"> Explains what is considered quality and risk Provide demonstration of how to access, create, and submit a quality and risk referral | Upon hire and program updates and annually |

Kentucky SKY Member Services Representatives Training Curriculum

Humana’s in-house National Education and Policy department, which has proven expertise in training our associates on Medicaid programs, developed our extensive and effective Member Service Representative (MSR) training curriculum. Our training program consists of initial onboarding training, annual compliance training, and additional ad-hoc training based on business needs or program updates.

Ongoing training includes self-paced learning focused on knowledge gaps or process changes. Our learning platform, eModules, leverages game technology to increase engagement and knowledge transfer. Our audio and video tools include Adobe Captivate, which offers best-in-class screen captures, eLearning delivery, testing, and role plays to portray real-life situations. **Table I.G.2-9** provides an overview of the content of our curriculum.

MSRs must **score a minimum of 85% on a skills and knowledge assessment** before taking live calls on their own.

The onboarding training is wide in scope and consists of three phases:

- **Phase one:** Trainees learn how to serve the day-to-day needs of Enrollees by mastering all facets of the Kentucky SKY program. The curriculum covers use of information systems, including our Customer Relationship Management (CRM) tool and Mentor, as well as step-by-step guidance.
- **Phase two:** Trainees participate in hands-on practice sessions in the classroom, including simulations in test environments to learn and apply concepts. As a standard practice, role-playing is conducted with coaching and feedback supplied to the new MSR.

- **Phase three:** Trainees initially listen to a seasoned mentor taking live calls and after sufficient training, the trainee takes live calls with the supervisor at their side.

Table I.G.2-9: Overview of Kentucky SKY Member Services Curriculum Content

| Training | Description | Frequency |
|---|---|--|
| Covered Services | <ul style="list-style-type: none"> • Benefit packages, services covered vs. not covered, Non-Capitated Services for Kentucky SKY Enrollees; Value-added Services, confirming Enrollees with Special Healthcare Needs (ESHCN) status, eligibility for and scope of BH services; pharmacy, emergency pharmacy and Durable Medical Equipment (DME) services | Upon hire and program updates |
| Kentucky Requirements | <ul style="list-style-type: none"> • Prior authorization (PA); lock-in; service management processes; risk management; fraud, waste, and abuse; health, safety, and welfare; role of PCP; PCP changes; ID card requests; enrollment or disenrollment; complaints and appeals; and ethics | Upon hire and program updates |
| Enrollees with Intellectual and Developmental Disabilities (IDD) | <ul style="list-style-type: none"> • Accessibility and accommodations for Enrollees with disabilities, including IDD; Teletypewriter (TTY) & video relay • Effective Verbal Communications Methods | Upon hire and program updates |
| Enrollees with Limited English Proficiency | <ul style="list-style-type: none"> • Language assistance programs for Enrollees, including interpretation services; the importance of clear communications, positive engagement, teach-back mechanism • This topic is covered for any learners speaking on behalf of Humana to Enrollees in a bilingual role | Upon hire and program updates |
| Locating Providers | <ul style="list-style-type: none"> • Identifying the Enrollee’s PCP and specialty physicians; Helping the Enrollee find in-network providers; Guiding Enrollees on accessing our online provider directory; Conducting a warm transfer to a provider’s office; Validating services are covered and approved (for specialty care visits); Initiating a three-way call with the Enrollee and their provider’s office | Upon hire and program updates |
| Appointment Scheduling for Enrollees | <ul style="list-style-type: none"> • Ensuring the Enrollee receives needed information to schedule the appointment; Conducting warm transfers to the physician’s offices; Scheduling appointments for Enrollees | Upon hire and program updates |
| Referrals to Medical Advice or BH Crisis Line | <ul style="list-style-type: none"> • Referring Enrollee requests to Medical Advice, Service Management teams and BH Crisis Hotline, as appropriate; Understanding process flows, escalation processes | Upon hire and program updates |
| Privacy and HIPAA | <ul style="list-style-type: none"> • All associates complete initial and annual training on ethics, HIPAA and privacy; Managers complete 10 hours of business law training annually on privacy and HIPAA | Upon hire and program updates and annually |
| Crisis | <ul style="list-style-type: none"> • Handling Enrollees’ urgent issues; mock training where MSRs listen to recorded “real-life” examples of crisis situations; Understanding process flows, escalation processes; Maintaining Crisis Call Desktop Procedure; Critical Event or Incident reporting | Upon hire and program updates |

Table I.G.2-9: Overview of Kentucky SKY Member Services Curriculum Content

| Training | Description | Frequency |
|---------------------------------------|---|-------------------------------|
| Warm Transfers and Escalations | <ul style="list-style-type: none"> • Handling escalations of emergent situations; Engaging in productive conversations with difficult callers; Diffusing conflict and threatening remarks; Transferring calls to a Supervisor, Manager, or Director | Upon hire and program updates |
| Enrollee Communication | <ul style="list-style-type: none"> • Calls Fundamentals • Interactive Communication | Upon hire and program updates |
| Call Quality | <ul style="list-style-type: none"> • Net Promoter Score (NPS) and Perfect Call Metric • Call Quality • Consumer Experience* • Identifying Impactful and Actionable Elements • Documentation • Raise the Bar | Upon hire and program updates |
| Greeting a Caller | <ul style="list-style-type: none"> • Authentication Overview • Authenticating an Enrollee • Authenticating a Personal Representative • Authenticating an Agent • Authentication Call Situations • HIPAA | Upon hire and program updates |
| Calls 16259-Softphone-GDE | <ul style="list-style-type: none"> • Demonstrate how to log into Softphone • Choose a status using the Choose Status button • Log an authenticated call using Softphone • Log an un-authenticated call using Softphone • Transfer a call using Softphone • Conference a call using Softphone • Using SoftPhone in CRM • SoftPhone Refresher | Upon hire and program updates |
| Special Introduction to Calls | <ul style="list-style-type: none"> • Intro to Calls • Health Literacy | Upon hire and program updates |
| Introduction to Call Systems | <ul style="list-style-type: none"> • Customer Interface • DIG Toolbar • Claims Administration System (CAS) • Clinical Guidance eXchange (CGX) • Customer Care Portal 2 (CCP2) Swivel • Customer Relationship Management (CRM) • CRM Reminders and Misc. • System Access Check | Upon hire and program updates |

Table I.G.2-9: Overview of Kentucky SKY Member Services Curriculum Content

| Training | Description | Frequency |
|--------------------------------|--|-------------------------------|
| Billing and Enrollment | <ul style="list-style-type: none"> • Medicaid Eligibility Statute • Identification (ID) Cards • Welcome Kit • Physician Finder • PCP Changes • Provider At A Glance (PAAG) • Demographic Changes • Enterprise Measurable Messaging Ecosystem (EMME) (Enrollee letters) • Order Management System (OMS)/Order Entry Systems (OES) (order Enrollee materials) | Upon hire and program updates |
| Grievance and Appeals | <ul style="list-style-type: none"> • Customer Service - Grievance and Appeals • Customer Service- Quality, Attitude & Access (QAA) Grievance and Appeals | Upon hire and program updates |
| Uninterrupted Care COC | <ul style="list-style-type: none"> • Uninterrupted Care • Continuity of Care • Provider Verification | Upon hire and program updates |
| Pharmacy Role Overview | <ul style="list-style-type: none"> • Pharmacy Calls Role • Rx Basics • Pharmacy Supporting Systems and Tools • Eligibility • Verification of Benefits • Drugs • Prior Authorization • Access to Care • Coordination of Benefits (COB) • Complaints • Guidance | Upon hire and program updates |
| Benefits-Medicaid Plans | <ul style="list-style-type: none"> • Medicaid Benefits • Introduction to Medical Authorizations | Upon hire and program updates |
| Claim Introduction | <ul style="list-style-type: none"> • Introduction to Claims • CRM Claims • Claim Codes • Claim Forms • Provider Information • Application of Information • Claims Payment Information • Claims Resolution • Coordination of Benefits (COB) • Explanation of Benefits (EOB) | Upon hire and program updates |

Table I.G.2-9: Overview of Kentucky SKY Member Services Curriculum Content

| Training | Description | Frequency |
|--|--|-------------------------------|
| Workforce Optimization Agent Foundational | <ul style="list-style-type: none"> Workforce Optimization | Upon hire and program updates |
| Mentor Favorites Checklist | <ul style="list-style-type: none"> Live Call Readiness | Upon hire and program updates |

Enrollment Staff Training

In addition to aforementioned trainings that all associates take, our Enrollment staff receives training on the contractual enrollment process detailed below. Their training includes Kentucky SKY specific education and training on the Contractual requirements and how the Medicaid program is different from our existing Plans. See **Table I.G.2-10** below for full detail.

Table I.G.2-10: Overview of Enrollment Staff Curriculum Content

| Training | Description | Frequency |
|--|--|-------------------------------|
| Kentucky Medicaid Enrollment and Reconciliation Operational Readiness | <ul style="list-style-type: none"> Includes any new processes adopted with the executed Contract from an Enrollment and Reconciliation perspective relating to Kentucky SKY Provides a high-level overview of the contract and estimated increase in work items Includes the overall Plan design and uniqueness of the Plan requirements Operational expectations will be provided and teams will regularly meet to discuss inventory and questions to ensure teams are appropriately prepared to meet operational goals | Upon hire and program updates |

Provider Services Call Center Training

Our core training curriculum is developed by our National Education and Policy Development team, who work in consultation with leaders from our Provider Services Call Centers, Provider Relations, and Provider Network teams. We regularly refresh the training curriculum to address issues identified through our performance metrics, program updates, or areas like complaints. During the first phase of the eight-week curriculum, we use a combination of technology-based and in-person training, including demonstrations of common situations. During the second phase, Provider Call Center Representatives (PCCR) are nested under the guidance of an experienced mentor. Refer to **Table I.G.2-11** and **Table I.G.2-12** for the PCCR training topics.

Table I.G.2-11: Provider Call Center Representative (PCCR) Training Topics

| | | |
|---|---|---|
| Medicaid and Managed Care | FWA | Provider Credentialing |
| Kentucky Medicaid Program | Legal Requirements (Privacy, Medical Necessity, etc.) | Claims (submission, status, and resolution), Billing Codes |
| Covered Services, Non--Capitated Services & VAS | Support Systems, Community Resource Navigation | Online Resources, Enrollee and Provider portals |
| BH Services, BH Crisis Hotline, Harm Identification | Call Handling Etiquette, Warm Transfers, Escalations | Reporting Abuse, Neglect, or Exploitation (ANE), Restraint and Seclusion Prohibitions |
| Cultural Competency | Emergency Pharmacy Supplies | Service Management |
| Grievances, Appeals, Fair Hearings | Authorizations, Fee Schedules, Cost Sharing | Access to Enrollee Advocates |

Table I.G.2-12: Provider Call Center Representative Training Topics

| Training | Description | Frequency |
|--|--|-------------------------------|
| Medicaid Basics | Medicaid Basics information including eligibility and benefits. | Upon hire and program updates |
| Medicaid Provider Orientation | Overview of important topics for all participating providers to help guide them on how to do business with Humana topics include but are not limited to: MMA program description, contracting, credentialing, access to care requirements, web resources, preauthorization and notification, claims processing, Continuity of Care (COC), special needs considerations, critical incident reporting, clinical management programs, physician incentive program(s). | Upon hire and program updates |
| Medicaid Benefits/Enhanced Benefits | Overview of all Medicaid covered services and Humana enhanced benefits. | Upon hire and program updates |
| Medicaid Provider Materials | Overview of all educational materials available to Medicaid participating providers to assist in doing business with Humana. | Upon hire and program updates |

For the final phase of training, PCCRs take mock calls followed by live calls while paired with an experienced trainer or PCCR. We monitor at least 10 calls per month for all new PCCRs and gradually reduce to five calls per PCCR per month. Managers assign additional training to address knowledge gaps related to contractual or programmatic requirements, opportunities for improvements in communication, or call etiquette noted during these calls. We require all PCCRs to be retrained annually or more frequently (as needed) to address changes in operations, programs, or performance.

Network Contracting Professional and Provider Relations Team Training

All of the Network Contracting and Provider Relations staff will receive Humana-specific education and training on topics including (but not limited to) claims, Enrollee benefits, how to update provider contract information,

value-based payment, referrals, and contract load processes. See **Table I.G.2-13** below for a comprehensive listing.

Table I.G.2-13: Overview of Network Contracting Professionals/Provider Relations Team Curriculum Content

| Training | Description | Frequency |
|--|---|-------------------------------|
| Cultural Competency Training | <ul style="list-style-type: none"> • Clear communication, subcultures and populations, and strategies for working with seniors and people w/disabilities | Upon hire and program updates |
| Screening, Brief Intervention and Referral to Treatment (SBIRT) | <ul style="list-style-type: none"> • Screening and early interventions for patients at risk of develop substance use disorders | Upon hire and program updates |
| Provider Orientation | <ul style="list-style-type: none"> • Overview of working with claims, Enrollee ID cards, Plan participation, etc. | Upon hire and program updates |
| Portal Solutions | <ul style="list-style-type: none"> • One-pager on the Provider Portal’s offerings | Upon hire and program updates |
| InstaMed Form | <ul style="list-style-type: none"> • InstaMed Order form sample | Upon hire and program updates |
| Provider Information Change | <ul style="list-style-type: none"> • One-pager on how to update address, phone number, addition of provider, etc. | Upon hire and program updates |
| Americans with Disabilities Act (ADA) | <ul style="list-style-type: none"> • One-pager on the ADA | Upon hire and program updates |
| Short-acting Opioid Limits | <ul style="list-style-type: none"> • Memo informing physicians of short-acting opioid limits | Upon hire and program updates |
| Value Based Reimbursement and Provider Risk | <ul style="list-style-type: none"> • Define the concept of risk as it relates to provider contracting. • Articulate the key implications of risk sharing for payers and providers • Describe the risk spectrum of provider payment options. • Recognize the core principles of “Accountable Care” • Identify the key elements of Humana’s value-based reimbursement strategy | Upon hire and program updates |
| Referrals and Authorizations | <ul style="list-style-type: none"> • Referrals and Authorizations • Referral Guidelines Inquiry (RGI) Rules | Upon hire and program updates |
| Groupers | <ul style="list-style-type: none"> • Focuses fundamentals of Groupers in CAS Provider Contract Load • Fundamentals of Groupers in Service Fund | Upon hire and program updates |
| Medicaid 200375 – Medicaid Basics-eMOD | <ul style="list-style-type: none"> • Medicaid • Identify main differences between Medicare and Medicaid • Learn how Medicaid is financed, who is eligible, details for eligibility, and benefits of Medicaid (Mandatory and Optional) | Upon hire and program updates |

