

5. Kentucky SKY Enrollee Services

Through our experience as a Medicaid Managed Care Organization (MCO) in the Commonwealth and across multiple states, Humana has developed expertise in tailoring processes to meet the needs of Kentucky SKY Enrollees. We will deploy enhanced enrollment processes to ensure they have access to timely services, access to a comprehensive network of providers that meet their daily and specialty health needs, and direct support from and access to our Care Coordination Team (CCT). We have designed a specialized Kentucky SKY Intake and Support (SIS) team that can start the enrollment process, support expedited enrollment for all Kentucky SKY Enrollees, and identify and resolve changes to demographics, including but not limited to name, address, and placement change – with the goal of coordinating a seamless experience and immediate access to services for all Kentucky SKY Enrollees.

As part of our care model, Humana will offer dedicated, Co-Located Complex Care Coordinators (CC) to manage the local, community-based needs of this special population. Humana also understands the value of in-person collaboration and plans to place at least one co-located CC in each DCBS Service Region. **For geographic locations with higher caseloads, such as Northern and Southern Bluegrass Service Regions, we will hire additional Co-located Complex CCs to adequately support the Kentucky SKY population. The Co-located Complex CCs will allow for close collaboration with DCBS staff on complex cases, rapid resolution of issues, and early identification and support of Enrollees.**

Humana wants our Enrollees to access care as efficiently as possible. In 2018, more than 94% of our Children’s Health Insurance Program (CHIP) Medicaid population reported their child received care as soon as they needed it.

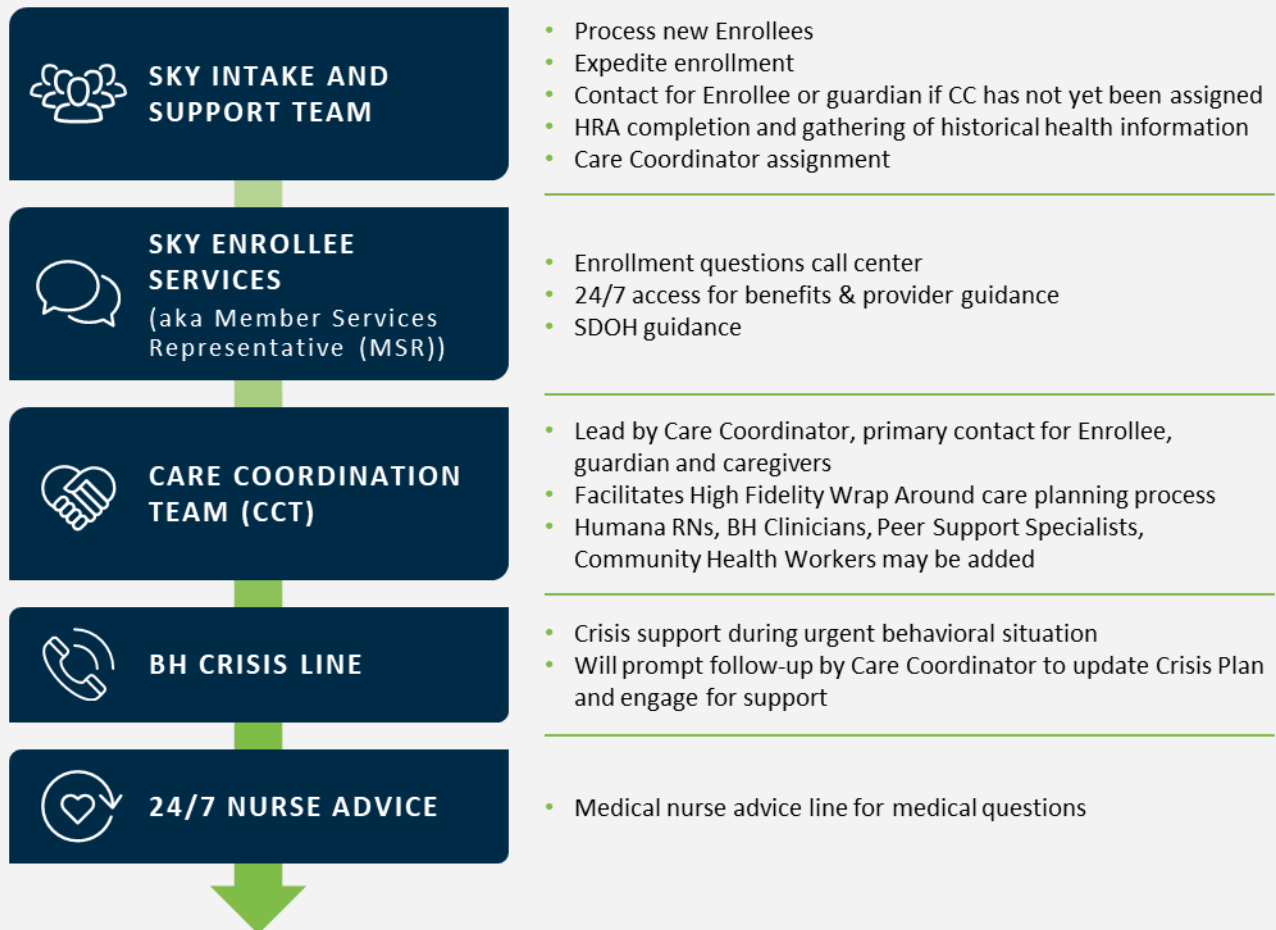
To ensure there is a health benefits expert available around the clock to support our Kentucky SKY Enrollees, Humana will establish a dedicated, 24 hours a day, seven days a week Members Services Call Center for Kentucky SKY Enrollees and their caregivers, staffed by associates with specific training in working with Kentucky SKY-eligible Enrollees, child service agencies, crisis response, and the Kentucky provider community. The Kentucky SKY Member Services Call Center will specialize in foster care benefit expertise, allowing Enrollees and their families to have easy, 24 hour a day access to customer service and health plan-related questions.

We will assign each Kentucky SKY Enrollee a Primary Care Provider (PCP) and dental home within two days of enrollment. Kentucky SKY Enrollees are assigned to providers based on an algorithm that accounts for the continuity of care and the Enrollee’s specialized needs. Our Kentucky SKY Member Services Call Center is focused on first call resolution, regardless of the length of time it takes to complete a call. Our Kentucky SKY Member Service Representatives (MSR) will be trained to report eligibility status, process requests for new Enrollee ID cards, support PCP assignment processes, share status on any prior authorization (PA) requests, file grievances, and connect Enrollees with their assigned CC.

We have incorporated principles that align with a High Fidelity Wraparound approach in how our Member Service Representatives will interact with Kentucky SKY Enrollees. Our Kentucky SKY Member Services Call Center functions are built on clear communication channels that enable Enrollees and families or caregivers to easily and competently access and navigate their local healthcare and social services systems. We receive data from various sources, such as the Department for Community Based Services (DCBS), the 834 Enrollment File, Claims, Health Risk Assessments (HRA), and Electronic Health Records (EHR). We integrate this data into our management information systems (MIS) to build and maintain a 360-degree view of our Enrollees. These systems produce actionable data that inform our highly trained associates and targeted education efforts to create person-centered connected experiences for our Enrollees that meet their unique needs. Please refer to **Figure I.G.5-1** for the Kentucky SKY Enrollee Touchpoints.

Figure I.G.5-1 Kentucky SKY Enrollee Touchpoints

FUNCTIONS:



a.

Describe the Contractor’s proposed approach for coordinating with the Department, DCBS, and DJJ to ensure Kentucky SKY Enrollees begin receiving services immediately upon entering foster care. Please include the Contractor’s experience expediting enrollment in other markets.

As a Managed Care Organization currently serving more than 2,000 potential Kentucky SKY Enrollees, Humana brings a first-hand understanding to the vital role the Department for Medicaid Services (DMS), DCBS, and the Department of Juvenile Justice (DJJ) plays for Kentucky children and youth in foster care, adoptive assistance, the juvenile justice system, as well as those who have aged out of foster care. Humana currently works with DCBS to identify children who need immediate services and partner with other agencies to activate these services immediately—often within a few hours. Humana will co-locate dedicated Complex CCs in each of the nine DCBS Service Regions, with two in the larger regions, at the direction of DCBS to best support efforts to collaborate in high need, high-volume DCBS Regions. Further, we will deploy a Kentucky SKY SIS team to support resolution of any enrollment processes that help the Enrollee begin receiving immediate services. The following response outlines our considerations for coordinating with the Department, DCBS, and DJJ prior to implementation of the Contract as well as upon go-live.

Pre-Enrollment Analysis and Planning

To promote an efficient enrollment process, we will implement several features to avoid disruptions for needed services and facilitate prompt assessments to identify unmet needs. During the Contract implementation period, we will work with DMS, DCBS, and DJJ to obtain all information available for each Kentucky SKY Enrollee. Our

approach is designed to create streamlined processes that reduce administrative burden on DCBS and DJJ staff. The following sub-sections outline pre-implementation processes for each of the Kentucky SKY sub-populations. We understand referrals for new Kentucky SKY Enrollees generated from the DCBS Centralized Intake Team will mean these children may be in active crisis, have less historical information with which to inform treatment, and will need concerned efforts to stabilize and assess with urgency. Our Kentucky SIS team is ready to coordinate with DCBS Centralized Intake Team to ensure timely access to care for this Enrollee population.

The pre-enrollment period for a Kentucky SKY Enrollee may be when a family or child has become involved with Child Protective Services (CPS) or DCBS prior to determining if the child or children will be removed from the home. For Enrollees and families that may be enrolled in Humana Medicaid but are not yet Kentucky SKY Enrollees, we can leverage our traditional Medicaid program in efforts to prevent a removal. Our Kentucky SKY associates can connect DCBS Social Service Workers (SSW) with CCs within the Humana to secure preventive services, leverage Family and Youth peer support and community health workers (CHW) to support and engage the family, and collaborate on a care plan with goals to allow the family to safely remain intact.

Coordinating with the Department

The timely receipt and accurate processing of the 834 file is critical to ensuring timely and immediate services for our Kentucky SKY Enrollees. Based on our experience using the DMS 834 file layout, we recommend receiving a separate 834 file for the Kentucky SKY program that will clearly delineate each of the eligibility categories within the program. During the pre-implementation period, we will work with DMS to test enrollment files and ensure we have tailored our systems to acknowledge any changes to the current file layout.

- **Foster Care Enrollees:** With our foster care Enrollees, we will work with DMS to create clear indicators to identify Enrollees whose record was created through an expedited enrollment process or who may have been recently adopted to swiftly match records and avoid duplication of records. We will continue to use the family match indicators to ensure our PCP assignment algorithm matches siblings to the same PCP if they have the same foster family, and work with DMS to incorporate any other Enrollees matching the desired logic.
- **DJJ Enrollees:** The 834 file we receive from DMS today contains indication of incarceration to inform us when Enrollee eligibility needs to be suspended. We look forward to exploring new processes with DMS to enhance the information with indicators that determine DJJ Enrollees whose placement is or has changed to pre-trial detention, residential placement and treatment services, probation, community aftercare and reintegration programs, as well as the confinement of youth awaiting adult placement or court. These efforts will ensure benefits are not suspended inappropriately, to ensure services are accessed in accordance with the care plan for the Enrollee, and that PCPs are re-assigned based on the actual location of the child.

Humana will ensure that we share any supplemental information received by DCBS and/or DJJ (e.g., additional addresses, authorized representatives, caregiver information, and incarceration projected release date) with DMS. This supplemental information will never override information we receive from DMS' 834 file. Furthermore, information will not be used unless we have specific approvals by DMS and other relevant parties. Our Kentucky SIS team will communicate any updated demographic information received by DCBS and DJJ with DMS on a regular basis.

Humana understands the importance of maintaining any and all updates to the 834 file. Thus, we plan to work with DMS prior to go live to conduct system testing to ensure Humana Enrollee information is processed with 100% accuracy in a timely fashion.

Coordinating with DCBS

During the pre-implementation period, we will meet with DCBS and DMS to collaboratively discuss the information that will be transmitted via DMS' 834 files and any additional supplemental information we may be authorized to use to create an Enrollee's record. Some items that need additional discussion are listed in the following paragraphs.

Foster Care Enrollee Address: The 834 files we receive from DMS today contain addresses based on the location of the foster care Enrollee's DCBS SSW. We will continue to gather this information; however, to support accuracy in PCP assignment, we will work with DMS and DCBS during the pre-implementation period to identify the Foster Care Enrollee's address and create a supplemental file to record this information. If DCBS approves our use of The Workers Information SysTem (TWIST) to retrieve information on the Enrollee's current address, we will make this our source of truth.

Foster Care Enrollee Caregivers: Similarly, we will work with DMS and DCBS to identify any other responsible parties (e.g., foster parents, kinship caregivers, fictive kin, etc.) to attribute to our foster care Enrollees' records. For foster care Enrollees where their address is disclosed or a caregiver other than the authorized representative assigned, we will ensure we maintain Protected Health Information (PHI) in accordance with 45 C.F.R. Parts 160 and 164 and any necessary informed consent and/or PHI release forms are processed. We will align with DCBS' process and procedures and engage with all relevant State agencies in the pre-implementation period to ensure records and information, especially about any BH, substance use disorder (SUD), pregnancy, and safety concerns, are discussed with those who are authorized by the State. It will be critical to the success of our High Fidelity Wraparound model of care coordination to have all parties identified and approvals to communicate prior to going live.

Name Change due to Adoption: If through the adoption process, a former foster child receives a new Social Security number along with a name change, the new information can appear as a new Enrollee in the 834 file. Humana will work with DCBS and DMS during the pre-implementation period to test rules to identify all former foster care Enrollees and ensure they have one record carrying over any historical information and utilizing the current Adoption Assistance Enrollee information received on the 834. During pre-implementation, we will set up processes so our Kentucky SIS team can manually review all Adoption Assistance Enrollees to ensure a 100% match and a zero percent discrepancy rate.

Coordinating with DJJ

During the pre-implementation period, we will meet with DJJ and DMS to collaboratively discuss the information that will be transmitted via DMS' 834 file and any additional supplemental information authorized to use to create an Enrollee's record. We will also set up processes so our Kentucky SIS team can receive updates on any Enrollee who become DJJ-involved to ensure services are accessible immediately and/or their eligibility status is suspended in situations where an Enrollee is incarcerated. For DJJ Enrollees who are in temporary residential DJJ placement, it may be best for the Enrollee to keep their current PCP given there is no change in address, avoiding a PCP reassignment for those placed in a residential program for less than five days, as an example. We will also work with DJJ toward permanency through release from DJJ and collect information on the DJJ Case Worker, their contact information, the Enrollee's new placement, and planned date for transition.

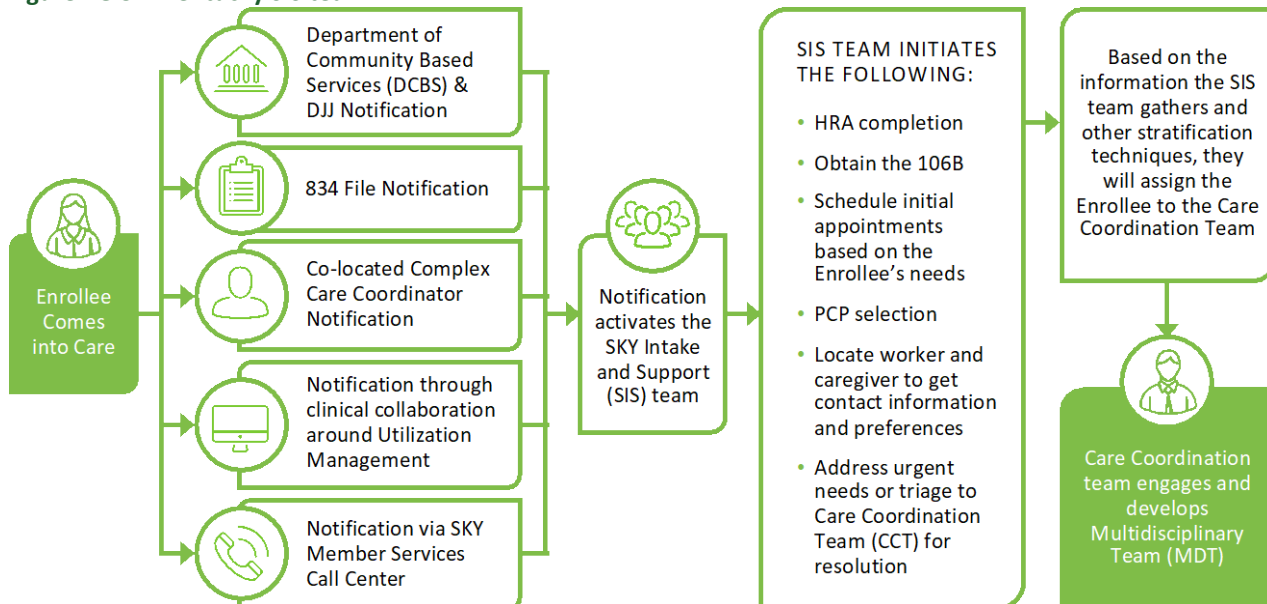
Upon implementation, Humana will have assigned CCs who focus solely on DJJ cases and will develop a rapport with DJJ Case Workers in their catchment areas. The DJJ CC will triage the needs of new DJJ Enrollees. During the pre-implementation period, our DJJ CCs and/or Kentucky Community Engagement Coordinators will meet with the Courts and DJJ Case Workers to develop an understanding of the types of materials and provider affidavits needed to support DJJ Case Workers in preparing to facilitate re-entry planning. During this period there will also be opportunities to explore how best to leverage the Kentucky SKY Community Engagement Coordinators to educate DJJ and the Courts around the Kentucky SKY program, Medical Necessity criteria vs. court-ordered services, and navigating the various systems of care these youth and families engage with.