Table I.G.2-13: Overview of Network Contracting Professionals/Provider Relations Team Curriculum Content

| Training | Description | Frequency |
|--|---|-------------------------------|
| Provider Contract Load Physician Value Based Reimbursement and Provider Risk: Model Practice and Medical Home Contract & Amendments | <ul style="list-style-type: none"> Complete the module and assessment for Contract Loading module for Physician Value-Based Reimbursement and Provider Risk: Model Practice and Medical Home Contract & Amendments Module identifies the key elements of Humana’s value-based reimbursement strategy | Upon hire and program updates |
| Service Fund Overview 2017 | <ul style="list-style-type: none"> Discuss what is Service Fund Operations (SFO) Ways Service Fund is used 4 key responsibilities for Service Funds | Upon hire and program updates |
| Provider Contract Load Overview | <ul style="list-style-type: none"> Overview of Provider Contract Load team to help understand their structure and how they function Recognize key systems, databases, and research resources that support contract load operations Recognize high levels processes that will help facilitate improved collaboration between market and contract load associates | Upon hire and program updates |
| Service Fund Overview | <ul style="list-style-type: none"> Define the core operational functions and key department roles of the Service Fund Team Identify the primary site locations of Service Fund team members Recognize key systems, databases, and research resources that support service fund operations Identify Service Fund Service Load requirements | Upon hire and program updates |
| Credentialing Overview | <ul style="list-style-type: none"> Overview of the credentialing team and their role in an APEX work case from a market perspective Recognize high-level processes that will help facilitate improved collaboration between market and credentialing load associates. | Upon hire and program updates |
| Enrollment Overview | <ul style="list-style-type: none"> Articulate the core functions of the Enrollment department. Define the mission and vision of the Enrollment Provider Term Notification Request (PTNR) Team Identify from an APEX perspective, when a work case will interface with Enrollment Describe the purpose, location, and completion requirements for the PTNR request form | Upon hire and program updates |
| Directory Configuration Overview | <ul style="list-style-type: none"> Recognize the team’s core purpose. Explain the team’s responsibilities List the systems they utilized Identify the physical location Recognize the teams they work with. Indicate how the team splits out work cross country | Upon hire and program updates |

Table I.G.2-13: Overview of Network Contracting Professionals/Provider Relations Team Curriculum Content

| Training | Description | Frequency |
|---|---|-------------------------------|
| CIS Physician Introduction | <ul style="list-style-type: none"> Describe the Contract Information System and Interpret three tabs for physician contracts: The Contract Summary tab, Contract Payment Provision tab, and the Contract Service Categories tab. | Upon hire and program updates |
| CIS Hospital Introduction | <ul style="list-style-type: none"> Describe the Contract Information System and Interpret three tabs for hospital contracts: The Contract Summary tab, Contract Payment Provision tab, and the Contract Service Categories tab. | Upon hire and program updates |
| CIS Outpatient Reimbursement Methods | <ul style="list-style-type: none"> The CIS Outpatient Reimbursement Methods module is for any associate who uses the Contract Information System, and is looking to learn about Outpatient Reimbursement Methods | Upon hire and program updates |
| CIS Inpatient Reimbursement Methods | <ul style="list-style-type: none"> The CIS Inpatient Reimbursement Methods module is for any associate who uses the Contract Information System, and is looking to learn about Inpatient Reimbursement Methods | Upon hire and program updates |
| W9 Form | <ul style="list-style-type: none"> Identify the purpose of a W-9 form, why it is important, and the primary fields on the form Recognize how a W-9 impacts 1099 distribution, IRS compliance, and TAX ID owner records | Upon hire and program updates |
| Out of Network Claims Strategy | <ul style="list-style-type: none"> The purpose of the out of network claims strategy Prerequisite for Traditional MAF Methods | Upon hire and program updates |
| Traditional MAF Methodologies | <ul style="list-style-type: none"> To understand the purpose how each of the MAF methodologies are reimbursed | Upon hire and program updates |
| Fee Schedule Management Overview | <ul style="list-style-type: none"> An Overview of the Fee Schedule Management Department | Upon hire and program updates |
| Electronic Claim Forms Overview | <ul style="list-style-type: none"> Define the term EDI 837 transaction set and identify the four types of electronic claim formats Recognize the process for electronic claims submissions Identify advantages that electronic claim submission has over paper claim submission Explain how claim forms help drive how a provider record is set up in MTV and CAS | Upon hire and program updates |
| 837P Claim Form | <ul style="list-style-type: none"> Explain the purpose of the 837P claim form. Identify where electronic data is stored at Humana Recognize the 837P screen view | Upon hire and program updates |
| 837I Claim Form | <ul style="list-style-type: none"> Explain the purpose of the 837I claim form Identify where electronic data is stored at Humana Recognize the 837I screen views | Upon hire and program updates |
| Paper Claim Forms Overview | <ul style="list-style-type: none"> Explain the purpose of claim forms Distinguish the difference between the CMS-1500 and UB-04 Identify how a provider record is set up in CAS. | Upon hire and program updates |

Table I.G.2-13: Overview of Network Contracting Professionals/Provider Relations Team Curriculum Content

| Training | Description | Frequency |
|---|---|-------------------------------|
| CMS-1500 Claim Form | <ul style="list-style-type: none"> • Explain the purpose of the CMS-1500 claim form • Identify how information is grouped on the CMS-1500 claim form • Recognize the fields located on the CMS- 1500 claim form | Upon hire and program updates |
| UB-04 Claim Form | <ul style="list-style-type: none"> • Explain the purpose and the fields of a UB-04 claim form | Upon hire and program updates |
| Introduction to Claim Codes | <ul style="list-style-type: none"> • Explain the purpose of claim codes • Identify key code types used in medical billing • Recognize how Mentor can be used to search code descriptions | Upon hire and program updates |
| ICD-10-CM Codes | <ul style="list-style-type: none"> • Describe the purpose of ICD-10-CM codes • Recognize how Mentor can be used to search ICD-10-CM codes • Identify where ICD-10-CM codes are located on claim forms | Upon hire and program updates |
| ICD-10-PCS Codes | <ul style="list-style-type: none"> • Describe the purpose of ICD-10-PCS codes • Recognize how Mentor can be used to search ICD-10-PCS code descriptions • Identify where ICD-10-PCS codes are located on claim forms | Upon hire and program updates |
| CPT Codes | <ul style="list-style-type: none"> • Describe the purpose of CPT codes. Outline three categories of CPT codes • Explain CPT modifiers and bundling • Recognize how Mentor can be used to search CPT code descriptions • Identify where CPT codes are located on claim forms | Upon hire and program updates |
| HCPCS Codes | <ul style="list-style-type: none"> • Explain the purpose of HCPCS codes. Outline the two levels of HCPCS codes • Recognize how Mentor can be used to search HCPCS code descriptions • Identify where HCPCS codes are located on form | Upon hire and program updates |
| Revenue Codes | <ul style="list-style-type: none"> • Explain the purpose and how Mentor can be used to search revenue code descriptions • Identify where revenue codes are located on claim forms | Upon hire and program updates |
| Participating Provider Code Overview | <ul style="list-style-type: none"> • Describe the purpose of participating provider codes, identify how to use the Participating Provider Codes document in Mentor, recognize how the facility and physician loading grids are utilized for par code selection | Upon hire and program updates |
| Searching for Par Codes in CAS | <ul style="list-style-type: none"> • Identify where to locate par codes in CAS, locate a par code using the CFI screen and the CSI screen | Upon hire and program updates |
| Voucher Codes Overview | <ul style="list-style-type: none"> • Explains the purpose of voucher codes and points out how to find descriptions of voucher codes in Mentor | Upon hire and program updates |
| Locating Voucher Codes in CAS | <ul style="list-style-type: none"> • Outlines information housed on the PDI, CFI, and CSI screens in CAS. As well as, identifies where voucher codes are located on each of those screens. | Upon hire and program updates |

Table I.G.2-13: Overview of Network Contracting Professionals/Provider Relations Team Curriculum Content

| Training | Description | Frequency |
|--|--|-------------------------------|
| Network Management Provider Contracting Policies | <ul style="list-style-type: none"> • This recorded session will discuss • Specific and established policies and procedures to ensure Humana does not violate state or federal law • Includes an overview of the top policies and procedures contractors need to apply in their daily role | Upon hire and program updates |
| Care Decision Insights and Bundled Payments | <ul style="list-style-type: none"> • What is Care Decision Insight • Bundled Payment Overview | Upon hire and program updates |
| Competitive Posture Unit and Strategic Concepts | <ul style="list-style-type: none"> • Discusses what is Competitive Posture Unit (CPU) and Strategy concepts and how can assist | Upon hire and program updates |
| Future Cost Tool (FCT) and Provider Price Index (PPI) | <ul style="list-style-type: none"> • What is the Future Cost Tool (FCT) and Provider Price Index (PPI) and what used for and how to access | Upon hire and program updates |
| General Rules of Provider Contracting | <ul style="list-style-type: none"> • “Pencil” changes on contracts • Contract language reminders • Email reminders • Contract Language FAQ | Upon hire and program updates |
| Provider Contracting Process Workflows | <ul style="list-style-type: none"> • Contract Approval Committee • Network Language Review • Hospital Contract Approval Process (HCAP) • New/Replacement Contract • MERLIN Amendment • Legacy Amendment | Upon hire and program updates |
| Contract Reimbursement Templates | <ul style="list-style-type: none"> • Commercial and Medicare reimbursement language • Where to locate these reimbursement pages • Contracting strategies | Upon hire and program updates |
| National Ancillary Benchmarks and Urine Drug Testing | <ul style="list-style-type: none"> • Who is National Ancillary Contracting • What does National Ancillary Contracting manage • Clinical Laboratories and Pathologists • Durable Medical Equipment (DME) • Skilled Nursing • Home Health • Hospice • Dialysis | Upon hire and program updates |
| Provider Intelligence Playbook Overview | <ul style="list-style-type: none"> • What is the Provider Intelligence Playbook • Where to locate • Tools available • Reports produce | Upon hire and program updates |

Table I.G.2-13: Overview of Network Contracting Professionals/Provider Relations Team Curriculum Content

| Training | Description | Frequency |
|--|---|-------------------------------|
| Contract Calendar | <ul style="list-style-type: none"> What is the contract calendar Where is contract calendar located How to use | Upon hire and program updates |
| Network Adequacy and Filing | <ul style="list-style-type: none"> Network Adequacy and Filing What is it, its components, reports, and who is involved Adequacy and filings for Medicare and Commercial discussed | Upon hire and program updates |
| APEX 16046-APEX Overview-eMod | <ul style="list-style-type: none"> APEX Overview | Upon hire and program updates |
| APEX 12926-Search for Work-eMod | <ul style="list-style-type: none"> Designed to teach learners how to use the Search for Work functionality in APEX | Upon hire and program updates |
| APEX 16042-Create Work Case Screen-eMod | <ul style="list-style-type: none"> Reviews the Create Case screen, has an activity that allows to virtually create a case in APEX | Upon hire and program updates |
| APEX 16042-Define Work Case Screen-eMod | <ul style="list-style-type: none"> Define Work Case screen in the APEX system | Upon hire and program updates |
| APEX 16062-Add Remove Modify Documents Screen | <ul style="list-style-type: none"> Teach the Add / Remove / Documents and the Link the Document to Providers screens in APEX | Upon hire and program updates |
| APEX 16067-Reassigning a Work Case | <ul style="list-style-type: none"> How to re-assign a Work Case in the APEX system | Upon hire and program updates |

Population Health Management Staff Training

All of the PHM staff will receive Humana-specific education and training on chronic conditions, BH conditions, behavior change theory, stages of change, and motivational interviewing.

Table I.G.2-14: Overview of PHM Staff Curriculum Content

| Training | Description | Frequency |
|--|---|-------------------------------|
| Introduction to Care Coordination | <ul style="list-style-type: none"> Explains the person-centered planning process Identify who should be on a typical CCT Explains what each level of member stratification levels, how enrollees are assessed and arrive in the system. Describes a typical welcome call and describe the timeline requirements for contacting enrollees in each stratification | Upon hire and program updates |
| Cultural Competency | <ul style="list-style-type: none"> Interactive communication/Soft Skills, call fundamentals, call quality, cultural competency training, Ethics and Compliance training, health literacy, Web-based cross-cultural communication training program, quality interactions, cultural competency tools; SDOH, specialized training for Enrollee-facing associates | Upon hire and program updates |

Table I.G.2-14: Overview of PHM Staff Curriculum Content

| Training | Description | Frequency |
|--|--|-------------------------------|
| Americans with Disabilities Act (ADA) | <ul style="list-style-type: none"> Identify what is covered by Title III by ADA Define what is meant by Individuals with disabilities Explain requirements of ADA, that apply to provision of goods and services | Upon hire and program updates |
| Continuing Education (CE) | <ul style="list-style-type: none"> Identify where to access free CE courses through Humana's continuing education program | Upon hire and program updates |
| Advance Directives | <ul style="list-style-type: none"> Discuss importance of advance directives and benefits to members. Discusses responsibility to educate about Five Wishes Tool | Upon hire and program updates |
| Early Periodic Screening Diagnosis and Treatment (EPSDT) Training | <ul style="list-style-type: none"> To increase understanding of EPSDT | Upon hire and program updates |
| Utilization Management (UM) Nurse – UM Compliance Basics | <ul style="list-style-type: none"> Covers topics such as rules and regulations required to remain in compliance, consequences for failing to comply, how UM compliance is evaluated, and internal and external UM compliance references | Upon hire and program updates |
| UM Nurse – UM Basics | <ul style="list-style-type: none"> Covers key responsibilities of a UM Nurse, the purpose of evidence-based care, and how the nursing process and UM process align | Upon hire and program updates |
| Right Level of Care | <ul style="list-style-type: none"> Explains appropriate levels of care to assist members in seeking the right level of care, at the right place, and at the right time | Upon hire and program updates |
| Care Coordination Process | <ul style="list-style-type: none"> This training provides guidance, training, and hands-on-learning to new and existing associates about the care coordination process to facilitate member management and coordination of care as members navigate through the healthcare delivery system | Upon hire and program updates |
| Utilization Management Process | <ul style="list-style-type: none"> The purpose of the UM program is to provide guidance to Enrollees and facilitate coordination of care as Enrollees navigate through the healthcare delivery system while also providing needed assistance to practitioners or Enrollees, in cooperation with other parties, to facilitate appropriate use of resources and appropriate settings of care for the Enrollee's condition | Upon hire and program updates |
| Inter-rater Reliability Assessment | <ul style="list-style-type: none"> Test to measure and identify any issues with the criteria application skills of the reviewer and provides a mechanism to identify opportunities to improve consistency | Upon hire and program updates |
| Clinical Documentation System Training | <ul style="list-style-type: none"> To provide guidance on how to navigate and document all clinical activities pertaining to Enrollee management in the clinical documentation system | Upon hire and program updates |

Table I.G.2-14: Overview of PHM Staff Curriculum Content

| Training | Description | Frequency |
|--|--|-------------------------------|
| Mental Health First Aid Training | <ul style="list-style-type: none"> To provide Humana associates with Mental Health First Aid Training Mental Health First Aid (MHFA) aims to both teach members of the public how to respond in a mental health emergency and offer support to someone who appears to be in emotional distress | Upon hire and program updates |
| Abuse, neglect, and exploitation (ANE) training for case managers | <ul style="list-style-type: none"> Defines ANE and its different types Teaches the learner to identify risk factors, indicators and who reports ANE and when and how to report suspected cases Requirements for identifying and reporting Critical Incidents are also reviewed | Upon hire and program updates |
| Care Coordinator training - Enrollee rights and responsibilities | <ul style="list-style-type: none"> Both Kentucky SKYEnrollee Handbooks containing the Enrollee Rights and Responsibilities is reviewed and discussed during face-to-face training. | Upon hire and program updates |
| Care Coordinator training - Enrollee safety | <ul style="list-style-type: none"> Provides a general overview of safety and risk scenarios | Upon hire and program updates |
| Care Coordinator training - local resources | <ul style="list-style-type: none"> Reviews exercise of locating local resources | Upon hire and program updates |
| Care Coordinator training - general medication information | <ul style="list-style-type: none"> The objective of this presentation is to inform Care Coordinators of the possible/common medications taken by Enrollees Covers the various resources or “toolkits” that are available on the topics of medication adherence, high-risk medication, and diabetes treatment measures | Upon hire and program updates |
| Care Coordinator training - behavioral health (Common Mental Health Diagnoses and Medication) | <ul style="list-style-type: none"> Designed to help care managers meet the needs of our Enrollees who have been diagnosed with mental illness or substance abuse. Become more familiar with common mental health diagnoses that we see with our Enrollees, signs and symptoms, and medications used for treatment. Explanation of pathways to accessing service | Upon hire and program updates |

Table I.G.2-14: Overview of PHM Staff Curriculum Content

| Training | Description | Frequency |
|---|---|--------------------------------------|
| <p>Introduction to Trauma-Informed Care (Relias)</p> | <ul style="list-style-type: none"> • Will learn about the various types of trauma, the long-lasting consequences of trauma, and what it means to provide care through a trauma-informed lens. • Will learn the scope of your role and responsibilities when you are serving individuals with histories of trauma. You will examine best practices to implement, as well as how to avoid harmful ones that can further perpetuate the suffering and silence of trauma. As you complete this course, you will gain a deeper understanding of how your personal history can impact your work with trauma survivors. Importantly, you will learn what it means to provide trauma-informed care, and why this approach is a multi-faceted one that you should consider for the individuals you serve. This training is designed for behavioral healthcare professionals who interact with individuals in a variety of behavioral healthcare settings, including those with basic to intermediate levels of experience with trauma. | <p>Upon hire and program updates</p> |
| <p>Trauma-Informed Clinical Best Practices: Implications for the Clinical and Peer Work Force (Relias)</p> | <ul style="list-style-type: none"> • In a trauma-informed organization, the clinical and peer work force ensures trauma-informed clinical best practices address the effects associated with trauma while honoring the core principles of trauma-informed care. It is an organization's clinical work that gets to the core of shifting the focus from What is wrong with you to What happened to you. Explore key components to trauma-informed clinical practice, the core competencies of a trauma-informed practitioner and what it means to apply trauma-informed principles across all stages of treatment. Learn more about trauma-specific, evidence-based and emerging best practices, including interventions focused on the mind/body connection. | <p>Upon hire and program updates</p> |
| <p>Identifying And Preventing Child Abuse And Neglect (Relias)</p> | <ul style="list-style-type: none"> • This course will teach you about the various types of child abuse and neglect that are currently the most common, and the physical and behavioral warning signs that may accompany different kinds of child maltreatment. You will learn some general guidelines for mandatory reporting and how you can find out the specific reporting requirements of your particular state. This course is intended for licensed professional staff in a range of work settings. Practice exercises and detailed examples will help you apply these concepts to your own learning so that you are better equipped to help the individuals you serve. | <p>Upon hire and program updates</p> |

Table I.G.2-14: Overview of PHM Staff Curriculum Content

| Training | Description | Frequency |
|---|--|--------------------------------------|
| <p>Abuse and Neglect: What to Look For and How to Respond (Relias)</p> | <ul style="list-style-type: none"> This course provides you with the most up-to-date and accurate information in the identification and intervention of reportable abuse. You will learn about the various types of abuse, including child abuse, elder abuse, and intimate partner violence. Upon completion of this course, you will be able to recognize the various signs of abuse among all of these groups, as well as clearly understand your reporting responsibilities and procedures. Most importantly, you will have the key competencies you need to assist victims of violence and help others to avoid victimization. This course is designed for all entry- and intermediate-level Human Service personnel. | <p>Upon hire and program updates</p> |
| <p>Suicide Risk Factors, Screening, and Assessment (Relias)</p> | <ul style="list-style-type: none"> You will learn about specific risk factors and danger signs that put an individual at increased risk for suicide. You also will learn how to incorporate screening instruments into the intake process, and what to do if someone is potentially suicidal. A blend of interactive exercises, didactic information, and case scenarios will help you apply these concepts with the people you serve. The information in this course is appropriate for any level of expertise, so even if you already have a good idea of what puts a person at risk for suicide, you will gain up-to-date information about the most effective methods of screening for suicidal risk and intervening to assist people in crisis. While suicide is sometimes impossible to prevent, the information you learn in this course will help you potentially save the lives of the at-risk population you encounter. | <p>Upon hire and program updates</p> |
| <p>Crisis Prevention and Planning for the Case Manager (Relias)</p> | <ul style="list-style-type: none"> Mounting evidence and growing awareness in the healthcare field show that a small percentage of people utilize a very large percentage of behavioral health and somatic care resources. These high-end users are often prone to a variety of types of crises that can result in frequent use of emergent and high-cost care. Case management services are critical to ensure that a risk reduction approach and crisis prevention planning are used throughout the course of intervention. This course discusses crisis prevention and planning for case managers and care coordinators within payer organizations as well as others who manage the care of individuals with complex needs. | <p>Upon hire and program updates</p> |
| <p>Crisis Management Overview for All Associates (Relias)</p> | <ul style="list-style-type: none"> Crisis Management overview for all associates. This will provide information on the Crisis Management Program at Humana, how you play a role in crisis management and what to expect during a crisis. | <p>Upon hire and program updates</p> |
| <p>Emotional intelligence at Work (Relias)</p> | <ul style="list-style-type: none"> When the unexpected happens, how you respond to a frustrating situation can make a big difference in its outcome. This Challenge Series exercise explores how emotional intelligence competencies can help individuals deal with complicated situations at work. The learner plays the role of a product manager at an electronics manufacturing company. | <p>Upon hire and program updates</p> |

Utilization Management (UM) Staff Training

All UM staff will receive Humana-specific education and training on receiving, processing, and reviewing an authorization to make adverse determination. Refer to **Table I.G.2-15** below.

Table I.G.2-15: Overview of Utilization Management Curriculum Content

| Training | Description | Frequency |
|---|--|-------------------------------|
| Humana Overview for Clinical Intake Team (CIT) roles | <ul style="list-style-type: none"> Define some of the Humana acronyms Answer questions about Humana’s history and current state Describe how CIT fits within Clinical Care Services (CCS) | Upon hire and program updates |
| Clinical Care Services Overview | <ul style="list-style-type: none"> Define the vision and scope of CCS Explain the roles and responsibilities within CCS Define terminology pertinent to CCS | Upon hire and program updates |
| Clinical Intake Team Overview | <ul style="list-style-type: none"> List the roles within the CIT Match the roles to the responsibilities of CIT Define acronyms associated with CIT | Upon hire and program updates |
| Clinical Intake Specialist | <ul style="list-style-type: none"> Define the role of a CIT Specialist Define terms associated with the CIT Specialist | Upon hire and program updates |
| The Life of an Authorization | <ul style="list-style-type: none"> Define the lifecycle of an authorization Discuss the roles and responsibilities of those who participate in a preauthorization | Upon hire and program updates |
| Provider Types | <ul style="list-style-type: none"> Define types of providers Explain how each provider type impacts Humana Enrollees | Upon hire and program updates |
| Inpatient vs. Outpatient | <ul style="list-style-type: none"> Define key words associated with inpatient and outpatient services Identify whether a service is associated with inpatient, outpatient, or both | Upon hire and program updates |
| Levels of Care | <ul style="list-style-type: none"> Define the levels of care Distinguish between the different levels of care Articulate how the levels of care impact Enrollees | Upon hire and program updates |
| Checkpoints for CIT Specialists | <ul style="list-style-type: none"> Identify different Humana plans, how they appear in the system, and their characteristics Characterize the different types of requests (authorization types, Transition of Care (TOC)/COC, Pre-Determination/ACD, Waiver/Network Exception) Understand the different roles within Humana Clinical Services (HCS) Understand the authorization process Explain the types of providers | Upon hire and program updates |
| Intro to Medical Terms | <ul style="list-style-type: none"> Interpret medical terms Pronounce medical terms Spell medical terms | Upon hire and program updates |
| Humana.com | <ul style="list-style-type: none"> Navigate Humana.com Access Find-a-Doctor, P-synch and Learning Opportunities Redirect callers to appropriate portal for authorizations Find a plan using the site | Upon hire and program updates |

Table I.G.2-15: Overview of Utilization Management Curriculum Content

| Training | Description | Frequency |
|---|--|-------------------------------|
| GCP for CIT Specialists | <ul style="list-style-type: none"> Navigate Guidance Care Portal (GCP)/Customer Care Portal 2 (CCP2) (View Only) Utilize the basic areas of GCP/CCP2 as they pertain to the CIT Role | Upon hire and program updates |
| Physician Finder Plus (PFP) | <ul style="list-style-type: none"> Locate PFP Navigate PFP to locate info and guide members Conduct a search for a provider Determine if a provider is participating in a member’s network Describe the significance of the Care Highlight rating | Upon hire and program updates |
| Mentor | <ul style="list-style-type: none"> Find daily alerts and updates Search for and open documents Save documents in Favorites Look up industry codes such as: ICD-9 and CPT. Provide feedback to document owners | Upon hire and program updates |
| Medical Codes | <ul style="list-style-type: none"> Define and search for CPT codes Define and search for ICD 10 codes Define and search for HCPC codes Define and understand generic codes | Upon hire and program updates |
| Perfect Scenario - Master Prior Authorization List (PAL) | <ul style="list-style-type: none"> Search services and procedures in PAL Follow PAL instructions in processing authorization requests | Upon hire and program updates |
| Clinical Directory Overview | <ul style="list-style-type: none"> Identify the tabs in the Clinical Directory Explain when it is appropriate to utilize resources in Clinical Directory | Upon hire and program updates |
| CIT Intro to CGX | <ul style="list-style-type: none"> Describe the purpose of the Clinical Guidance eXchange (CGX) software. | Upon hire and program updates |
| Medicaid 200375- Medicaid Basics-eMOD | <ul style="list-style-type: none"> This module is designed to provide the learner with an introduction to Medicaid Basics information including eligibility and benefits. Distinguishing the differences in Medicare and Medicaid Describing how Medicaid is financed Identifying the five main Medicaid population groups Comparing and contrasting mandatory and optional Medicaid benefits Describing the three main types of Medicaid programs | Upon hire and program updates |
| CGX 2.0 – Introduction to Training | <ul style="list-style-type: none"> Introduction to Training Demo | Upon hire and program updates |
| CGX 2.0 – Navigating CGX 2.0 | <ul style="list-style-type: none"> This module is designed to provide the learner with detailed instruction on how to navigate in CGX 2.0 | Upon hire and program updates |

Table I.G.2-15: Overview of Utilization Management Curriculum Content

| Training | Description | Frequency |
|--|---|-------------------------------|
| CGX 2.0 - Member Banner | <ul style="list-style-type: none"> Modify the CGX Banner according to the guidelines in the CGX – Banner Customization document in Mentor | Upon hire and program updates |
| CGX 2.0 – My Work | <ul style="list-style-type: none"> This module is designed to provide the learner with detailed instructions on utilizing "My Work" features within CGX 2.0 Navigating "My Work" Selecting and viewing work in a specific queue Assigning a user(s) to a queue owned Removing an owner from a queue managed Practice session for assigning a member to someone in CGX 2.0 | Upon hire and program updates |
| CGX 2.0 – Enrollee Search & Alerts | <ul style="list-style-type: none"> This module is designed to provide the learner with detailed instruction on Member Searches and Alerts in CGX 2.0 Successfully searching for a member according to the guidelines set in the CGX – Member Search document in Mentor Bringing a member into focus Selecting a member to display in the banner | Upon hire and program updates |
| CGX 2.0 - Provider Search | <ul style="list-style-type: none"> Conduct a provider search Add a searched provider to an existing authorization | Upon hire and program updates |
| CGX 2.0 – View an Authorization | <ul style="list-style-type: none"> This module is designed to provide the learner with detailed instruction on how to view prior authorizations in CGX 2.0. Searching for an existing authorization Searching for all authorizations under a specific member Viewing authorization details Viewing authorization history details | Upon hire and program updates |
| CGX 2.0 – Working with Medical Codes | <ul style="list-style-type: none"> This module is designed to provide the learner with detailed instruction on how to work with medical codes in CGX 2.0 Searching for diagnosis and procedure medical codes Adding primary and secondary medical codes to a Member record | Upon hire and program updates |
| CGX 2.0 – Create and Modify an Inpatient Authorization | <ul style="list-style-type: none"> This module is designed to provide the learner with detailed instructions on how to create and modify inpatient authorizations within CGX 2.0 Creating an Inpatient Authorization Modifying an Inpatient Authorization | Upon hire and program updates |
| CGX 2.0 – Create and Modify an Outpatient Authorization | <ul style="list-style-type: none"> This module is designed to provide the learner with detailed instructions on how to create and modify outpatient authorizations within CGX 2.0 Creating an Outpatient Authorization Modifying an Outpatient Authorization | Upon hire and program updates |