Coordination with Existing MCOs and Providers

With the increase in children requiring out-of-home care in the Commonwealth, Humana understands that DCBS and DJJ Case Workers have had to take on a large case load, resulting in a high turnover of front-line workers. We aim to reduce the administrative burden on these frontline workers with DCBS and DJJ by collecting and disseminating information, streamlining processes related to assessments and entering treatment, and resolving provider or pharmacy issues as appropriate. To this end, Humana will work with the prior MCO on a transition of

care process to obtain any available records to identify existing enrollment records, existing PCP assignments, existing care plans, historical claims, current PAs, and more. This will allow us to proactively assess each Enrollee’s case history, assign appropriate CCs, identify existing PCP assignments, organize the CCT, and in many cases, engage the CCT to develop an initial action plan listing the potential resources and services that could benefit the Enrollee – all before the Enrollee’s initial enrollment effective date. Our data analyses will also identify which Kentucky providers have been delivering care to the Kentucky SKY population, enabling us to prioritize our additional network recruiting and trauma-informed care (TIC) education efforts. Kentucky SKY Enrollment. **Figure.I.G.5-2** describes the functions of the Kentucky SIS team.

Figure I.G.5-2 Kentucky SIS team



Since Humana currently serving more than 2,000 potential Kentucky SKY Enrollees, we are aware of the vital role the Department for Medicaid Services (DMS), DCBS, and the Department of Juvenile Justice (DJJ) play for Kentucky children and youth in foster care and the juvenile justice system. For our children in Adoption Assistance and young adults in the Former Foster Care population, identifying the right natural support and agencies for collaboration is of utmost importance and will require a different level of assessment in the pre-enrollment period. Upon being selected to serve as the Humana Kentucky SKY contractor, we will work with DMS to discuss the receipt of a different 834 file for the Kentucky SKY program and any changes to the 834-file layout.

We load all 834 files within 24 hours or receipt, checking multiple times a day for receipt of the file to ensure it is processed in a timely fashion. We load the file in our Management Information Systems (MIS) and process the file through our editing systems. This system will have specific rules we design with DMS, DCBS, and DJJ during the pre-implementation period to ensure all Enrollees are currently loaded to our platform. Our Kentucky SIS team will ensure all Enrollees are loaded correctly and manually sample random cases to ensure accuracy.

Humana has checks and balances in place to audit our enrollment processing on a daily and monthly basis. We will track every new enrollment and change record monitoring status towards completion of generating an Enrollee ID, mailing an ID card, completing PCP assignment, and mailing the Enrollee Information Packet. We share these reports with our Kentucky SIS team and identify and resolve any discrepancies within the required timeframes.

Kentucky SKY Express Enrollment

Today, Humana’s Express Enrollment ensures foster care Enrollees are enrolled and able to immediately access care well in advance of the effective transition of care date. Upon receipt of the 834 file or enrollment data from

DCBS, our **systems automatically express-enroll Enrollees within one business day**. To deliver timely care from the moment of eligibility, **we will conduct Express Enrollment to all foster care and DJJ Enrollees as well as any other Kentucky SKY Enrollee for whom we have received a dire needs request.**

Our approach to supporting this process is as follows:

- **Kentucky SKY Enrollee Identification Process:** Humana will deem the date of enrollment from the date we are made aware of the Enrollee, either from DCBS, DJJ, DMS, or the 834 file, whichever is comes first. Our Kentucky SIS team checks for an active Medicaid ID on the state enrollment portal, Kentucky Medicaid Management Information System (MMIS), the 834 file, and DMS reports determining if the Enrollee was previously on Medicaid. Our Kentucky SIS team will review multiple data sources daily before obtaining a Temporary Enrollee ID if the Enrollee is not included on the Kentucky SKY specific 834 file, which expedites activating the Enrollee upon enrollment. Our Kentucky SIS team works quickly to collect the specific demographic information needed to activate enrollment and/or validate any prior demographic information we have. Our processes are designed to enable seamless and immediate access to services.
 - **Proactive Loading of the Enrollment Notification:** Our streamlined enrollment processes screen incoming enrollment files from the Commonwealth and Kentucky MMIS to review cases when the Kentucky SKY Enrollee's Medicaid ID has been activated but not received from the 834. If we identify a discrepancy, Humana's Enrollment team reconciles the enrollments with 834 data and sends a discrepancy report for further review. As we do today, we will reach out to DCBS monthly to resolve discrepancies.
- **Coordination with Dedicated Kentucky SKY Member Services Call Center:** When a Kentucky SKY Enrollee or their authorized representative calls our 24 hours a day, seven days a week dedicated Kentucky SKY Member Services Call Center, and our Member Services Representatives (MSR) will verify their enrollment and collect key data elements, including name and date of birth. The MSR will immediately notify our enrollment team to process the enrollment. This team subsequently reconciles these proactive enrollments against 834 data and files discrepancy reports to resolve as needed. The Kentucky SKY MSRs will triage any requests by DCBS and other agency staff, and for issues that require escalation, to the Kentucky SIS team.
- **The Kentucky Intake and Support Team (SIS Team):** This team is dedicated to gathering the pertinent information for all Kentucky SKY enrollees needed to complete the initial stages of care planning, such as identification of all parties to be included as part of the Care Coordination Team (CCT), gaining permissions and role-based releases for information sharing, selecting the most appropriate PCP, scheduling initial appointments, and gathering data on previous services and assessments to triage to appropriate CCs. Depending on the imminent needs for the Enrollee or their family and caregiver, the Kentucky SIS team will be able to connect directly with the Co-located Complex CCs or CCs as appropriate. Further, our on-call Care Coordination associates will expedite any after-hour requests to the MSR for processing by our Enrollment team.
- **Co-located Complex Care Coordinator (CC):** To support our express enrollment process and in the case of dire need, **our Co-located Complex CC will facilitate immediate access to timely services.** These Co-located Complex CCs will have small caseloads and responsibility for processing immediate services for Enrollees with express enrollment requests. The Co-located Complex CCs will be supported by our Kentucky SIS team, who will research these cases to identify any historical information we may have and create a Temporary Identification Number (TIN) for use until we identify the Medicaid ID number through MMIS or the 834 file. The Co-located Complex CCs will gather relevant case details, support scheduling initial health assessments, and authorize immediate services. We will create close and localized working relationships between our team and the regional DCBS staff, as well as an effective strategic collaboration between our organizations at a statewide level. The co-location of our Complex CCs in key DCBS locations, pending DCBS approval, will enable Humana to identify potential issues with accessing care immediately upon enrollment. Co-located Complex CC, and MSRs can be reached via the dedicated Kentucky SKY Member Services Call Center or the Kentucky SKY Escalation Mailbox that will be created upon award at any time.

Providing co-located associates, the Kentucky SIS team and a 24-hour call center will support urgent need requests if Express Enrollment cannot fulfill the Enrollee's needs.

Systems & Processes to Support Coordination & Express Enrollment

Humana's enrollment systems efficiently intake 834 enrollment data and export them to required systems and platforms to ensure accuracy of demographic information. Our system is designed to intake manual entries to allow immediate enrollment and support authorization and claims submission.

Our system can ingest enrollment files from DMS and upload them to the enrollment platform, Customer Interface (CI). We have designed our systems to:

- Store plan and Enrollee-level data for Humana's Medicaid membership, including Medicaid ID, Humana ID, demographics, authorized contact, and coverage information. Our systems will also be configured to store data about the Enrollee's appropriate authorized representative. This information will serve as a source of truth to ensure the communication materials, calls, and additional outreach go to the designated authorized representative.
- Serve as the source system of data for downstream systems, including: Our Customer Relationship Management (CRM) tool used by our MSRs; our integrated clinical platform, Clinical Guidance eXchange (CGX), used by our Care Coordinators; and our provider portal, Availity, used by providers to ensure access to timely information, including the authorized representatives designated by the custodian. Data will also cascade to other systems including, but not limited to: Medical claims adjudication; Pharmacy Benefit Manager (PBM); eligibility feeds to BH, dental, vision, and Electronic Visit Verification (EVV) delegated partners; enterprise data warehouses (EDW); fulfillment Subcontractors for Enrollee ID cards/Welcome Kits; and applications, portals, and data storage that enable data availability for our MSRs and our Clinical team.

Humana also has significant experience exchanging customized and industry-standard eligibility and enrollment data exchanges with state partners daily. We can exchange all data via a secure Web-based File Transfer Protocol (FTP) and support the required data interfaces with DMS, DCBS, DJJ, fiscal agents, and other State agencies or external sources to securely transfer accurate enrollment and eligibility data for the Kentucky SKY program. Leveraging our advanced technology and information systems architecture, we have highly adaptive interface mechanisms available to ensure a seamless data exchange process. Our system is programmed to receive and process electronic records automatically with our MMIS. It also includes provisions for file and format verification, allows for prompt addition of new file types, and provides notification of file validation results (whether the file was successfully processed or not) via the Internet. Humana's fully automated enrollment process can add or modify membership information (including coverage effective and end dates) based on incoming enrollment data from the Commonwealth. The processing of data occurs through both batch and real-time methods, allowing changes in Enrollee eligibility type to update multiple times each day.

Ensuring Continuity of Care

It is imperative that our policies and processes coordinate services in a way that ensures no disruption or interruption of service delivery. Humana carries out our continuity of care plan via the following steps:

- Preserve Existing Provider Relationships: We will create a continuity of care authorization for the relevant providers to prevent disruptions in care and ensure timely claims processing throughout such period. **We pay out-of-network (OON) providers for up to 90 days after the date of the Kentucky SKY Enrollee's enrollment**, or until the Enrollee's records, clinical information, service plan, authorizations, and care can transfer to an in-network provider (whichever period is shorter). As we identify new providers serving our Kentucky SKY Enrollees, our Provider Services staff will reach out to those providers to solicit network participation.
- Ensuring Continuation of Authorized Services and Management of Chronic Conditions: Upon notice of a new SKY Enrollee, we will review all open authorization files received from DMS and create authorizations



to honor the approval of services. When transitions between providers occur due to geographic changes of the Kentucky SKY Enrollee's foster care placements or any other reason, Humana will seek to temporarily include both the prior and the new provider(s) on the individual's CCT to ensure a smooth transition and accurate transfer of information.

Our CCT shares the Enrollee's care plan and assessment either manually, via the CC, or with providers through Availity, our secure provider portal. Additionally, related information is available on the Voice & Choice Information Exchange care portal for access by Enrollees' DCBS approved caregivers.

EXPERIENCE EXPEDITING ENROLLMENT IN OTHER MARKETS

In current markets, our systems are populated by each state's eligibility data, allowing us to monitor the eligibility of our Enrollees daily. This affords us the ability to engage with the individual immediately upon enrollment. Our urgent needs and escalated enrollment needs processes in Florida work seamlessly to ensure Enrollees get the right care, at the right time, and the right place.

We will use a similar model of Enrollee engagement and DMS sister agency communication in our plan to achieve these high standards for the Kentucky SKY program. Also, our MSRs will work collaboratively with DCBS and DJJ to coordinate the scheduling of newly-enrolled Enrollees' medical, dental, and trauma exams within defined timelines. These efforts minimize the risk that newly enrolled Enrollees may experience an emergency medical event upon entry into foster care or the juvenile justice system.

In Florida, we created a special enrollment process for SSI Enrollees. After receiving the 834 file, we use predictive analytics and available claims data to predict severity of the Enrollee. We then alert the specialized care coordination to ensure continuity of care and health needs are met.

b.

The eligibility of Kentucky SKY Enrollees often changes due to their status in foster care or the juvenile justice system. Describe the Contractor's proposed process for resolving Enrollment and eligibility discrepancies. Include the Contractor's approach for collaborating with the Department, DCBS, and DJJ in resolving eligibility issues.

As an incumbent contractor serving more than 2,000 potential Kentucky SKY Enrollees, we are experienced in resolving eligibility and enrollment discrepancies, relying on both our IT platform and relationship with agency staff. Humana will follow changes in enrollment status, as outlined in Section 41.13 of the Draft Medicaid Contract. In 2018, 63% of the Kentucky foster care children Humana served were enrolled throughout the entire year. To account for continuous changes in enrollment, Humana has robust processes in place to resolve enrollment and eligibility discrepancies that may occur for these Enrollees, including a dedicated Kentucky SIS team. We are proposing strong process improvements to facilitate the seamless and timely resolution of enrollment and eligibility discrepancies.

Pre-Implementation Planning Efforts

As described in our response previously, Humana will engage with DMS, DCBS, DJJ, or family and caregivers as appropriate to the population to identify and address common enrollment and eligibility discrepancies. We look forward to discussing ways to indicate, either in the 834 file or supplemental files, change in foster care status to Adoption Assistance, level of DJJ involvement, name changes, and lapses in eligibility, as a few examples.

We will also load all Enrollee eligibility information to our systems prior to go-live, if possible, based on privacy releases and operational direction given by DMS, so that we may create Enrollee records and begin supporting continuity of care planning prior to the go-live date, where appropriate. We understand we will need to maintain any and all updates to the 834 starting concurrent to these pre-implementation activities. Humana will use the opportunity to ensure Enrollee information is being processed with 100% accuracy and records are being created in a timely fashion.

Specialized Kentucky SIS team

We will have a dedicated Kentucky SIS team dedicated to the Kentucky SKY program to work closely with the Commonwealth and other Agencies to resolve any discrepancies, including changes in enrollment status, to ensure an accurate reflection of enrollment and eligibility and address any differences when changes occur. The Kentucky SIS team will continually monitor changes on enrollment using the incoming 834 enrollment file and will reconcile against our enrollment data to identify discrepancies.

The Kentucky SIS team will also conduct outreach to the pertinent members of the Enrollee's support team- DCBS/DJJ worker, families and caregivers, etc. to support PCP selection, gather Case Worker information, request the 106B for foster children, and assign Enrollees with immediate service needs to a CCT. For Enrollees in the DCBS or DJJ programs, one of the primary tasks will be to gather information on the parties to be considered the caregiver for the child. This could include family of origin, foster family, kinship caregivers, or long-term residential providers. The Kentucky SIS team will seek authorization and releases to contact these parties for the foster care Enrollee and engage in the assessment and care planning process. Additionally, the Kentucky SIS team will engage the foster parent and/or Enrollee to conduct the HRA, schedule initial appointments, select or change the PCP as appropriate, and address urgent needs.

When we identify any Enrollee that loses eligibility or has a changed status, the Kentucky SIS team will immediately trigger investigation to verify the Enrollee's eligibility status and prevent any interruption in services. This team will work with DCBS and DJJ staff to coordinate any change in enrollment in advance of the effective changes to ensure continued access to services.

Co-Located Complex Care Coordinators (CC)

To support our enrollment process and in the case of dire need, **our Co-located Complex CCs will facilitate immediate access to timely services.** These Co-located Complex CCs will have small caseloads that consist of the most complex cases in the Service Region and also be responsible for processing access to immediate services for Enrollees, including in situations where enrollment discrepancies exist. The Co-located Complex CCs will be supported by our Kentucky SIS team to ensure bandwidth to meet the needs of DCBS and the Enrollee. The Co-located Complex CCs will gather relevant case details, support scheduling initial health assessments, and authorize immediate services.

Upon implementation, Humana will have CC solely focus on DJJ cases and will develop a rapport with DJJ Case Workers in their catchment areas. The DJJ CC will triage the necessary needs of new DJJ Enrollees. Within our Kentucky SKY Community Engagement team, we will dedicate associates to the DJJ who will meet with the Courts and DJJ Case Workers during the pre-implementation period to develop an understanding of any additional eligibility considerations, as well as any materials and provider affidavits to support DJJ Case Workers in preparing to facilitate re-entry planning.

Humana will create close and localized working relationships between our team and the regional DCBS and DJJ staff, as well as an effective strategic collaboration between key organizations in the system of care at a statewide level. The co-location of our CCs in DCBS regions, pending DCBS approval, and dedicated DJJ CCs will enable Humana to identify potential issues with accessing immediate care upon enrollment. Co-located Complex CC, and MSRs can be reached via the dedicated Kentucky SKY Member Services Call Center or the Kentucky SKY Escalation Mailbox at any time. This Kentucky SKY Escalation Mailbox will be manned by dedicated SKY Member Services staff and will allow for stakeholders to communicate via phone or e-mail based on their preferences.

When a Kentucky SKY Enrollee is no longer eligible or we have received a termination record on the 834 file, we will work with the new carrier to ensure a complete transfer of information, including current care plan details and provider assignments, to mitigate interruption and ensure continuity of care for the Enrollee.

Monitoring for changes on the 834 file

Our Medicaid Reporting and Data Analytics (MRDT) that creates a daily report of any changes communicated on the daily 834 file for Kentucky SKY Enrollees. Our Kentucky SIS team will analyze this report to determine if

outreach is necessary to validate any changes. We will be looking for change in address, change in assigned worker or responsible party, as well as indicators that the Enrollee's population status has changed, such as foster care going to DJJ or completion of adoption. Changes such as these may prompt the assigned CC to reassess the needed participation in the High Fidelity Wraparound care planning. If we notice a former foster youth has lost eligibility, this would trigger outreach to ensure continuity of care and possible education around maintaining Medicaid benefits.

Continual Reporting and Collaboration with DMS, DCBS, and DJJ

Humana has several front-end processes to resolve enrollment and eligibility discrepancies. Our CCs and Kentucky SIS team will maintain a Kentucky SKY Escalation Mailbox and telephonic communication with DMS, DJJ, and DCBS to stay informed and communicate any eligibility issues. Our CCs will connect with DCBS or DJJ for reconciliation of eligibility issues that cannot be resolved through our systematic processes. We will schedule enrollment case calls to discuss discrepancies with DMS, DCBS, and DJJ to identify opportunities to enhance and improve the enrollment process and avoid similar discrepancies going forward. We will also track every new enrollment and change record and monitor status toward completion of generating an Enrollee ID or TIN, mailing an Enrollee ID card, completing PCP assignment, and mailing the Enrollee Welcome Kit.

When we receive an eligibility file from DMS, we will compare it to our systems to identify changes in Enrollee eligibility as compared to new Enrollees. For incarcerated Enrollees, we will work with DJJ and DMS to create a process that ensures appropriate coverage is administered, and work with DCBS to maintain continuity of care for these Enrollees.

c.

Describe the Contractor's proposed process to assign Kentucky SKY Enrollees to a PCP within two (2) Business Days of Enrollment. Include a discussion of the Contractor's approach to:

PCP selection and assignment are critical to ensuring continuity of care and promoting a healthy lifestyle. The importance of appropriate PCP selection is especially salient for Kentucky SKY Enrollees due to their complex needs and complications of frequent moves. Humana has a successful approach for encouraging the voluntary selection of a PCP, education on the value of their role, and an assignment algorithm that complies with Sections 23 and 41.12.1 of the Draft Medicaid Contract.