Table I.G.2-15: Overview of Utilization Management Curriculum Content

| Training | Description | Frequency |
|--|--|-------------------------------|
| CGX 2.0 – Working with Communication Records | <ul style="list-style-type: none"> This module is designed to provide the learner with detailed instructions on how to create communication records within CGX 2.0. Instructions and steps to create a communication record Best practices and required fields to save a communication record | Upon hire and program updates |
| CGX 2.0 – Working with Tasks | <ul style="list-style-type: none"> Access tasks from My Work Create a task Filter Tasks Rearrange columns with task details in My Work Change Ownership of a task Complete a task | Upon hire and program updates |
| Clinical Ops - Softphone Tool | <ul style="list-style-type: none"> Demonstrate how to log into Softphone Choose a status using the Choose Status button Log an authenticated call using Softphone Log an un-authenticated call using Softphone Transfer a call using Softphone Conference a call using Softphone | Upon hire and program updates |
| Humana Systems Review | <ul style="list-style-type: none"> Demonstrate understanding of the following systems: Humana Intranet (Hi!)/Humana Self-Service (HSS) Mentor Humana.com | Upon hire and program updates |
| Introduction to CIT Process Flows | <ul style="list-style-type: none"> Identify the name and purpose of the shapes used in a process flow Explain the difference between a Stage and a Decision Identify the shapes that contain links to Mentor documents | Upon hire and program updates |
| Process Flows 101 | <ul style="list-style-type: none"> Identify symbols contained in the process flows Explain the difference between a Step and a Decision Identify the symbols that contain links to Mentor Documents | Upon hire and program updates |
| Perfect Scenario: Intake Sub process | <ul style="list-style-type: none"> Complete task using validated best practices Access the links in the process flow to reference documents and procedures | Upon hire and program updates |
| Perfect Scenario: HIPAA Authentication | <ul style="list-style-type: none"> Identify the authentication and HIPAA requirements Learn the impact to Humana associates and members Save settings to perform searches in PMDM Access and perform a basic search in PMDM | Upon hire and program updates |
| Perfect Scenario - Guiding vs. Quoting | <ul style="list-style-type: none"> Differentiate between guiding and quoting | Upon hire and program updates |
| Building an Hyperbaric Oxygen Therapy (HBOT) Auth | <ul style="list-style-type: none"> Explain what is Hyperbaric Oxygen Therapy (HBOT) Locate the HBOT Procedure Guide Use the HBOT Procedure Guide to create a HBOT authorization in CGX 2.0 | Upon hire and program updates |

Table I.G.2-15: Overview of Utilization Management Curriculum Content

| Training | Description | Frequency |
|--|---|-------------------------------|
| Build Representative Auths Without POA or AOR | <ul style="list-style-type: none"> Explain what is a Power of Attorney (POA) and Appointment of Representative (AOR) Locate the CIT - Processing Member Representative Requests with no POA or ROA procedure. Use the CIT - Processing Member Representative Requests with no POA or AOR procedure to create an authorization in CGX 2.0 | Upon hire and program updates |
| Building a Hospice Auth | <ul style="list-style-type: none"> Explain what Hospice is Locate the Hospice Procedural Guide Use the Hospice Procedural Guide to create a Hospice authorization in CGX 2.0 | Upon hire and program updates |

Grievance and Appeals Staff Training

All of the Grievance and Appeals staff will receive Humana-specific education and training on the Contractual requirements and timeframes for processing grievance and appeals. Any grievances or appeals received directly from DMS are processed by our Critical Inquiry team. We have a dedicated team to process these to ensure they are completed expeditiously. See **Table I.G.2-16** below for full detail.

Table I.G.2-16: Overview of Grievance and Appeals Staff Curriculum Content

| Training | Description | Frequency |
|--|---|-------------------------------|
| Contract Definitions and Acronyms | This course covers an Industry overview of Dual Eligible Plans including the program overview, population information, program principles, benefits, and the Humana landscape | Upon hire and program updates |
| Enrollment and Disenrollment Overview | Virtual team review of KY SKY Contract provisions | Upon hire and program updates |
| Enrollee Services requirements | Virtual team review of KY SKY Contract provisions | Upon hire and program updates |
| Coverage and Authorization of Services Overview | Virtual team review of KY SKY Contract provisions | Upon hire and program updates |
| Provider Services Overview | Virtual team review of KY SKY Contract provisions | Upon hire and program updates |
| Quality Overview | Virtual team review of KY SKY Contract provisions | Upon hire and program updates |
| Administration and Management Overview | Virtual team review of KY SKY Contract provisions | Upon hire and program updates |
| Sanctions and Liquidated Damages Overview | Virtual team review of KY SKY Contract provisions | Upon hire and program updates |
| Early Periodic Screening Diagnosis and Treatment (EPSDT) Overview | EPSDT overview | Upon hire and program updates |

Table I.G.2-16: Overview of Grievance and Appeals Staff Curriculum Content

| Training | Description | Frequency |
|--|---|-------------------------------|
| Letter Writing Training | Letter writing course focusing on readability, language, and empathy | Upon hire and program updates |
| Grievance and Appeal System Overview | Virtual team review of KY SKY Contract provisions | Upon hire and program updates |
| Grievance and Appeal Training | Humana Internal Systems (CAS, CI, CCP, RX Nova), Grievance and Appeals Policy, Procedures and Interactive Process Flows | Upon hire and program updates |
| Critical Inquiry DMS Interactive Flow | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Case Receipt Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Good Cause Inquiry Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Segment Update Inquiry Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Follow Up Inquiry Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Complaint Acknowledgement Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS SME Assistance Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry Response to DMS Inquiry Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Extension Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Case Closure Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Close Out Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry Determining Head of Household (HOH) Procedures | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |

Table I.G.2-16: Overview of Grievance and Appeals Staff Curriculum Content

| Training | Description | Frequency |
|--|--|-------------------------------|
| Critical Inquiry DMS Member Complainant Acknowledgement Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry Member Response to DMS Day 1-2 Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Member Follow Up Inquiry Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Provider Complaint Acknowledgement Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Provider Follow Up Inquiry Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Provider Non-Claim Status Inquiry Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry Provider Response to DMS Inquiry Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry External Review Medicaid Provider Complaints Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry Claim Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS Provider or Provider Related Claim Complaint Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS SIU Anti-Fraud Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| Critical Inquiry DMS SME Assistance Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |

Table I.G.2-16: Overview of Grievance and Appeals Staff Curriculum Content

| Training | Description | Frequency |
|--|---|-------------------------------|
| Critical Inquiry DMS Completed Still Open Procedure | Critical Inquiry DMS Policies and Procedures | Upon hire and program updates |
| ACA 1557 Nondiscrimination Language | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Discrimination Grievance - Complaint Procedures - Resolution Team | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Critical Inquiry Quality, Attitude, & Access (QAA) guideline | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Critical Inquiry DMS Care Manager or Authorization Complaint Procedure | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Critical Inquiry DMS MMA Claim Procedure | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Critical Inquiry DMS Provider or Provider Related Claim Complaint Procedure | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Critical Inquiry DMS SIU Anti-Fraud Procedure | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Critical Inquiry Confidential Proprietary and Privacy Violation Guideline | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Critical Inquiry Medicare/Medicaid Congressional, Senatorial, Media Relation and Compliance Guideline | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Critical Inquiry Medicare/Medicaid Medical Director Request Procedure | Critical Inquiry Research and Support Documents | Upon hire and program updates |

Table I.G.2-16: Overview of Grievance and Appeals Staff Curriculum Content

| Training | Description | Frequency |
|---|--|--|
| Critical Inquiry Compliance Review Procedure | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Critical Inquiry Discretionary Overturn Procedures | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Critical Inquiry Feedback Form Procedures | Critical Inquiry Research and Support Documents | Upon hire and program updates |
| Annual KY Medicaid Contract Refresher Training | Annual training to review contract provisions and process requirements and timeframes. | Upon hire, program updates, and annually |

Claims Processing Staff Training

All of the Claims Processing staff will receive Humana-specific education and training on the Contractual requirements and timeframes for processing claims for services. See **Table I.G.2-17** below for full detail.

Table I.G.2-17: Overview of Claims Processing Staff Curriculum Content

| Training | Description | Frequency |
|----------------------------------|---|-------------------------------|
| Standard New Hire | Instruct learners to go to Learning Center, search for 1083, and enroll | Upon hire and program updates |
| Medicaid Basics | This course covers an Industry overview of Medicaid Plans, including the program overview, population information, program principles, benefits, and the Humana landscape | Upon hire and program updates |
| Claims Overview | Covers the overview of Medical Claims Processing and systems utilized | Upon hire and program updates |
| CMS 1500 Claim Form | Review of CMS 1500 Claim Form | Upon hire and program updates |
| UB-04 Claim Form | Review of UB-04 Claim Form | Upon hire and program updates |
| Claims Processing Screens | Review of all of the claim processing screens and how they are utilized | Upon hire and program updates |
| Authorization | Review of validating authorizations | Upon hire and program updates |
| Provider Overview | How to review, validate and check provider information | Upon hire and program updates |
| Provider Contract Screens | Review of all of the provider contract screens | Upon hire and program updates |
| DME | Review of DME processing | Upon hire and program updates |
| HIVS | Review of Humana Image View Station | Upon hire and program updates |

Table I.G.2-17: Overview of Claims Processing Staff Curriculum Content

| Training | Description | Frequency |
|---|---|-------------------------------|
| eHUB | Overview of how to utilize the system that houses electronic claim images | Upon hire and program updates |
| Overrides | Review of overrides and when they are applicable to the claim adjudication | Upon hire and program updates |
| Maccess or CRM Basics | Review of Maccess and CRM Workflows | Upon hire and program updates |
| Claims overview of the various claim types | Will take a deeper look into each claim type (Physician Claims, DME, Labs, Skilled Nursing, etc.) | Upon hire and program updates |
| Live Processing in Class | Claim processing | Upon hire and program updates |
| NE-Mcare-Mcaid-Ancil-Initial | Nation Education Department will train the new hires on the following material: Medical Claims Overview, Hospital Form Overview and Codes, Physician verse Hospital claims, all claims adjudication system screens, claim adjudication overrides, authorization processes, and Medicaid processes | Upon hire and program updates |

Enrollee Outreach and Education Staff Training

All of the Enrollee Outreach and Education staff will receive Humana-specific education and training on the Humana systems, how to make outbound calls, how to use the phone software, and document conversations with Enrollees. See **Table I.G.2-18** below for full detail.

Table I.G.2-18: Overview of Enrollee Outreach and Education Staff Curriculum Content

| Training | Description | Frequency |
|--|---|-------------------------------|
| Community Engagement Coordinator Training | <ul style="list-style-type: none"> • Kentucky SKY Contract Training • Campaign Training (Contract Updates) • Job Aids • Policy and Procedures • Health Risk Assessment (HRA) Process | Upon hire and program updates |
| New Associate Training | <ul style="list-style-type: none"> • Customer Interface (CI) • Customer Care Portal 2 (CCP2) • Clinical Guidance Exchange Systems (CGX) • EHDL • Physician Finder • Order Entry System (OES) • PAIG • Contract Training • Campaign Training • Job Aids • Policy and Procedures • Health Risk Assessment (HRA) Process • Medicaid - Dual Information Benefits • Customer Service Soft Skills | Upon hire and program updates |

Table I.G.2-18: Overview of Enrollee Outreach and Education Staff Curriculum Content

| | | |
|--|--|--------------------------------------|
| <p>Avaya Phone Training</p> <ul style="list-style-type: none"> • How to Login/Logout • How to Aux Appropriately | <ul style="list-style-type: none"> • Demonstrate how to log into Softphone • Choose a status using the Choose Status button • Log an authenticated call using Softphone • Log an un-authenticated call using Softphone • Transfer a call using Softphone • Conference a call using Softphone | <p>Upon hire and program updates</p> |
|--|--|--------------------------------------|

Enrollment Staff Training

All of the Enrollment associates, which are part of Enrollee Services, receive Humana-specific education and training on the Contractual requirements and how the Kentucky SKY program is different from our existing Plans. See **Table I.G.2-19** below for full detail.

Table I.G.2-19: Overview of Retail Service Operations (RSO) Staff Curriculum Content – Enrollment Staff

| Training | Description | Frequency |
|---|---|--------------------------------------|
| <p>Kentucky SKY Account Services Operational Readiness</p> | <ul style="list-style-type: none"> • Training will include any new processes adopted with the new contract from an Account Services perspective • Includes a high-level overview of the estimated increase in work items • Training will cover the initial enrollment strategy | <p>Upon hire and program updates</p> |

Regulatory Compliance Staff Training

All of the Regulatory Compliance associates, which includes the Chief Compliance Officer, receive Humana-specific education and training on the Contractual requirements and how the Kentucky SKY program is different from our existing Plans. See **Table I.G.2-20** below for full detail.

Table I.G.2-20: Overview of Retail Service Operations (RSO) Staff Curriculum Content – Regulatory

| Training | Description | Frequency |
|---|--|--------------------------------------|
| <p>Ethics and Compliance Training</p> | <ul style="list-style-type: none"> • Internal compliance responsibilities of associates, support safety and inclusion, protecting associates and data, applicable laws and compliance requirements, and compliance reporting/open door policy | <p>Upon hire and program updates</p> |
| <p>State specific Medicaid Training</p> | <ul style="list-style-type: none"> • Comprehensive state-specific training re: content of Humana’s contract with the applicable state agency | <p>Upon hire and program updates</p> |
| <p>IMO Overview</p> | <ul style="list-style-type: none"> • Introduction to internal corporate review software for provider communications | <p>Upon hire and program updates</p> |
| <p>IMO – Legal and Compliance Business Review</p> | <ul style="list-style-type: none"> • Specific instruction for legal and compliance reviewers of provider communications | <p>Upon hire and program updates</p> |
| <p>IOP Module 1 – Creator Training – How to Write a Fabulous IOP</p> | <ul style="list-style-type: none"> • Training re: appropriate documentation of Issues in Humana’s governance system, Enterprise Solution Point (ESP) | <p>Upon hire and program updates</p> |
| <p>IOP Module 2 – Enterprise Risk Assessment</p> | <ul style="list-style-type: none"> • Training re: conducting accurate risk assessments of identified deficiencies | <p>Upon hire and program updates</p> |

Table I.G.2-20: Overview of Retail Service Operations (RSO) Staff Curriculum Content – Regulatory

| Training | Description | Frequency |
|---|---|-------------------------------|
| IOP Module 3 – Learning to Risk Register | <ul style="list-style-type: none"> • Training re: linking identified deficiencies to appropriate enterprise risks | Upon hire and program updates |
| IOP Module 4 – Drafting the IOP | <ul style="list-style-type: none"> • Training re: appropriate level of detail and formatting for entering an Issue and Opportunity (IOP) into the ESP system | Upon hire and program updates |
| IOP Module 5 – Level 1/Level 2 Review of Draft IOP Through Publication | <ul style="list-style-type: none"> • Training re: internal processes for leader level review of the completed system IOP entry | Upon hire and program updates |
| IOP Module 6 – Development of a Draft Mitigation Plan | <ul style="list-style-type: none"> • Training re: expectations for remediation plans related to identified deficiencies | Upon hire and program updates |
| ESP 101 | <ul style="list-style-type: none"> • General training re: Humana’s governance system, Enterprise Solution Point (ESP) | Upon hire and program updates |

vi.