As per the Draft Medicaid Contract, we will ensure copies of all materials sent will be available to the Enrollee or their families or caregivers for Foster Care or DJJ Enrollees via mail, on our Availity portal, and maintained in the Enrollee's record. Awaiting DMS guidance, Humana will also make available options to send the Enrollee Welcome Kit to foster care or DJJ Enrollees and/or their caregiver directly.

c.i.

Assist Kentucky SKY Enrollees to select a PCP and auto-assign Kentucky SKY Enrollees who do not make a selection within the required timeframes.

ASSISTANCE IN VOLUNTARY PCP SELECTION

Pre-implementation strategies: We will design a comprehensive outreach campaign to assist each Kentucky SKY Enrollee and the Enrollee's family and caregiver in selecting the most appropriate PCP based on the unique needs of the Enrollee in the pre-implementation period. As allowable based on privacy and consents, we will perform targeted outreach on the voluntary PCP selection process to potential Kentucky SKY Enrollees to make changes prior to the implementation of the Kentucky SKY program. This will make transitions as seamless as possible for both Enrollees, caregivers, DCBS/DJJ workers, and providers.

Ongoing Strategies: Our PCP assignment approach encourages the Enrollee, their family, or caregiver to select a PCP during enrollment. Upon enrollment, the Kentucky SIS team will connect with the Enrollee and their authorized representative to select a PCP, identify immediate service needs, activate services, and assist with scheduling appointments with an existing or new PCP. We recognize that connecting with the right person in

that Enrollee's life is critical to appropriate assignment of PCP. Foster parents with other foster children in the home will likely want all children to see the same PCP provider, while Former Foster Youth may need more education and options to become empowered to make such a decision.

The Kentucky SIS team will support our Co-located Complex CC and dedicated DJJ CC in gathering enrollment information and supporting PCP selection. A part of this process includes validating the Enrollee's address to ensure PCPs are assigned appropriately based on the Enrollee's location, not necessarily the address communicated on the 834 file. In cases where this is not possible, we will follow our algorithm to assign a PCP within two business days. When the Kentucky SIS team has appropriate consents and has engaged the actual caregiver, they will ensure the auto-assigned PCP meets that Enrollee and family's needs. If not, a re-assignment can take place.

Our Former foster care Enrollees and Adoption Assistance Enrollees will receive welcome calls from our Kentucky SIS team within two days of enrollment. All associates making Welcome Calls will be trained to confirm Enrollee address and other demographics, support PCP assignment, conduct the HRA, and educate the Enrollee, their family or caregiver on the Plan benefits. Humana will reach out to Enrollees three times throughout to make our best attempt at supporting voluntary PCP selection.

During the welcome call, the Kentucky SIS team associate will discuss the Enrollee's PCP assignment, asking if the assigned PCP is a good match for their individual needs or selecting one if a PCP has not already been assigned. If the Enrollee expresses interest in changing their PCP, our Kentucky SIS team associate will work closely to educate them on the options available and help them through the process of selecting a new PCP, if applicable. Thereafter, Enrollees can select a new PCP by contacting their assigned CC. **We also use claims data to fully understand our Enrollees' conditions and needs. For example, we flagged more than seven percent of our Enrollees for diabetes and more than six percent for asthma using claims evidence. Our associates subsequently deployed outreach to educate them on the services available and connect them to care. We saw increased PCP access for both groups of our population, with more than 80% of both populations accessing a PCP at least once in 2019.**

Kentucky SIS team associates will receive training on how to intake multiple addresses and contact information for transient Former Foster Care Enrollees who may have housing needs. They will also be trained to alert our Housing Specialist and create a note indicating housing risk so our CCs can include the Housing Specialist for the Enrollee's CCT. Associates on the Kentucky SIS team will be trained on serving Adoption Assistance Enrollees to identify any previous name and address and ensure the Enrollee's current name and address are being used to assign a PCP.

We know that the standard algorithms to assign PCPs are not always a good fit for the Kentucky SKY population due to their complex needs and placement changes; therefore these strategies seek to enhance those automated approaches by supporting voluntary assignment throughout the enrollment process as a preference to automation. To assist in PCP selection, our associates will have access to available historical claims data, with the goal of continuity of primary care, where appropriate. Humana will maintain continuity of care with PCPs (as well as with dentists, BH providers, and other specialists) for 90 days without regard to the provider's network status.

Other Resources to Support PCP Selection

Our website and Enrollee portal contain numerous resources to access any time, including our Physician Finder Plus tool, Kentucky SKY Enrollee Handbook, authorization procedures, and operational policies. We want our Kentucky SKY Enrollees to have a PCP that meets their specific health needs, and we will ensure that the Enrollee and/or caregiver (e.g., foster parent(s) and adoptive parent(s)) reach an informed decision. **Figure I.G.5-3** displays some of the ways Humana delivers access to care.

We will develop tailored informational materials for the sub-populations within the Kentucky SKY program to ensure all Enrollees, their families or caregivers, and assigned DCBS/DJJ workers are aware of the role and

importance regular and sustained visits with a PCP plays in their overall health. For example, we will create material tailored for 18-25 year-olds to cater content and comprehension to Former Foster Care Enrollees supporting their independence and self-efficacy. Our Enrollee Handbook for Adoption Assistance and Former Foster Care Enrollees will include tailored content on developing and maintaining a PCP relationship and information on how to make PCP selection. Welcome information for our Adoption Assistance Enrollees will also explain benefits of maintaining Medicaid enrollment as well as disenrollment procedures. Our Information Packet, sent with Enrollee ID cards, will include actionable information the Enrollee needs to make an informed choice:

- The name and contact information for their CC
- Information on selecting PCPs and dental providers, including an explanation of the TIC indicators in the provider finder
- How the Enrollee can share special health care needs, social service needs, and specific services, with the CCT
- Information on the role of the CCT and how to seek assistance in scheduling appointments
- Accessing care coordination services
- The role of the Kentucky SKY Member Services Call Center and how to access
- The role of the Inquiry Coordinator

Figure I.G.5-3: Enrollee Services – Delivering access to care through collaboration with providers & DCBS

- COLOCATION**
 - Our Co-located Complex Care Coordinators (we will have at least one co-located in each DCBS region) will be ideally positioned to identify potential issues with accessing care immediately upon enrollment and work collaboratively with DCBS to resolve. DCBS will have full access to the Co-located Complex Care Coordinators.
- EXPRESS ENROLLMENT**
 - Ensuring timely access to care through proprietary enrollment identification process, proactive loading of enrollment data within one business day allowing work to be done prior to members effective date to ensure timely delivery of access to services.
- PCP SELECTION**
 - Each Enrollee is assigned a Care Coordinator who will connect with the Enrollee or their guardian to select a PCP, identify immediate service needs, activate services, and assist with scheduling appointments with an existing or new PCP.
- AUTO ASSIGNMENT**
 - To facilitate a seamless Enrollee experience, we match Enrollees with providers who can address their specific needs and match location based on Enrollee type.
- CALL CENTER**
 - We take pride in our dedicated 24/7 Kentucky SKY Member Services Call Center. The associates are extensively trained and who will assist members in resolving issues. The Member Service representatives (MSR) are highly trained in triage and prioritization with a 360 view of systems; the goal is to provide warm transfers where necessary and not place members on hold. First call resolution is always MSRs priority.

Additionally, Physician Finder Plus (PFP), our online Provider Directory, offers clear information and search criteria (including identification of TIC-recognized providers), making PCP selection easier. Kentucky SKY Enrollees have unique healthcare needs and can be assigned providers who are best trained to serve their clinical conditions. Humana will formulate a list of providers to include their unique sub-specialties and experience serving Kentucky SKY-eligible Enrollees, including developmental pediatricians. This material will be regionally specific, shared with DCBS and DJJ as well as Community-Based Organizations (CBO) that support adoptive families and former foster youth, and updated regularly as we enhance our network. This approach will

ensure continuity of care and immediate access to care for this population’s unique needs. Kentucky SKY Enrollees and their families, caregivers, or DCBS/DJJ workers may request a change in their PCP at any time via the Kentucky SKY Member Services Call Center or the Enrollee’s CC. As we identify additional clinical needs, our Kentucky SKY MSRs and CCs help our Enrollees select a PCP that most appropriately matches their unique needs.

If the Kentucky SIS team notes a change in address or becomes aware of potential need for PCP reassignment during their regular review of enrollment and intake data from various sources (834 file, communications with Kentucky SKY CCT Enrollees, etc.), they will notify the assigned CC for the Enrollee. This notification will trigger the assigned CC to engage with the appropriate parties for the Enrollee to determine if a new PCP needs to be selected. Additionally if during a review of cases, a CC notices claims patterns that indicate the Enrollee is seeing a non-assigned PCP for their preventive health care, they will reach out to determine if a reassignment to the current provider is appropriate or meeting a temporary need.

PCP AUTO-ASSIGNMENT

Humana’s priority is to ensure Kentucky SKY Enrollees have access to care immediately upon enrollment. While we will make concerted efforts to facilitate an informed and proactive PCP selection, we ensure that all Kentucky SKY Enrollees will have a PCP assigned within two business days.

We will assign Enrollees to a PCP based on a tailored algorithm and notify Enrollees and their authorized representative or caregiver of this assignment through their Enrollee ID card and welcome letter. Humana’s tailored algorithm adheres to the procedures for auto-assignment delineated in Sections 23 and 41.12.1 of the Draft Medicaid Contract. In making these assignments, our Enrollment team uses all information provided by DMS, the enrollment broker, DCBS, DJJ, and information gathered by our Kentucky SIS team to find existing Enrollee-PCP relationships. The table below outlines the algorithm used to make a PCP assignment for Kentucky SKY Enrollees. **Table I.G.5-1** speaks to our Automated PCP Assignment Process.

Humana’s proprietary Physician Finder Plus (PFP) tool provides accurate and updated provider information, including available provider quality scores, and provides the flexibility to search by doctor or hospital affiliation to understand which providers are available. PFP, accessible from the Enrollee Portal, is designed to provide accurate information at the right time, with clean and simple search criteria.

Table I.G.5-1: Automated PCP Assignment Process

Kentucky SKY-Specific Algorithm	Humana has experience assigning Enrollees using the prescribed methodology for PCP assignment referenced in Section 41.12 of the Draft Medicaid Contract. Our Enrollment team applies the assignment algorithm for Kentucky as follows:
Historical Attribution	<p>If an Enrollee is new to Humana, our Kentucky SIS team will obtain retrospective claims data from their previous MCO to identify any past PCP visits and make a selection based on data, if appropriate. If that provider is OON, our Enrollment team notifies our Provider Contracting team to contact the provider to discuss bringing the provider in network, but the Enrollment team does not pend Enrollees assignment to that PCP.</p> <p>If we are unable to identify an attribution, Humana will assign an Enrollee based upon the following criteria:</p>
Existing PCP Relationship	If there is indication the Enrollee was accessing a PCP prior to entering our Plan, we will seek to continue access to service via the existing PCP if geographical barriers do not exist.

Table I.G.5-1: Automated PCP Assignment Process

<p>Current Address</p>	<p>For Adoption Assistance and Former Foster Care Enrollees: We will use the address provided on the 834 file to support PCP selection and preserve existing PCP relationships, where possible.</p> <p>For Foster Care and DJJ Enrollees: The Kentucky team will validate the Enrollee’s current placement for all Foster Care and DJJ Enrollees. This information will override the Case Worker Address transmitted on the 834 file for Foster Care and DJJ Enrollees. Where the Enrollee’s location is different and warrants a new PCP assignment, we will use the logic provided below. Where this barrier exists, our CCT will engage with the PCP to support continuity of care and transition services to a different PCP.</p>
<p>Specialty Providers</p>	<p>The algorithm identifies a provider pool that is inclusive of pediatricians and prioritizes the assignment to Enrollees under age 18 to providers with experience serving Foster Care or DJJ Enrollees for these two populations.</p> <p>Primary diagnoses indicating medically complex needs, autism spectrum, BH, SUD, and other diagnoses will default to providers with these specialties and/or sub-specialties.</p>
<p>Language and Cultural Competency</p>	<p>This step assigns a PCP based upon the Enrollee’s language preference, and the provider has a similar “language spoken here” record.</p>
<p>We also use an enhanced “smart” algorithm (i.e., a Family/Sibling Algorithm) to support Enrollee needs</p>	<p>To support information on Family Link we receive from DMS, siblings will be associated with the same PCP if they are in the same program (e.g., Foster Care vs. Adoption vs. Temporary Assistance for Needy Families (TANF)-Medicaid). Siblings who are in separate programs will not be automatically matched to the same PCP.</p>

c.ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs.

As described in Section I.G.5.c.i above, we will work with all members of the Kentucky SKY Enrollee’s support team: DCBS/DJJ workers, families of origin, foster parents, adoptive parents, kinship caregivers, etc. to ensure proper PCP assignment. Collaboration with these various parties is a critical component to our High Fidelity Wraparound model of care coordination and will yield the best results for the Enrollee and their families.

For Enrollees without an existing PCP, we will work with the identified parties to ensure appropriate assignment of a PCP and access to care for the Kentucky SKY Enrollee. Upon enrollment, our Kentucky SIS team will do the legwork to prioritize self-selection of PCP over automation to ensure the best match for the needs of the Enrollee and their family or caregiver. When there are barriers to this selection process, we will use automated means with the special nuances of this population accounted for as described in the above section.

When we identify a new Kentucky SKY Enrollee, it is our goal for our partners in DCBS and DJJ to be comfortable knowing that the Kentucky SIS team is available and ready to assist in the assignment of these PCPs in a timely manner due to the tight timeframes for initial physical and BH assessments that are mandated when a child comes into care.

We understand there are unique needs for each subpopulation of Kentucky SKY and will work appropriately with the Enrollee, their foster parents, kinship caregivers, guardians, and authorized representatives, both

Our Co-located Complex CC will facilitate conversations on PCP selection and Dental Home selection at every appropriate opportunity – initially during enrollment, as well as at any point thereafter. We address our approach to dental home selection is addressed in Section I.G.5.d below.

individually and as a team. During these conversations, we will identify relevant information to inform PCP assignment preferences. Humana's Co-located Complex CC and CCs will be available to attend Family Team meetings hosted by the DCBS SSW to discuss PCP selection as well as all other Enrollee-specific matters.

We will also train our dedicated Kentucky SKY MSRs to support Enrollees and authorized caregivers/personnel in assigning PCPs and will work with DMS in developing approved scripts for these processes.

c.iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.

Humana's enrollment platform captures whether each Enrollee has a self-selected PCP, an auto-assigned PCP, or is not yet linked to a PCP. Humana employs an ongoing internal audit to ensure that no Enrollee goes without a PCP within two business days of receipt of the 834 file. The Kentucky SIS team will receive a report multiple times a day to review Enrollees date of 834 file receipt, status of PCP assignment, status of materials sent, and status of CCT assignment.

Finally, before we begin printing of Enrollee ID cards, our systems verify that every Enrollee has a specific PCP linkage on their record. We manually review and correct any errors that fail the verification before proceeding to the Enrollee ID card generation process. This critical verification ensures every Enrollee has an accurate PCP name on their Enrollee ID card before mailing.

Additionally, every quarter, our Clinical Attribution team completes a quarterly evaluation of providers accessed by Enrollees to determine whether there is an existing relationship with another PCP to whom they were not assigned. Our Clinical Attribution team will, in conjunction with our Enrollment team, share a report of mismatched PCP assignments with the Enrollee's assigned CC. The CCs will use these reports to educate the Enrollees' Foster Care caregiver, guardian, or authorized representative about the importance and benefits of maintaining a relationship with a single PCP. Where we identify issues accessing the assigned PCP, our CCs will work with the DCBS SSW to identify a PCP that is better located and suited to meet their needs.

c.iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.

When a PCP is linked to an Enrollee, either through voluntary selection or auto-assignment, the PCP is notified via secure fax within one business day. This information is also immediately available to providers through Humana's secure provider portal, Availity. We also provide PCPs a monthly report that notifies them of all panel Enrollees and highlights those Enrollees who have newly selected or have been assigned to that PCP.

We can create weekly reports indicating all Kentucky SKY Enrollees for each PCP, indicating new enrollments with a separate flag. We can create ad-hoc reports for Providers who are seeking customized reports.

c.v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees.

Humana's Kentucky SKY program will be designed as a separate health plan, ensuring providers continue to receive a list of assigned Enrollees separately from the general Medicaid population. During the first several months of operating the Kentucky SKY program, we will send Enrollee rosters to participating providers on a weekly basis. After the initial surge of new Kentucky SKY Enrollees subsides, we will send rosters monthly. Providers can access Enrollee rosters on our provider portal, Availity, at any time.

Additionally, our Provider Relations representatives maintain close contact with PCPs and ensure that these rosters are accurate, delivered, and received consistently. The Provider Relations representatives resolve and educate providers on any issues with accessing or receiving the list of assigned Kentucky SKY Enrollees.

c.vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.

Please refer to **Attachment I.G.5-1** for our sample report we will use to notify PCPs of their assigned Kentucky SKY Enrollees.

d.

Describe the Contractor’s proposed process for communicating with Kentucky SKY Enrollees about their PCP assignments and encouraging Kentucky Care Enrollees to schedule regular appointments with their assigned PCPs and keep scheduled appointments. Include how the Contractor will identify and work with Kentucky SKY Enrollees to resolve barriers to keeping appointments and how the Contractor will work with resources available at the Department, DCBS and DJJ to communicate with Kentucky SKY Enrollees. Include a discussion of how this process would differ when communicating about their Dental Provider assignment and encouraging Kentucky SKY Enrollees to schedule and keep regular appointments with Dental Providers.

PROCESS FOR COMMUNICATING PCP ASSIGNMENTS

Our CCs will discuss the importance of selecting and regularly visiting a PCP with the Enrollee, Enrollee’s caregivers or family during the intake process. The PCP name will be displayed on the Enrollee ID card, which we issue within five business days of receipt of the 834 file. In the case of a change of PCP, a new Enrollee ID card will be issued within five calendar days of the request for re-issue.

Humana sends written communication to the Enrollee caregiver or family once a PCP has been assigned. Information contained within this letter includes the provider’s name, address, and office telephone number. Kentucky SKY Enrollees and their custodians can change their PCP for any reason, at any time, by contacting the dedicated Member Services Call Center, either by phone or through our web-based chat function. Additionally, if the Enrollee and their caregiver or family was working with the Kentucky SIS team to self-select a PCP, this will be communicated in real-time during these phone calls and team meetings.