Overview of Contractor’s approach to monitoring Subcontractors’ progress in recruiting and training of staff to meet all requirements of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices.”

In order to achieve the benefits of fully integrated health care, Humana strives to manage all core functions that impact or interface with providers and members. In the rare case that we determine a subcontractor is best suited to provide services, we have developed robust processes to source and provide oversight of their operations.

Subcontractor Implementation and Oversight

Humana assigns a Workstream Leader who takes accountability for the implementation of all Subcontractors for the Plan. The Leader manages a project plan that ensures that the Subcontractors staffing plan is implemented in the timeframes required and that all of their staff have the necessary training. This folds into our rigorous Governance and Implementation procedures, which ensures that this partnership is not a barrier to our member or provider experience. We manage this through bid integration and sourcing, implementation governance, and end-to-end testing prior to go-live. Leading up to the contract effective and in the time following, we partner with the Subcontractors and include them in a go-live command center to ensure that any risk or issue is quickly identified and swiftly mitigated by the appropriate experts. As operations normalize, we continue to collaborate and focus on oversight and continuous improvement opportunities. Humana will have a Relationship Manager assigned to each subcontractor that will lead Joint Operating Committees and provide continued operational oversight. Along with the Contract terms we negotiate with the Subcontractor, this Operational oversight and collaboration ensures they are meeting our and DMS’s requirements with timely and accountable delivery of data and information per our requests.

Our Subcontractor onboarding process includes

- Sharing relevant documents (e.g., contracts, forms, etc.).
- Data exchange set up
- System testing
- Establishment of metrics and reporting requirements.

- Oversight of subcontractor staffing / hiring plan to ensure they are fully onboarded prior to the go-live date.

We also require that the Subcontractors' staff complete the same mandatory training within 30 days (and annually thereafter) as our associates related to applicable Centers for Medicare and Medicaid Services (CMS) and/or Medicaid requirements. This training includes information about our Standards of Conduct, program integrity requirements, and cultural competency, among many other topics. Humana automatically terminates access to Humana systems if this training is not completed. In addition to the mandatory associate training, each Subcontractor is required to complete and sign an attestation indicating that they have reviewed and will comply with the Kentucky Medicaid Managed Care Contract Training and will train their current employees on the Kentucky Contract-specific training within 30 days of notification and any new hires within 30 days of contract or hire.

Subcontractor Training and Review to Ensure Compliance

Humana will implement a subcontractor attestation process such that subcontractors who deliver services as part of the Commonwealth's Draft Medicaid Contract must certify they have completed all necessary training (including the Kentucky SKY program-specific training) and fully understand the requirements of the Commonwealth's Contract, applicable state and federal laws, and all other applicable requirements. Included in this attestation process will be ensuring that subcontractors have recruited and trained all associates appropriately. Activities performed by all subcontractors will be under the control and direction of Humana, and our subcontractors can perform no activity without appropriate Humana review, approval, and ongoing formal oversight.

Local Oversight and Monitoring Structure

Relationship Manager (RM): A RM is assigned to each subcontractor and is the key point of contact between the subcontractor and Humana. RMs are responsible for the subcontractor relationship maintenance and management of performance, pursuant to policy and in coordination with Kentucky market operations and all key constituents. This includes the subcontractor's compliance with the staff recruiting and training requirements as noted.

RMs oversee and monitor the performance of their assigned subcontractors via regular joint operational meetings with the subcontractor, and receipt of regular reporting as required in the subcontractor's contract with Humana. These Joint Operational Committee (JOC) meetings are designed to review the previous period's subcontractor performance as compared to Service Level Agreements (SLAs) that define performance requirements and their subcontract provisions. The RM leads the JOC meetings, which include engagement by key Kentucky market operations and subcontractor personnel. **Staffing/hiring related considerations are a standing topic on the JOC meetings leading up to Draft Medicaid Contract go-live.** This allows Humana to closely monitor their progress in ramping up and enables us to apply additional resources to support the process if/as needed. The leader responsible for subcontractor oversight performance and other business, operations, and compliance attendees of both parties are invited as well.

Subcontractor Performance Oversight (SPO): The SPO maintains a comprehensive, collective view of performance across the approved Kentucky subcontractors with specific focus on oversight and monitoring activities and key performance matters of interest. SPO works with RMs, network contracting leaders, the Medical Director, and representatives from operational areas within the Plan. The purpose of the SPO is to provide oversight of services provided by the DMS-approved Kentucky subcontractors through a comprehensive, Plan-wide system of ongoing, objective, and systematic monitoring. In conjunction with other associates mentioned, SPO ensures that delegated services meet the Plan standards for care and customer service, as well as the standards of the Department of Insurance, requirements of state and federal regulatory agencies, and applicable accrediting agencies such as National Committee for Quality Assurance. The SPO's responsibilities also include, but are not limited to:

- Establishing appropriate oversight mechanisms, procedures, and tools **(including those specific to hiring and appropriate staff training)**

- Overseeing delegated services by the review of subcontractor activity, performance metrics, and reports
- Reviewing pre-delegation and annual delegation audit findings through monthly summary reporting
- Monitoring progress in the resolution of Corrective Action Plans (CAPs) as appropriate
- Performing annual evaluation of the monitoring and oversight of the program and making recommendations for enhancements
- Completing a self-evaluation annually, with feedback from the Kentucky Quality Improvement Committee (QIC) and market leadership to ensure the SOC remains current and relevant, including the program structure, scope, and effective leadership

SPO monitors performance across all Kentucky subcontractors through the periodic Subcontractor Performance Summary report for all Kentucky Subcontractors. This report is used to assess:

- Subcontractors' performance
- Opportunities for improvement
- Progress in addressing corrective actions
- Opportunities to maximize value

Summaries of subcontractors' performance are presented to the relevant Humana functions, such as, BH, Clinical, or Finance each month and matters meriting broader engagement are presented to the Executive Steering Committee.

vii. Retention approach for Full-time Kentucky SKY Key Personnel.

KEY PERSONNEL RETENTION APPROACH

Humana recognizes the challenges working with vulnerable populations can result in high turnover rates. The retention of full-time key personnel is vital for our Enrollees' continuity of care and avoiding additional costs. Humana promotes retention through career development, recognition programs, financial incentives, and an exceptional organizational culture. These retention strategies ensure that we have a deep pool of candidates capable of sustaining our care delivery systems. Humana begins promoting retention during the onboarding process and continues to assist our associates in increasing their value, experience, and expertise throughout their careers at Humana. This approach has proven effective. **The average tenure of our senior Medicaid managers is 10 years.**

Humana is dedicated to growth-based careers, prioritizing experiences to increase career satisfaction, loyalty, and a flexible, higher quality workforce. We regularly offer required and optional programs, workshops, and webinars focused on career cultivation. During their first year in an executive management position, we require our executive managers and associates to complete our Required First-Year Curriculum. Comprising three programs (Humana Leadership Orientation, Fundamentals of Employment Law, and Leadership Essentials), this curriculum provides the foundation our key personnel and associates need to thrive in their new roles.

We aim to inspire our employees and empower them to help others, leading to an organization with world-class employee engagement. We are also proud to have earned the following honors:

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**

Humana also pays a **minimum wage of at least \$15 per hour** across all associates, providing a sense of economic security and personal empowerment.

Figure I.G.2-2: Humana Awards & Recognitions



PROFESSIONAL DEVELOPMENT

Humana Leadership Orientation

The Humana Leadership Orientation (HELLO) program is a dynamic virtual orientation experience for new Humana leaders. Whether newly promoted or newly hired into a leadership role, this program helps guide their leadership journey. Areas HELLO addresses include the Humana culture and leadership expectations of growth and development, along with a focus on behaviors that drive associate engagement and well-being.

Leadership Essentials

Leadership Essentials is a virtual learning experience for our executive managers and associates who are interested in developing the fundamentals of leadership. The program focuses on the essential leadership practices of interpersonal effectiveness, leading positively, business acumen, and talent development.

After executive managers and associates complete our required first-year Curriculum, they can access our second tier of career development programs. These programs build upon the skills and knowledge acquired during the executive manager's first year and focus on transitional innovation for developing the next generation of Humana leaders. We update new opportunities regularly on our leadership development website, The Leader Connection, which focuses on growth and development, leadership connection, and leading and retaining talent with tools, resources, and opportunities. The diversity and abundance of our programs allow executive managers to hone their skills in specific areas.

Humana ranked third on Healthiest Employers' 2017 list of Healthiest 100 Workplaces in America, which honors companies most successful in achieving well-being through leadership, innovation, and engagement

BENEFITS PLAN

Humana offers a wide array of benefits to its full-time and part-time associates that are designed to enhance each associate's health, well-being, and financial security. Please refer to **Table I.G.2-21** for a comprehensive view of Humana's well-being benefits.

Table I.G.2-21: Humana’s Benefits Plan

| Benefits | Description |
|--|---|
| Eligible Dependents | Eligible dependents: <ul style="list-style-type: none"> • Legal spouse or domestic partner (same or opposite sex) • Extended family adult (not of previous generation) • Children up to age 26 |
| Medical Plans | <ul style="list-style-type: none"> • Humana offers associates two types of medical plans. Both full-time and part-time associates are eligible. The two types of plans include 1) Consumer-directed health plan (CDHP) with personal care account and 2) High-deductible health plan (HDHP) with health savings account (HSA). • Certain preventive services are covered at 100% before meeting a deductible when received from in-network providers (e.g., annual exams, well-child and well-woman exams, mammograms, colon care screenings) |
| Adoption | <ul style="list-style-type: none"> • Eligible after one year of service • Reimburses 100 percent of eligible expenses up to \$5,000 for the legal adoption of a child |
| Bereavement (Sympathy Pay) Business Travel Accident | <ul style="list-style-type: none"> • Up to 3 days paid bereavement time to all FT associates when the death of a family member or member of the household occurs. |
| Basic Life Insurance/AD&D | <ul style="list-style-type: none"> • FT associates eligible; PT no benefit. • 2x annual salary (base plus targeted sales incentive for sales associates) • AD&D included at 2x life benefit. • Basic plus VTL not to exceed \$3M |
| Business Travel Accident | <ul style="list-style-type: none"> • All associates eligible • 3x base salary (\$100,000 minimum benefit, \$600,000 maximum) if on Humana company business |
| Cobra Offered | Yes |
| Employee Assistance Program & Work-Life Program | <ul style="list-style-type: none"> • All associates eligible • Up to 5 face-to-face sessions per issue, telephonic counseling and • on-line resources • Lifework's: Telephonic services and online resources; free materials upon request; financial, legal and wellness counseling; Onsite seminars and webinars available. |
| Pretax Commuter Program | Offered in certain areas |
| Helping Hands | <ul style="list-style-type: none"> • Company-funded sum of money for associates facing unexpected hardship • Associate review panel awards dollars (Up to \$5,000 total per associate in 12-month period) |
| Jury Duty | <ul style="list-style-type: none"> • Regular company base wage (based on regularly scheduled hours) while on jury duty |

Table I.G.2-21: Humana’s Benefits Plan

| Benefits | Description |
|---|--|
| Short Turn Disability (STD) | <ul style="list-style-type: none"> • Administered by UNUM • 5-working day elimination period • STD Supplemental Bank can be used to supplement STD or meet the elimination period • Benefit continues for up to 6 months with UNUM Medical Case Management approval. |
| Long Term Disability (LTD) | <ul style="list-style-type: none"> • Benefit of 60% (66.67% pre-1/1/2018) of pre-disability earnings of base monthly salary (base plus targeted sales incentive for sales associates); maximum monthly benefit of \$20,000. |
| Matching Gift Program | <ul style="list-style-type: none"> • The Giving Together program allows Humana associates to have eligible charitable contributions matched dollar for dollar – up to \$100 – by The Humana Foundation |
| Healthcare Flexible Spending Account (FSA) | <ul style="list-style-type: none"> • A healthcare FSA is an optional financial account allowing the use of pretax dollars to pay for healthcare expenses |
| Dependent Care FSA | <ul style="list-style-type: none"> • This account allows for use of pretax dollars to pay for the care of dependent children under the age of 13, or for individuals who are physically or mentally unable to care for themselves and live with the associate at least eight hours a day, to allow you or a spouse to work or go to school full time |
| Biometrics Screening | <ul style="list-style-type: none"> • Associates enrolled in our company’s medical plan who complete a biometric screening, can earn \$300 by achieving or working toward healthy biometric numbers (body mass index (BMI), blood pressure, glucose, and total cholesterol). The reward can also be earned by expectant mothers who meet certain requirements |
| WOW! Working on Well-Being | <ul style="list-style-type: none"> • Associates can earn credits equal to up to \$100 in their Go365 account by participating in well-being activities and can use the credits in the Go365 Mall (i.e. Amazon gift cards, exercise equipment) |
| Go365 | <ul style="list-style-type: none"> • Go365 rewards Enrollees for making healthy choices and striving to achieve well-being activities—with rewards like brand-name merchandise, hotel stays, and more • All medical plan Enrollees are automatically enrolled in Go365. Associates who are not enrolled in a medical plan can also enroll in Go365 during the enrollment period and start earning rewards for well-being activities. |
| Dental Plans | <ul style="list-style-type: none"> • Humana offers three types of dental plans. These plans provide the freedom to visit any dentist for Covered Services. |
| Vision Plans | <ul style="list-style-type: none"> • Humana offers two types of vision plans |
| Life Insurance | <ul style="list-style-type: none"> • Basic Life and Accidental Death and Dismemberment (AD&D) • Business Travel Accident (BTA) • Voluntary Term Life (VTL) |
| Voluntary Benefits | <ul style="list-style-type: none"> • Accident (AD&D, Emergency department (ED), ambulance, and bone fractures) • Critical Illness and Cancer (cancer, vascular diseases) and other chronic illnesses • Supplemental Health—inpatient hospitalization benefit |
| Caregiver Leave | <ul style="list-style-type: none"> • Paid caregiver leave of up to two weeks per rolling 12 months to help associates care for a loved one facing a serious illness. Approved caregiver leave may be taken continuously or intermittently in periods of at least one day |