ENCOURAGING REGULAR PCP APPOINTMENTS

Establishing a strong Enrollee and PCP relationship is critical to ensure timely delivery of preventive care and is an essential step toward achieving optimal. During the initial outreach, the Enrollee’s CC will provide information regarding the selected (or assigned) PCP and support the family or caregiver(s) in scheduling an appointment. CCs will perform outreach to all new Enrollees immediately to schedule a PCP visit for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) preventive care within two weeks of enrollment. Additionally, CCs will receive flags in the system to reach out to the Enrollee to schedule EPSDT appointments any time we identify a change in placement.

We use our clinical rule engines and predictive algorithms embedded within our clinical technology platform, CareHub, to monitor each Enrollee’s activity throughout each year and their compliance with a multitude of quality measures and Clinical Practice Guidelines (CPG), particularly our Enrollees’ utilization of PCP, ambulatory services, and annual wellness visits. Humana has achieved strong PCP usage within our current Foster Care membership. **During both 2017 and 2018, our Foster Care Enrollees have averaged more than three PCP visits per member per year.** Humana has an existing comprehensive and dependable network of participating providers serving our Medicaid Enrollees in Kentucky, including our Foster Care Enrollees. This robust network in Kentucky includes more than 3,525 PCPs, approximately 891 of whom are pediatric PCPs.

Humana’s state-of-the-art, award-winning CRM tool gives a 360-degree view of the Enrollee by integrating more than 90 separate data sources, including CareHub. We use CRM to personalize our Enrollee messages to include topics most relevant to them and to stay aware of what other communications they have received. We can then use CareHub information to prioritize an Enrollee’s health needs so that CRM can send personalized messages to the appropriate caregiver in a sequence that aligns with the urgency of those needs. For example, if an Enrollee has not received an annual wellness visit, we can prioritize messaging to the appropriate caregiver as identified through the CCT process to address this gap in care and provide additional education materials to support the

Enrollee in accessing needed services. The messages the Enrollee receives can also be customized for the next action needed based upon their interactions with the words, responses, and actions.

Through our provider portal, Availity, all network providers can see claims data, assessment results, and care plans for their Humana patients. When providers indicate Enrollees who have not visited them or should not be attributed to them, our Provider Relations Team will work directly with the provider to identify ways to support the provider in engaging the Enrollee. Our CCs also work with our Enrollees, their families, and caregivers to ensure timely completion of EPSDT preventive visits.

To identify Enrollees who are not regularly visiting their PCP, we monitor key engagement and utilization metrics and set up notifications of potential gaps in care by programming flags into our system of care at 90 days, six months, and one year. Multiple notification points allow our CCT to be proactive in keeping our Enrollees engaged in their care, and not only identifying people who have already experienced a gap in care, but also those who might be at risk of such a gap.

Outreach and Support for Disengaged Enrollees

We recognize the complex nature of the Kentucky SKY population and the risks they face when not connected and engaged with healthcare providers and supportive entities. Former Foster youth may become disengaged from the CCT assigned to them for many reasons: distrust in the process or systems of care, situational homelessness or bad contact information, a BH crisis, or even substance abuse that renders them unreachable. If a former foster youth Enrollee becomes disengaged, we will deploy numerous resources to locate and engage this high-risk youth, including Family and Youth Peer support specialists, CHWs engaged with CBOs and housing providers, and watching for claims data to make outreach to current providers. We may attempt to leverage providers that the Enrollee is seeing to build trust to get them to preventive services (particularly with SUD former Foster Care Enrollees who may only be seeking services from SUD specialists). Often, transitioning youth may have a gap in understanding healthcare and how to maintain coverage. In this case, they will need targeted outreach and education to ensure they understand their recourse if eligibility should drop.

Adoptive families may become disengaged if they don't see a need for the CCT. Our best recourse to prevent this disengagement is to bring value to these families through education, support, and proactive outreach when claims data or gaps in care may indicate additional outreach is necessary. Even if an adoptive family elects to keep Kentucky SKY coverage for the children in the family, they may decline care coordination. If this is the case, it will be our policy to distribute non-intrusive reminders about the availability of care coordination for the Enrollee at regular intervals in case the need becomes evident in the future.

Humana takes a multi-channel outreach approach to ensure Enrollees can receive targeted and timely messages in the format they prefer. Additionally, **our outreach methodologies are adopted by best practices in Behavioral Economics and supported by a team of scientists that research the best tactics to drive patients to make the best decisions.** Humana has invested in both the technological capabilities and the outreach strategies supported by data to improve our Enrollees' engagement in their health.

RESOLVING BARRIERS TO KEEPING PCP APPOINTMENTS

When a caregiver, Enrollee, or family contacts us through our dedicated Member Services Call Center and conveys they are having difficulty obtaining an appointment, we work with both the PCP and the Enrollee to identify and address the Enrollee's specific barrier(s) to care. We implement tailored solutions, such as more specific efforts to arrange transportation support, additional reminder calls, text messages, and email reminders about scheduled visits. These efforts involve our local Provider Relations representatives helping to resolve issues around PCP capacity and other PCP access barriers, as well as assistance from our MSRs.

When our Kentucky SIS team supports the initial scheduling of a PCP appointment and the support the Enrollee receives for future appointments with the CCT, they will discuss any barriers to keeping the appointment and identify risks for missing the appointment. CCs will be trained to identify and resolve barriers and risks. For

example, if the authorized representative does not have a flexible work schedule, we will identify PCPs who are available after hours. If transportation is the case, our CCs will identify reasonable alternatives.

Humana also offers several ways for Enrollees and PCPs to communicate any concerns to our associates. These include our Enrollee and provider web portals and phone lines, as well as regular Provider Relations representative meetings with our PCP. This process exists for all provider types where an Enrollee may experience a problem getting an appointment.

Access to Care in Schools

To reduce barriers in accessing care, Humana will work with school health centers to ensure access to school-based services.

Telemedicine in Public Schools: School-based telehealth programs can be an impactful way to improve health outcomes for children. With new telehealth technology, special computer-connected otoscopes and stethoscopes allow doctors to check ears, noses, throats, and heartbeats from remote locations. Students referred to the school nurse can receive a virtual doctor's visit to diagnose common illnesses such as inner ear infections, allergies, pinkeye, and upper respiratory infections, among other conditions. These innovative programs improve access to care, and perhaps more importantly, they offer convenient access to care. Without school-based telehealth programs, children often need their parents to take time off work for doctor visits. For low-income families, skipping a shift at work to visit a provider can have serious consequences, but delaying treatment leads to preventable ED visits and hospitalizations.

To improve access to care for Kentucky children, Humana is supporting the advancement of Norton Healthcare's school-based telemedicine program in Jefferson County Public Schools. Humana will sponsor the telemedicine technology, which Norton Healthcare uses to remotely examine the student with the assistance of the school nurse. This support will allow expansion of telemedicine technology in public schools located in underserved areas, reducing disparities in access to care while improving the overall health of the community. Humana and Norton Healthcare see this as an opportunity to keep children in school, healthy, and learning.

DENTAL PROVIDERS: SELECTION, COMMUNICATION, COORDINATION

The first step in communicating with Kentucky SKY Enrollees about dental homes and regularly accessing dental care is the selection (or assignment) of a dental home. Our Kentucky SKY CCs will be responsible for working with Kentucky SKY Enrollees and their custodians to select (or assign) a dental provider, following a process similar to the PCP selection (e.g., care coordination meeting, identification of any special needs or barriers to care, consideration of previous dental home). Humana will partner with our dental benefits Subcontractor, Avēsis, to provide access to dental providers for all Kentucky SKY Enrollees.

Kentucky SKY Dental Home: Every Enrollee in Kentucky SKY will have the opportunity to select a primary care dentist, in collaboration with their Humana CC and our dental partner, Avēsis. The primary care dentist will serve as the primary point of contact for the Enrollee's oral healthcare, including the management of relationships with specialists, such as orthodontists. The dental home provider will share (following appropriate privacy and security rules) treatment plans and other relevant clinical information with Humana and the Enrollee's primary care team to help ensure continuity of care and efficiency of treatment. The Enrollee's dental home assignment will follow them through their Foster Care experience to maintain continuity of care.

For Kentucky SKY Enrollees who do not have a dental provider selected our dental benefits administration Subcontractor, Avēsis, will use their advanced dental home assignment algorithm to connect Enrollees to a primary care dentist based on factors that include:

Our dental partner, Avēsis, is committed to delivering engaging, and culturally and linguistically competent educational and informational services to SKY Enrollees and their care providers to help them understand the importance of developing a long-term relationship with their dental home, starting at a young age.