Table I.G.2-21: Humana’s Benefits Plan

| Benefits | Description |
|--|---|
| Family and Medical Leave (FMLA) | <ul style="list-style-type: none"> Humana provides up to 12 weeks of leave in a rolling 12-month period for eligible associates with certain family or medical circumstances |
| Well-being Time | <ul style="list-style-type: none"> At least 30 minutes per week for all associates; benefit is in addition to required lunch/break times for non-exempts |
| Disability | <ul style="list-style-type: none"> Short-term and long-term disability |
| Leaves of Absence | <ul style="list-style-type: none"> All regular, full-time, and part-time associates are eligible, with approval, to take a leave of absence for certain family or medical circumstances, and personal, educational, or military |
| Service Awards | <ul style="list-style-type: none"> Choice of gift from a catalog based on tenure - 1, 3, 5 and forward in increments of 5 years of service. |
| Scholarship Program | <ul style="list-style-type: none"> \$3,000 scholarships to selected children of associates with 3 or more years of service |
| Paid Time Off (PTO) | <ul style="list-style-type: none"> Humana believes a healthy lifestyle includes a good work-life balance. PTO can be used for vacation, sick time for associates and their family members, and personal time. Accrues biweekly beginning on date of hire May use for vacation, personal, or illness (you or a family member). Can also be used for STD qualifying days (first 5 days of illness) or to supplement STD pay to 100%. PT benefit is prorated |
| Parental Leave | <ul style="list-style-type: none"> Six weeks paid 100% for birth parents (father or mother) or for both parents case of adoption. |
| Holidays and Personal Holidays | <ul style="list-style-type: none"> In addition to Humana’s seven standard holidays, two personal holidays per year are available to recognize Humana’s diversity and provide associates with increased flexibility to observe and honor additional holidays and special days of the associate’s choice. |
| Volunteer Time Off (VTO) | <ul style="list-style-type: none"> VTO provides paid time away from work to volunteer for activities that positively impact the health and well-being of the communities we serve, in direct support of our Bold Goal |
| Humana Retirement Savings Plan | <ul style="list-style-type: none"> Humana offers the Humana Retirement Savings Plan, administered by Charles Schwab. The Plan is designed to provide associates with an opportunity to save for retirement, plus receive company matching contributions |
| Fitness Centers | <ul style="list-style-type: none"> Onsite locations include Louisville, Green Bay, and Miramar Rates vary by location GlobalFit (fitness centers) and other wellness discounts will be available to all associates |
| Tuition Assistance | <ul style="list-style-type: none"> Tuition reimbursement on qualified expenses that relate to company objectives and role or attainable role within the company |

Table I.G.2-21: Humana’s Voluntary Benefits Plan

| Benefits | Description |
|--|--|
| Auto & Homeowner’s Insurance | <ul style="list-style-type: none"> Administered by Marsh, Inc. Discount program called "PersonalPlans Services" Includes Auto and homeowner's insurance offered through Liberty Mutual, Travels and MetLife |
| Legal Service | <ul style="list-style-type: none"> Administered by Marsh, Inc. Discount program called "PersonalPlans Services" Includes prepaid legal services |
| Long Term Care | <ul style="list-style-type: none"> FT and PT associates are eligible; spouses/domestic partners, adult children, siblings, parents (in-laws), Grandparents (in-laws) age 18-80 Covers care received at home or in a facility other than a hospital when you need assistance with the activities of daily living--bathing, dressing, eating, etc. |
| Vision | <ul style="list-style-type: none"> EyeMed Vision Discount Plan All associates are eligible A complementary vision discount program available to all associates through EyeMed, which provides discounts on glasses, contact lenses and Lasik/PKR services. |
| Voluntary Term Life Insurance | <ul style="list-style-type: none"> FT and PT associates are eligible Associates: Can purchase up to 6x annual salary of coverage in amounts of \$50,000 to \$500,000; Guarantee issue is \$100,000 for new hires Spouse/Domestic Partner: up to 1/2 of EE coverage in amounts of \$25,000 to \$250,000 Guarantee issue is \$25,000. Children: \$10,000 coverage, applies to all of your unmarried children under age 19, or up to age 25 if a full-time student, children of Extended Family Members or Domestic Partners. |
| Accident | <ul style="list-style-type: none"> Supplemental accident coverage for associate, spouse/partner & children. |
| Critical Illness & Cancer | <ul style="list-style-type: none"> Supplemental coverage for cancer, vascular disease & other chronic illnesses. |
| Student Loan Refinancing | <ul style="list-style-type: none"> 3 different services offered to save money on student loans |
| Survivor Support Financial Counseling | <ul style="list-style-type: none"> Financial guidance in the event of death of an associate of associate's spouse/partner |

FINANCIAL INCENTIVE/RECOGNITION PROGRAM

Associate Incentive Plan (AIP)

The Associate Incentive Plan, or AIP, enables us to recognize associates for their contribution to the business performance and the outstanding contributions to those we serve. The AIP provides all participants an opportunity to share in the success of our company if performance goals are achieved.

Special Thanks and Recognition (STAR) Awards

Associates play a vital role in guiding consumers to become more actively engaged in their own healthcare decisions, which drives customer value. We give STAR Awards in the form of cash to associates who make significant contributions to the business.

ORGANIZATIONAL CULTURE

Culture of Well-Being

Humana associates have experienced a **45% improvement in overall well-being since 2012**. Collectively, we have had 2.3 million more Healthy Days since 2012, which equates to one extra week of healthier days per year for each associate. Our new Associate Bold Goal is to achieve 500,000 more Healthy Days by the end of 2022 and for 90% of our teams to improve their well-being. Together, these two goals foster a work environment of whole-person well-being.

Inclusion and Diversity

Humana is dedicated to creating an environment where each person feels valued, included, and energized by our mission. Network Resource Groups (NRG) are open to all Humana associates and encourage mentorship across the organization. Currently, there are **nine NRGs at Humana** (with plans to expand in the near future) in **28% of our associates participate**.

These groups include:

- IMPACT, Humana's African-American Network Resource Group
- Unidos Hispanic Network Resource Group
- Pride, LGBTQ associates and allies Network Resource Group
- Caregivers Network Resource Group
- SALUTE! Veterans Network Resource Group
- Women's Network Resource Group
- HAPI, Asian and Pacific Islander Network Resource Group
- ACCESS, disability Network Resource Group
- GenUs, multi-generational Network Resource Group

Humana's commitment to workplace health and well-being has been honored with the highest award—**Platinum**—from the National Business Group on Health. The Best Employers for Healthy Lifestyles® award recognizes the best workforce wellness efforts in the nation, particularly those with a holistic approach that encompasses financial, emotional, social, and community well-being.

viii.

Provide a detailed description of the Contractor's organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following:

viii.a.

Management structure, lines of responsibility, and authority for all operational areas of this Contract.

Please see **Attachment I.G.2-2** for Humana's Kentucky Medicaid organizational chart.

Management and Organizational Structure

Humana's organizational structure comprises our established **local Kentucky-based market resources, supported by our local Executive team, and overseen by our national leadership**, bringing together best practices, infrastructure, and feedback from multiple sources (e.g., providers, Enrollees, associates, subcontractors) that drive our programmatic goals, enable the delivery of high-quality care to improve health outcomes, and allow our local team 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, Commonwealth and federal regulations, DMS Draft Medicaid Contract requirements, and national healthcare agency guidelines. Through our aligned corporate and local organizational structure, Humana's Kentucky SKY program will combine the breadth and scale of Humana's national experience with our strong, long-standing local presence in Kentucky.

Kristian Mowder



RN – Executive
Director

We have proudly served Kentuckians for nearly 60 years through our multiple lines of business, including within Medicaid since 2013. We employ more than 12,000 Kentucky associates today to support effective delivery of care across all lines of business. We offer a unique opportunity to transform the delivery of care to Medicaid Enrollees from the foundation of a strong, highly functioning health plan. Our Executive Director, Kristian Mowder, RN, who reports to our Plan Chief Executive Officer (CEO), Jeb Duke, leads our Kentucky SKY Management team and is accountable for the operational and financial success of the health plan. Our Kentucky SKY Management team includes the key personnel positions called out in the Kentucky Draft Medicaid Contract. Ms. Mowder will meet weekly with her Management team to review Kentucky SKY's performance metrics and governance committee reports,

review Enrollee and provider feedback, identify any red flags that arise, and discuss any communications to or from DMS.

We maintain our key functions in state, including our Kentucky SKY Member Services Call Center and Provider Services Call Center, Provider Relations and Network Operations, physical and BH management, Enrollee and Community Engagement, Care Coordination, and Quality Operations. Our enterprise Operations teams, which include many nationally recognized experts (e.g., program integrity, information systems, 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 information technology (IT) systems.

Ms. Mowder, along with our CEO, Mr. Duke, leads our Kentucky-based team; is the face of our Health Plan to local providers, consumers, and the wider community. She is the key link to our corporate leadership, which supports our market operations with rich technical expertise. Ms. Mowder will work with Mr. Duke, as he is a key link to our national supports infrastructure and corporate leadership. Ms. Mowder will oversee the day-to-day operations of our Enrollee Services and Provider Management Services units, including the Kentucky SKY Member Services Call Center, Provider Hotline, and Provider Relations team in relation to the Kentucky SKY population. Ms. Mowder connects local operations with corporate operations resources such as IT, encounter processing, and grievance management.

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 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.

Ms. Mowder, along with all Kentucky SKY leadership, will participate in our Kentucky Local Market Operating Committee (LMOC), which meets biweekly. The Kentucky Medicaid Executive team will work in tandem with the Kentucky SKY Key Personnel during the LMOC. The LMOC, headed by our CEO, Mr. Duke, provides a forum for structured information sharing and the identification of opportunities for ongoing improvement. The LMOC reviews operational dashboards containing performance reporting in areas such as quality improvement, provider and member services call center performance, and Enrollee and provider grievances and appeals. Mr. Duke and Ms. Mowder represent the Kentucky LMOC on our corporate Medicaid Operations Steering Committee. The Medicaid Operations Steering Committee, which consists of leaders from across our National Medicaid program, identifies cross-market synergies, strategic opportunities, and plan-wide Medicaid changes.

Humana maintains the Kentucky SKY's 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, Care Coordination associates, and Quality Operations. Our Enterprise

Operations teams, which include many nationally recognized experts (e.g., program integrity, information systems, 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 IT systems.

viii.b. b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company.

Humana Inc. is a health and well-being company headquartered in Louisville, Kentucky. We offer Medicaid Managed Care, Managed Long-term Services and Supports (MLTSS), Centers for Medicare and Medicaid Services (CMS) Financial Alignment Initiative Dual Demonstrations, Medicare Advantage (MA), Dual Eligible Special Needs Plan (D-SNPs), and Medicare Part D Prescription Drug Plans (PDP). Additionally, Humana offers fully-insured medical and specialty Commercial health insurance benefits, including dental, vision, and other supplemental benefit plans. Humana also contracts with CMS to administer the Limited Income Newly Eligible Transition (LI NET) prescription drug plan program and contracts with the U.S. Department of Defense to offer coverage to U.S. Military and their families through the TRICARE program. Humana's Healthcare Services segment offers pharmacy solutions, provider services, home-based services, and clinical programs. We have more than 16 million Enrollees across all lines of business.

The Respondent for this bid, Humana Health Plan, Inc., is a direct and wholly owned subsidiary of Humana Inc. Humana Health Plan Inc. manages various Medicaid, Dual Eligible Demonstration, Medicare, and Commercial health plans across the United States.

Through our aligned corporate and local organizational structure, Humana's Kentucky Medicaid Program and Kentucky SKY offering will combine the breadth and scale of Humana's national experience with our strong existing presence in Kentucky. We have more than 12,000 Kentucky-based Humana associates serving more than 145,000 Enrollees in the Commonwealth.

Ms. Mowder reports directly to Mr. Duke who reports to our National Medicaid President, John Barger. Mr. Barger reports to the Medicare/Medicaid Management Segment President, T. Alan Wheatley, who reports to Bruce Broussard, the CEO of Humana, Inc. Mr. Barger attends the corporate Medicaid Operations Steering Committee meetings and has direct access to Mr. Wheatley with nearly daily interactions. This allows for expedient escalation and support for any issues requiring heightened attention and or support. Mr. Wheatley routinely attends the quarterly Board of Directors meetings to review strategic initiatives, business objectives, and compliance matters.

Please refer to **Attachment I.G.2-3** for the organizational chart depicting how the Kentucky Medicaid Program, including Kentucky SKY, fits into the overall organizational structure of Humana Inc.

viii.c. Where Subcontractors will be incorporated.

While our subcontractors will have a direct reporting relationship to the Plan CEO, Mr. Duke, our National Medicaid Subcontractor Oversight Director, Wesley Whitmire, will directly oversee Humana's subcontractors in support of the Kentucky Medicaid Managed Care program. By maintaining a single point of subcontractor contact, as we do in Humana plans nationwide, we can effectively monitor performance using a regular reporting cadence and ongoing electronic information-sharing. This ensures that subcontractor performance is not just effective, but that it also drives our exceptional standards for Enrollee care

Please refer to **Attachment I.G.2-3** for the organizational chart depicting where subcontractors will be incorporated into the Kentucky SKY program. **Table I.G.2-22** and **Table I.G.2-23** also lists each subcontractor with their role and address.

Table I.G.2-22: Non-Affiliated Subcontractors List

| Subcontractor Name | Role | Address |
|--|---|---|
| Arcadian Telepsychiatry Services LLC | Telepsychiatry | 1300 Virginia Drive, Suite 110, Fort Washington, PA 19034 |
| Avēsis Third Party Administrators, Inc. (Avēsis) | Dental/Vision Administrative Services | 10324 S. Dolfield Road Owings Mills, MD 21117 |
| Braillet, Inc. | Face-to-Face and American Sign Language Interpretation Services | 2831 Saint Rose Pkwy Suite 254, Henderson, NV 89052 |
| Centauri Health Solutions, Inc. | Identify, assess and assist members with disability application in order to obtain Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefit for the member | 16260 N. 71st Street, Suite 350 Scottsdale, AZ 85254 |
| DST Pharmacy Solutions, Inc. (dba SS&C Health) | Pharmacy Claims Processing | 210 West 10th Street Kansas City, MO 64105 |
| Equian, LLC | Subrogation Services | 9390 Bunsen Parkway Louisville, KY 40220 |
| FOCUS Health, Inc. | Peer Reviews for Behavioral Health (BH) Utilization Management | 10801 Starkey Road, Suite 104-101, Seminole, FL 33777 |
| Infomedia Group, Inc. (dba Carenet Healthcare Services) | Medical advice line | 11845 IH West, Suite 499 San Antonio, TX 78230 |
| LanguageSpeak, Inc. | Written Translation Services | 5975 Sunset Drive Suite 803, Miami, FL 33143 |
| MDLIVE, Inc. | Telemedicine | 13630 NW 8 th St., Suite 205 Sunrise, FL 33325 |
| NCH Management Systems, Inc. (dba New Century Health) | Consultative Review of Part B injectable drugs | 675 Placentia Avenue, Suite 300 Brea, CA 92821 |
| Offset Paperback Manufacturer, Inc. | Printing/Fulfillment Services | 2211 Memorial Hwy Dallas, PA 18612 |
| Outcomes, Inc. (dba OutcomesMTM) | Pharmacy Medication Therapy Management | 505 Market Street Suite 200 West Des Moines, IA 50266 |
| Relias LLC | Provider and Care Manager Training | 1010 Sync Street, Suite 100 Morrisville, NC 27560 |
| Revel Health, LLC | Spanish/English Enrollee Welcome Calls (VAT) and Quality Campaigns (VAT) | 123 North 3rd Street, Suite 300 Minneapolis, MN 55401 |
| SPH Analytics | Enrollee and Provider Satisfaction Survey, CAHPS Survey | 4150 International Plaza Suite 900, Fort Worth, TX 76109 |
| United Language Group, Inc. | Written Translation Services | 1600 Utica Avenue South Suite 750, Minneapolis, MN 55416 |
| VIA LINK, Inc. | BH Crisis Line | 2645 Toulouse Street, Suite A, New Orleans, LA 70119 |
| Voiance Language Services, LLC | Over-the-Phone Interpretation Services | 5780 North Swan Road Tucson, AZ 85718 |

Table I.G.2-22: Non-Affiliated Subcontractors List

| Subcontractor Name | Role | Address |
|-----------------------------------|---------------------------------|--|
| WholeHealth Networks, Inc. | Chiropractor Network Management | 701 Cool Springs Blvd. Franklin, TN 37067 |

Table I.G.2-23: Affiliated Subcontractors List

| Subcontractor Name | Role | Address |
|--|--|--|
| Humana Inc. | Legal services, Payment services, Financial services, Information systems, Medical and Product Management, Data Analytics, and Wellness Activities | 500 West Main Street Louisville, KY 40202 |
| Humana Insurance Company | Claims Processing, Customer Service, Front-end Operations, Billing and Enrollment, Utilization Review, and Certain Federal and State Tax Reporting | 1100 Employers Blvd. Green Bay, WI 54344 |
| Humana Pharmacy, Inc. | Retail Pharmacy Services | 500 West Main Street Louisville, KY 40202 |
| Humana Pharmacy Solutions, Inc. | Pharmacy Benefit Management (PBM) Services | 515 West Market Street Louisville, KY 40202 |

ix.

A summary of how each Subcontractor will be integrated into the Contractor’s proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.

Humana executes contracts with each subcontractor that fully describe all services to be performed, all reporting and metrics to be tracked, and all service levels to be met. Humana establishes written performance standards with each subcontractor that address the requirements of the Commonwealth’s Draft Medicaid Contract as well as additional standards that Humana tracks to ensure the highest level of performance.

For any deficiencies found during onboarding or ongoing monitoring, our RMs develop a remediation plan to mitigate the risks. This plan may include issuance of a Corrective Action Plan (CAP), Issue and Opportunities Plan (IOP), more frequent meeting, increased oversight, and a path for escalation. Continuous failures or lack of improvement can also result in revocation of delegated functions and/or termination of the subcontractor relationship.

While Humana has responsibility for and will continue to perform a large majority of the core functions required by our Contract with the Commonwealth, we also understand the importance of choosing and maintaining high-quality Subcontractor relationships where valuable and appropriate. In the unique circumstances that Humana determines that a Subcontractor relationship would enhance our plan operations, we focus on creating a level of integration that create a seamless experience for our members and providers. The decision to employ a Subcontractor is carefully considered via a defined process as described below. Such decisions are only made when we feel that they are in the best interest of our members and providers. Our rigorous Governance and Implementation procedures ensure that this partnership is not a barrier to our member or provider experience. We manage this through bid integration and sourcing, implementation governance, and end-to-end testing prior to go-live. Leading up to the contract effective and in the time following, we partner with the Subcontractors and include them in a go-live command center to ensure that any risk or issue is quickly identified and swiftly mitigated by the appropriate experts. As operations normalize, we continue to collaborate and focus on

oversight and continuous improvement opportunities. Humana will have a Relationship Manager assigned to each Subcontractor that will lead Joint Operating Committees and provide continued operational oversight. Along with the Contract terms we negotiate with the Subcontractor, this operational oversight and collaboration ensures they are meeting our and DMS’s requirements with timely and accountable delivery of data and information per our requests.

LIFECYCLE OF A SUBCONTRACTOR RELATIONSHIP

Our monitoring and oversight of Subcontractors begins before we have established a formal relationship through our due diligence process, and it continues through off-boarding and termination.

Figure I.G.2-3: Third Party Risk Management Lifecycle



- **Due diligence:** Prior to contracting with an organization, we have in place a standardized process to ensure compliance with our contracting protocols, as well as applicable legal and risk management requirements. Our Operational Risk Management (ORM) team records all new relationships in a centralized repository that details Subcontractors’ relevant information and any risk ratings.
- **Screening:** Our screening process includes an extensive review of Subcontractors’ financial viability and eligibility to participate in federal and State healthcare benefit programs. Specifically, our associates check all relevant databases to ensure Subcontractors have a license to provide services (if applicable) and that they or their owners and executives have not been suspended, excluded, or debarred from participating in a Kentucky or federal healthcare program.
- **Onboarding:** During onboarding, Humana assigns each Subcontractor a Relationship Manager. Our Subcontractor onboarding process includes sharing relevant documents (e.g., contracts, forms, etc.), data exchange set up, system testing, and establishment of metrics and reporting requirements. We also require

that the Subcontractors' staff complete the same mandatory training within 30 days (and annually thereafter) as our associates related to applicable Centers for Medicare and Medicaid Services (CMS) and/or Medicaid requirements. This training includes information about our Standards of Conduct, program integrity requirements, and cultural competency, among many other topics. Humana automatically terminates access to Humana systems if this training is not completed. In addition to the mandatory associate training, each Subcontractor is required to complete and sign an attestation indicating that they have reviewed and will comply with the Kentucky Medicaid Managed Care Contract Training and will train their current employees on the Kentucky Contract-specific training within 30 days of notification and any new hires within 30 days of contract or hire. Please refer to **Attachment I.G.2-4** for a sample Kentucky Medicaid Contract Subcontractor Training Attestation and **Attachment I.G.2-5** for the Kentucky Medicaid Contract Training (note: this training is based on the current Contract and will be updated for the new Contract).

- **Ongoing Risk Monitoring and Reporting:** Our ongoing risk monitoring is led on a day-to-day basis by our local, Kentucky-based associates [including our Relationship Managers and Subcontractor Oversight Committee (SOC)] and is overseen by our corporate third-party risk management program. Humana's oversight and monitoring operations and committee structures are built upon a Three Lines of Defense model. Developed by experts in the field of risk management, Three Lines of Defense is a model for organizing governance, risk management, and internal control roles and responsibilities within our organization. This model improves communication and coordination across areas of risk and establishes a layered system of monitoring and oversight to manage the risks. We employ this model to our internal monitoring and to oversight of third parties such as Subcontractors.
 - **First Line of Defense:** Under this model, the First Line of Defense is comprised of the business owners and functional areas that are responsible for our business operations and related risks. Relationship Managers are responsible for identifying areas of risk for their Subcontractor relationship. This may include reporting obligations; performance compliance requirements; and fraud, waste, and abuse considerations. The First Line of Defense uses our Enterprise Solution Point (ESP) platform to input data to track their risks and update the status of remediation activities. The ESP platform contains a series of interconnected solutions, each with the goal of assuring that the most efficient and effective governance, risk, and compliance solutions are in place and visible to our managers and leadership.
 - **Second Line of Defense:** The Second Line of Defense is responsible for monitoring and overseeing the actual risk and provides both oversight of and support for the First Line's risk taking. The Second Line coordinates and ensures the risk framework is consistent across functions (e.g., provider disputes, Enrollee grievances and appeals, claims denials, etc.), uses ESP for reporting and tracking, and issues CAPs and Issue and Opportunity Plans (IOPs).
 - **Third Line of Defense:** Composed of our Internal Audit function, these associates provide unbiased assurance and independently assess risks. The Third Line conducts independent testing of the design, implementation, and sustainability of the solutions chosen to manage risk. This includes independent verification of closure of CAPs and IOPs.
- **Off-Boarding and Termination:** In the event of termination of a Subcontractor, the Relationship Manager, with the support of the Medicaid Operations teams, is responsible for the termination payments and electronic fund transfers (EFT), requirement of adherence to data return or deletion protocols, return of physical assets and intellectual property, and fulfillment of remaining Agreement obligations.

As an example, Humana meets with our claims and encounters subcontractors monthly to discuss their performance. Listed below are specific standards from our SLAs with each of our subcontractors and their associated monetary penalties:

- **Encounter Data File Timeliness:** Failure to deliver an encounter file meeting agreed-upon specifications within the times specified. \$1,000 per late submission per calendar day.
- **Encounter Data Accuracy:** Error rate greater than 5% in encounter data received from subcontractor based on a Humana encounter response file. \$1,000 per file that exceeds the standard of more than 5% errors.

- **Encounter Data Completeness:** Completeness rate of at least 90% in encounter data received from subcontractor based on a Humana encounter response file. \$1,000 per file that does not meet the standard for Completeness rate.
- **Encounter Data File Transfers:** No later than Friday 12 a.m. midnight Eastern Time. \$100 per late file per calendar day.
- **Encounter Data Corrections:** Within 30 calendar days after notice by Humana of encounters/claims failing X12 (EDI) or Humana edits, correct all encounter/claim records for which errors should be remedied and resubmit to Humana. \$1,000 per late resubmission per calendar day after 30 days. A resubmitted file with uncorrected errors is not considered to be timely resubmitted.

x. Identification of staff positions that will be based (1) in the Contractor’s Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.

We have assumed that DMS intends for us to provide this information comprehensively across our enterprise (both local and shared national/corporate resources/functions). We have made this assumption to provide DMS with as comprehensive and transparent a view as possible, as well as to demonstrate the thoroughness with which we manage these considerations and the seriousness with which we take our responsibility to efficient and effective financial management of this program.

Table I.G.2-24: Kentucky SKY Staffing Office Type

| Operational Area | Office Type ((1) in the Contractor’s Kentucky office(s), (2) in the field, and (3) at a corporate office) | Physical Location |
|--|---|--|
| Full-time Kentucky SKY Key Personnel (listed in order of Draft Contract) | Project Manager: a corporate office | 321 West Main Street Louisville, Kentucky 40202 |
| | Executive Director: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Medical Director: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Quality Improvement (QI) Director: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Behavioral Health Director: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Utilization Management Director: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Care Coordination Manager: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Pre-certification Coordinator: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Provider Relations Liaison: a corporate office | 515 West Market Street Louisville, Kentucky 40202 |
| Full-time Kentucky SKY Personnel Listed Staff (listed in order of the Draft Contract) | Care Coordination Teams: in the field | In the field |
| | Nurse Case Managers: in the field | In the field |

Table I.G.2-24: Kentucky SKY Staffing Office Type

| Operational Area | Office Type ((1) in the Contractor’s Kentucky office(s), (2) in the field, and (3) at a corporate office) | Physical Location |
|---|---|--|
| Shared Kentucky SKY Personnel (listed in order of the Draft Contract) | Psychiatrist: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Pharmacy Director: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Dental Director: Subcontractor corporate office | Work at home [REDACTED] |
| | Provider Network Director: a corporate office | 515 West Market Street Louisville, Kentucky 40202 |
| | Provider Services Manager: a corporate office | 515 West Market Street Louisville, Kentucky 40202 |
| | Population Health Management Director: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Enrollee Services Manager: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Inquiry Coordinator: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Chief Financial Officer: a corporate office | 101 East Main Street Louisville, Kentucky 40202 |
| | Chief Compliance Officer: Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| | Management Information Systems Director: a corporate office | 321 West Main Street Louisville, Kentucky 40202 |
| | Hospital-based Care Managers: in the field | In the field |
| | Shared Kentucky SKY Key Personnel Listed Staff listed in order of the Draft Contract) | Utilization Management: Kentucky office |
| Enrollee Services: Kentucky office | | 101 East Main Street Louisville, Kentucky 40202 |
| Provider Services Provider Call Center Representatives (PCCR): Kentucky office Provider Services Provider Relations Team Provider Relations Representatives: in the field | | 101 East Main Street Louisville, Kentucky 40202 in the field |

Table I.G.2-24: Kentucky SKY Staffing Office Type

| Operational Area | Office Type ((1) in the Contractor’s Kentucky office(s), (2) in the field, and (3) at a corporate office) | Physical Location |
|-------------------------------------|---|--|
| | Provider Services Provider Relations Team Practice Innovation Advisor (PIA): a corporate office | 515 West Market Street Louisville, Kentucky 40202 |
| | Provider Services Provider Relations Team Quality Improvement Advisors: a corporate office | 515 West Market Street Louisville, Kentucky 40202 |
| | Provider Services Provider Relations Team Provider Claims Educators: a corporate office | 515 West Market Street Louisville, Kentucky 40202 |
| | Provider Services Network Contracting Professionals: in the field | in the field |
| | Provider Services Provider Communications: | in the field |
| | Provider Services Provider Services Support: | 101 East Main Street Louisville, Kentucky 40202 |
| | Kentucky office, a corporate office | 515 West Market Street Louisville, KY 40202 |
| | Claims Processing: Kentucky office | Work at Home |
| | Program Integrity: a corporate office | 101 East Main Street Louisville, Kentucky 40202 |
| Market Support | Kentucky office | 101 East Main Street Louisville, Kentucky 40202 |
| Legal, Privacy, & Ethics | a corporate office | 500 West Main Street Louisville, Kentucky 40202 |
| Subcontractor Oversight | a corporate office | 101 South Fifth Street Louisville, Kentucky 40202 321 West Main Street Louisville, Kentucky 40202 |

Table I.G.2-24: Kentucky SKY Staffing Office Type

| Operational Area | Office Type ((1) in the Contractor's Kentucky office(s), (2) in the field, and (3) at a corporate office) | Physical Location |
|---|---|--|
| Population Health Management staff | Kentucky office, a corporate office & in the field | 101 East Main Street Louisville, Kentucky 40202 500 West Main Street Louisville, Kentucky 40202 Work at home In the field |
| Utilization Management | Kentucky office, a corporate office & in the field | 101 East Main Street Louisville, Kentucky 40202 500 West Main Street Louisville, Kentucky 40202 Work at home In the field |
| Clinical Oversight/Quality | Kentucky office, a corporate office & in the field | 101 East Main Street Louisville, Kentucky 40202 500 West Main Street Louisville, Kentucky 40202 Work at home In the field |
| Pharmacy | a corporate office | 515 West Market Street Louisville, Kentucky 40202 |
| Community Engagement Team | In the field | In the field |
| Member Grievance and Appeals | Kentucky office & a corporate office | 101 East Main Street Louisville, Kentucky 40202 1100 Employers Boulevard Green Bay, Wisconsin 54344 |
| Encounters | a corporate office | 321 West Main Street Louisville, Kentucky 40202 |
| Digital | a corporate office | 500 West Main Street Louisville, Kentucky 40202 |
| Product Development | a corporate office | 500 West Main Street Louisville, Kentucky 40202 |

Table I.G.2-24: Kentucky SKY Staffing Office Type

| Operational Area | Office Type ((1) in the Contractor’s Kentucky office(s), (2) in the field, and (3) at a corporate office) | Physical Location |
|---|---|---|
| Medicaid Engagement and Outreach (marketing) | a corporate office | 500 West Main Street Louisville, Kentucky 40202 |
| Financial Operations | a corporate office | 500 West Main Street Louisville, Kentucky 40202 |
| | | 321 West Main Street Louisville, Kentucky 40202 |
| | | 4030 West Boy Scout Boulevard Tampa, Florida 33607 |
| Reporting | Kentucky office & a corporate office | 101 East Main Street Louisville, Kentucky 40202 |
| | | 321 West Main Street Louisville, Kentucky 40202 |
| Information Technology | Support: A corporate office | 500 West Main Street Louisville, Kentucky 40202 |
| | Business Continuity Disaster Recovery: A corporate office | Work at Home |
| Human Resources | A corporate office | 500 West Main Street Louisville, Kentucky 40202 |
| | | Work at Home |

xi.

Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.

Please note: It is somewhat unclear whether the term “dedicated” in this context is meant to indicate we are to show only those *individuals for whom 100% of their time is dedicated to this Contract*, or if we are to show an *aggregate allocation of dedicated hours*. For the purposes of this response, Humana has assumed the latter, such that it more clearly comports with our interpretation of the RFP’s intent and more fully demonstrates to DMS the range of functions needed to carry out the scope of services. Additionally, we have assumed that DMS intends for us to provide this information comprehensively across our enterprise (both local and shared national/corporate resources/functions). We have made this assumption to provide DMS with as comprehensive and transparent a view as possible, as well as to demonstrate the thoroughness with which we manage these considerations and the seriousness with which we take our responsibility to efficient and effective financial management of this program.

Our FTE estimates below are based on the Foster Care population of 24,000.

Table I.G.2-25: Total FTEs by Operational Area

| Operational Area | Fulltime Equivalentents (FTEs) |
|---|---|
| Full-time Kentucky SKY Key Personnel (listed in order of Draft Contract) | <ul style="list-style-type: none"> • Project Manager: 1 • Executive Director: 1 • Medical Director: 1 • Quality Improvement (QI) Director: 1 • Behavioral Health Director: 1 • Utilization Management Director: 1 • Care Coordination Manager: 1 • Pre-certification Coordinator: 1 • Provider Relations Liaison: .50 <p>TOTAL: 8.5</p> |
| Shared Kentucky SKY Key Personnel (listed in order of the Draft Contract) | <ul style="list-style-type: none"> • Psychiatrist: .50 • Pharmacy Director: Shared • Dental Director: Subcontractor Shared • Provider Network Director: Shared • Provider Services Manager: Shared • Population Health Management Director: Shared • Enrollee Services Manager: Shared • Inquiry Coordinator: .50 • Chief Financial Officer: Shared • Chief Compliance Officer: Shared • Management Information Systems Director: Shared <p>TOTAL: 1 + multiple shared with main bid</p> |
| Kentucky SKY Key Personnel Staff (listed in order of the Draft Contract) | <p>Care Coordination for DCBS and DJJ Enrollees</p> <ul style="list-style-type: none"> • Co-located Complex Care Coordination: 11 <ul style="list-style-type: none"> ○ 1:25 • Complex Care Coordination: 35 <ul style="list-style-type: none"> ○ 1:40 • Intensive Care Coordination: 57 <ul style="list-style-type: none"> ○ 1:60 • Care Coordination:16 <ul style="list-style-type: none"> ○ 1:300 <p>Care Coordination for Adoption Assistance and Former Foster Care Enrollees</p> <ul style="list-style-type: none"> • Complex Care Coordination: 13 <ul style="list-style-type: none"> ○ 1:75 • Intensive Care Coordination: 19 <ul style="list-style-type: none"> ○ 1:50 • Care Coordination: 20 <ul style="list-style-type: none"> ○ 1:300 <p>TOTAL CARE COORDINATORS: 171</p> |

Table I.G.2-25: Total FTEs by Operational Area

| Operational Area | Fulltime Equivalentents (FTEs) |
|------------------|---|
| | <ul style="list-style-type: none"> • Utilization Management: 15.85 + multiple shared Kentucky Medicaid Program FTEs • Includes Hospital-based Care Managers |
| | <p>Enrollee Services</p> <ul style="list-style-type: none"> • Member Services Representatives (MSR): 17.01 • Member Services Call Center Leadership: 1.94 • Member Services Call Center Support: 2.67 • Enrollment Specialists: 2.43 • Enrollment team Leadership: combined in Kentucky Medicaid Program FTEs • Enrollment team Support: combined in Kentucky Medicaid Program FTEs • Welcome Call/Member Outreach Specialists: combined in Kentucky Medicaid Program FTEs • Enrollment Material Support: .48 • Enrollee Services Support: .3 <p>TOTAL Enrollee Services: 24.83</p> |
| | <p>Provider Services</p> <ul style="list-style-type: none"> • Provider Call Center Representatives (PCCR): 4.68 • Provider Services Call Center Leadership: combined in Kentucky Medicaid Program FTEs • Provider Services Call Center Leadership Support: 1.5 + multiple shared Kentucky Medicaid Program FTEs <p>Provider Relations Team</p> <ul style="list-style-type: none"> • Provider Relations Representatives: combined in Kentucky Medicaid Program FTEs • Practice Innovation Advisor (PIA): combined in Kentucky Medicaid Program FTEs • Quality Improvement Advisors: combined in Kentucky Medicaid Program FTEs • Provider Claims Educators: combined in Kentucky Medicaid Program FTEs <p>Provider Network Team</p> <ul style="list-style-type: none"> • Network Contracting Professionals: combined in Kentucky Medicaid Program FTEs • Provider Communications: combined in Kentucky Medicaid Program FTEs • Network Support: 6.25 + multiple shared Kentucky Medicaid Program FTEs <p>TOTAL Provider Services: 12.43 + multiple shared Kentucky Medicaid Program FTEs</p> |

Table I.G.2-25: Total FTEs by Operational Area

| Operational Area | Fulltime Equivalent (FTEs) |
|------------------------------------|---|
| | <p>Claims Processing</p> <ul style="list-style-type: none"> • Claims Processors: 2.43 + multiple shared Kentucky Medicaid Program FTEs • Leadership: 2.45 • Support: 23.86 <p>TOTAL: 28.74 + multiple shared Kentucky Medicaid Program FTEs</p> |
| | <ul style="list-style-type: none"> • Program Integrity: 2 |
| TIC Program Director | TOTAL: 1 |
| DJJ Liaison | TOTAL: 1 |
| Market Support | TOTAL: 1 |
| Legal, Privacy, & Ethics | TOTAL: .15 + multiple shared Kentucky Medicaid Program FTEs |
| Subcontractor Oversight | TOTAL: 1.46 + multiple shared Kentucky Medicaid Program FTEs |
| Population Health Management staff | <ul style="list-style-type: none"> • Community Health Workers: 12 • Housing Specialist: .50 • Family and Youth Peer Support Specialists: 33 • MomsFirst Case Manager: 2 • SDOH Coordinators: 3 • Leadership: 11 • Support: .10 <p>TOTAL: 65.1</p> |
| Clinical Oversight/Quality | TOTAL: 1.74 |
| Pharmacy | <ul style="list-style-type: none"> • Pharmacy Claims: .61 • Utilization Management: .97 • Formulary: .49 • Pharmacy Call Center: .29 • Pharmacist: .07 • Leadership: .72 • Support: .74 <p>TOTAL: 3.89</p> |
| Community Engagement Team | TOTAL: shared with Kentucky Medicaid Program FTEs |
| Enrollee Outreach and Education | TOTAL: shared with Kentucky Medicaid Program FTEs |
| Member Grievance and Appeals | TOTAL: 1.36 + multiple shared Kentucky Medicaid Program FTEs |
| Encounters | <ul style="list-style-type: none"> • Encounter Data Quality Coordinator: .25 • Specialists: 1 + multiple shared Kentucky Medicaid Program FTEs • Leadership: .50 <p>TOTAL: 1.75 + multiple shared Kentucky Medicaid Program FTEs</p> |

Table I.G.2-25: Total FTEs by Operational Area

| Operational Area | Fulltime Equivalentents (FTEs) |
|---|--|
| Digital | TOTAL: 1.72 |
| Product Development | TOTAL: .90 |
| Medicaid Engagement and Outreach (marketing) | TOTAL: .80 |
| Financial Operations | TOTAL: .70 |
| Reporting & Analytics | TOTAL: 3.35 |
| Enterprise Shared Services (training, policy and procedure management) | TOTAL: 2.25 |
| Information Technology | • Support: 5 |
| | • Business Continuity Disaster Recovery: .10 |
| | TOTAL Information Technology: 5.10 |
| Human Resources | TOTAL: .60 |
| TOTAL FTEs *note: shared or combined FTEs are accounted for in the Kentucky Medicaid Program response in Section I.B.3.b.v. | 358.7 |
| Vacancy Rate of 3% *note: shared or combined FTEs are accounted for in the Kentucky Medicaid Program response in Section I.B.3.b.v. | 334.87 |

We determined the appropriateness of the FTE ratios using a variety of methods. Depending on the type of work and the department the denominator will vary.

The ratios can be determined by one of the following ways:

- Draft Medicaid Contract requirements
- Total number of Enrollees
- Total number of associates
- Total number of Plans Humana has
- Total number of hours needed to complete the task
- Total number of compliance metrics

While there is no single method for determining the appropriateness of these ratios across functions, we actively apply our experience operating these various functions in our other markets and incorporate adjustments we have made over time to meet the needs to programmatic adjustments and other considerations. Our national shared support infrastructure has and will allow us to apply those lessons learned across our lines of business and other State Medicaid programs to inform best practices in the Commonwealth. We are committed to working with DMS to learn, improve, and adjust our staffing approach and levels to best meet their needs and, most importantly, the needs of Kentucky SKY Enrollees across the Commonwealth.

xii.

Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams?

Provide the Contractor's approach to locating the Care Coordinators areas in which they serve.

Roles and Responsibilities of Care Coordinators

- Provides care management and care coordination in an integrated model of care that includes holistic support of Enrollee needs (e.g., physical, behavioral, and social needs)
- Coordinates and facilitates Assessment team and CCT
- Serves as primary point of contact with HCBS Social Service Worker (SSW), and with Enrollee's foster family/caregivers for contracted health plan activities, upon authorization by HCBS SSW
- Conducts assessments and care planning, based on Enrollee's level of acuity and in accordance with the Kentucky SKY Draft Medicaid Contract requirements
- Completion of the HRA and Enrollee Needs Assessment and reassessment on an ongoing basis
- Single point of contact for Enrollee/Caregiver within CCT
- Connect Enrollee with other members of CCT including CHW, Peer Support Specialist, Housing specialist, UM associates, and others involved in care, based on Enrollee's needs
- Works closely with all care providers involved in enrollee's care to assure coordination of services and delivery of highest quality of care
- Coordinates Enrollee services in conjunction with Commonwealth agencies (DCBS, DJJ, DMS) and community service providers
- Communicates and collaborates with network providers
- Performs routine medication reconciliation and consults with Humana pharmacist for medication reviews as needed
- Schedules appointments, coordinates transportation, and facilitates delivery of care to assure EPSDT and other medical care is arranged
- Coordinates with UM associates when Enrollee requires inpatient, residential or outpatient services requiring medical review
- Assures continuity of care is delivered to minimize any disruption of care during transition periods
- Supports a model of TIC delivery with all activities and services providers involved in enrollee's care

Roles and Responsibilities of Care Coordination Team

The CCT provides a forum for our associates with expertise in the physical health, BH, and SDOH needs of Medicaid beneficiaries to exchange information and ideas and support Humana Enrollees with co-occurring, complex needs. This team structure allows our Enrollees to access a single point of contact for all their care needs and to remain with the same CC as their needs change. The CCT includes experienced multi-disciplinary Humana clinicians and support staff that facilitate the care of all SKY enrollees. The leader of the CCT for each Enrollee is a CC, who is geographically assigned and familiar with the special needs and care of the Kentucky SKY Enrollee population. The CC supports Enrollees through a model of face-to-face and telephonic interactions, based on the care management acuity level and needs of the enrollee. The CC works under the leadership of the CC Front-Line Leader. The Co-located Complex CCs will be located in key DCBS locations; this allows all of our CCs to have direct access to communication with DCBS staff.

Humana's Care Coordination team members are identified based on the individual needs of each Enrollee and may include:

- CHW
- Family and Youth Peer Support Specialist
- UM Coordinator

- Pharmacist
- Medical Director
- Psychiatrist
- Housing Specialist
- TIC Program Manager
- Other specialized clinicians such as Transplant Coordinators, NICU Specialists, and Dieticians
- Families or other caregivers as approved by DCBS SSW

Humana's approach to maintain adequate staffing and adequate ratios for Enrollees to Care Coordinators is:

- Based on experience we calculate initial staffing ratios and manage to care coordination numbers
- Human Resources has experience building staffing and ramping up programs. This includes extensive recruiting efforts as discussed in question I.G.2.c.iii.a above.
- For ongoing staffing, we base additional staff needs on enrollment files upon their receipt. As the files are received, we can identify which regions have staffing increases needed.
- All associates are cross-trained so that they can support other associates. For example, an RN has the training and team support to assume BH Enrollees as well as a BH care coordinator can access an RN if an Enrollee has physical health issues.
- We monitor care coordinator timeliness of assessments visits, as well as current staffing ratios, and based upon performance and staffing ratio distributions, hire accordingly.

The CCT works in collaboration with the AT, composed of HCBS SSW external natural supports (caregivers, CBOs, and Enrollee's providers) to discuss the needs of the Enrollee and update the care plan. Meetings with the CCT and AT are coordinated and scheduled based upon the acuity level of Enrollee, and as changes in condition occur (e.g., hospitalizations, new diagnosis of health conditions, changes in placement, etc.).