- The treatment quality of the dental provider
- The provider’s completion of mandatory and optional training to improve capacities to deliver care to Foster Care Enrollees
- The provider’s specialty (e.g., pediatric dentists trained in serving youth with special needs, orthodontists with a specialty in serving youth with cleft palates, etc.)
- The Enrollee’s history with the dentist
- The same dentist serving as the primary care dentist for all Enrollees within one family
- Minimizing travel distance for an Enrollee to a provider
- The patient load capacity of the provider
- Whether a provider is accepting new patients
- Language affinity between Enrollees and provider

We will provide culturally and linguistically competent education and outreach for Enrollees and their caregiver team on the importance of having a dental home, combined with targeted outreach to help ensure they take full advantage of their dental benefits. Specifically, Humana and Avēsis will review utilization data (e.g., data of the most recent dental preventive visit, anticipated date of next visit based on periodicity schedule, date of next scheduled appointment) and use that information during our regular care coordination touchpoints to encourage Kentucky SKY Enrollees to seek regular dental care.

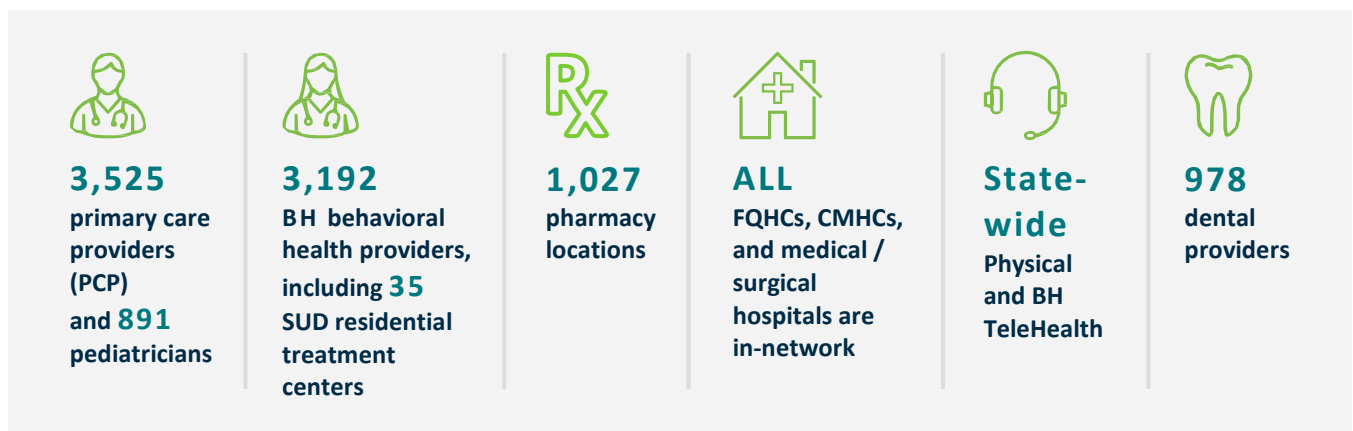
The dental home will ensure that Enrollees have continuous access to comprehensive and coordinated care for all their preventive, acute, and ongoing oral health needs. In addition to dental care, a dental home provides education, anticipatory guidance, and a trusted referral source for more complex needs.

e.

Foster Care Enrollees and Juvenile Justice (JJ) Enrollees often experience changes in placement. These placement changes may require assignment of new PCPs and Dental Providers. Describe the Contractor’s proposed process to assess a Foster Care or JJ Enrollee’s access to a PCP and Dental Provider timely after a change in Foster Care Enrollee or JJ Enrollee placement and assigning a new PCP or Dental Provider if the prior Provider no longer meets access standards.

As an incumbent serving Kentucky’s Foster Care population, Humana understands the impact that a change in placement has on children in Foster Care. In addition to the personal challenges individuals face, new placements often result in changes in healthcare providers. When provider changes are needed, Humana offers a robust set of options from which our Enrollees can select (or be assigned) a PCP or dentist. These options would also provide information on which providers have been identified as providing TIC. Our current provider network in Kentucky includes approximately 3,525 adult PCPs, 891 pediatric PCPs, and 978 dental providers.

Figure I.G.5-4 Kentucky SKY Provider Network Statistics



To further mitigate the specific barriers to PCP and dental provider access that Foster Care and DJJ placement changes create, Humana is committed to reassigning the Enrollee to a new set of providers when continuity of care with the same provider is not viable. Where our telemedicine solutions and value-based provider engagement strategy can ensure continuity of services, and where our CCs feel it is appropriate, we will avoid disrupting the PCP and dental home relationship the Enrollee has already developed.

MONITOR ACCESS TO A PCP AND DENTAL PROVIDER AFTER PLACEMENT CHANGE

Our Kentucky SIS team will resolve any changes we observe on the 834 file, including address changes. It is our hope that through information sharing and collaboration, placement changes will be identified in a timely fashion so the SIS team and assigned CCTs can begin the re-assignment process immediately. The Kentucky SIS team or assigned CCT will engage the Enrollee and their family or caregiver to validate changes in address and understand if the placement change is temporary or long-term. For long-term or permanent changes, the Kentucky SIS team will gather information on the new address and other relevant details and discuss PCP and dental provider re-assignment.

The DCBS SSW, caregiver, foster parent, Enrollee, or DJJ Case Worker will have two business days after notification of change of address to select a new PCP. If this preferred self-selection does not occur, Humana will auto-assign a new PCP appropriate to the location of the new placement and who meets any special needs of the Enrollee. The selection process will be completed within three business days. The new Enrollee ID card will be issued within five calendar days of the initial notification from DCBS or DJJ. If expedited information is needed, the Kentucky SIS team or CCT can rush the mailing of a new card.

Humana will potentially become aware of a placement change through the updates reflected in DCBS's TWIST and DJJ's Juvenile Offender Registry Index (JORI), through regular contact and collaboration on the CCT, or through a call into the Kentucky SKY Member Services Call Center. For placement changes that may be communicated through TWIST and JORI, we will set up a data feed so that relevant fields are pulled into our MIS platform; any changes will trigger an alert to the SIS team and to the Enrollee's CC, and task them to review PCP assignment and dental provider assignment during these events.

Finally, Humana will ensure CCT meetings are set up during placement changes. The CC will address immediate service needs, and support PCP and dental home re-assignment.

PCP and dental home alignment is the first step in an effort toward ensuring that our former foster youth, adoption assistance Enrollees, foster care and justice-involved youth can access geographically appropriate and high-quality dental and medical care. Humana CCs continually monitor individuals, especially in the months directly following relocation, with an eye toward identifying and assessing any obstacles to care. Given the high rate of relocation and the importance of ensuring timely and consistent access to a PCP and dentist, our CCs will receive training on the importance of timely identification of a PCP and dental home for Enrollees in the Kentucky SKY program.

Humana's PCP and dental home alignment algorithms also take into consideration distance and language factors to ensure access to the physician's office every time an Enrollee is assigned a new PCP or dental home.

REASSIGNING AN ENROLLEE PCP AND DENTAL PROVIDER DUE TO NEWLY UNMET ACCESS STANDARDS

Humana has a comprehensive network of PCPs and dental providers. We continually monitor access standards by running reports, identifying providers who are close to retirement, and staying informed of large provider groups that may no longer be accepting patients. These mechanisms drive our targeted contracting strategies, ensuring we contract with additional providers to maintain and exceed provider network standards for each provider type. Humana monitors the access and availability of all PCPs, dental homes, facilities, and practitioner disciplines within our network to ensure access and ample diversity to meet the needs of Foster Care and Juvenile Justice Enrollees as they experience changes in placement.

Humana continuously measures and evaluates timely Enrollee access to providers with a robust set of monitoring tools and comprehensive oversight mechanisms that allow for the quick identification and subsequent development of targeted resolutions of gaps. We will establish alerts to flag Enrollees who change PCPs frequently, focusing on when Enrollee’s address has not changed to ensure the Enrollee can find a PCP who is able to address their needs. We will also continuously assess our network and analyze capacity in each Service Region across all available provider types to exceed compliance with network adequacy standards and after-hours availability. Provider Relations representatives will share information on PCPs who have closed and/or the need to reassign Enrollees with the assigned CC. Our CCs will then proactively engage with the Enrollee, their family, or caregiver to identify a PCP and dental home with network availability.

ASSIGNMENT OF A NEW PCP AND DENTAL HOME AS A RESULT OF RELOCATION

To ensure continuity of care for Enrollees experiencing changes in placement, Humana Kentucky SIS team or assigned CC will reach out to confirm residential and contact information as well as health and social well-being status upon notification of relocation. We will also look for any new needs that emerge as a result of the relocation or that have surfaced since our most recent assessment. When the CC receives notification either through the eligibility file or through communication with DCBS (and/or our Co-located Complex CCs at DCBS) that the child has experienced a change in placement, the CC will, within one business day, assess the Enrollee’s new placement location and determine if the existing medical and dental homes meet Contract access standards. If access standards are no longer met, on that same day, the CC will contact the DCBS SSW, the caregiver/foster parent, and Enrollee to discuss the need for new medical and dental home assignments. New selections or assignments will occur within two days.

Like the initial selection, Kentucky SKY Enrollees and caregivers can access the Enrollee portal at any time to proactively select a PCP and dental home. If no selection is made within two days, the Humana system and Avēsis algorithm will auto-assign the Enrollee to a new PCP and dentist, respectively, within three business days of change in placement notification.

We will use a similar process and timeline if a DJJ Enrollee is relocated. A Juvenile Parole/Probation Specialist of the Enrollee’s Residential placement/core provider can direct a change in PCP/medical home assignment based on the needs of the child.

Adoption Assistance Enrollees and adoptive parents can change PCP and dental home assignments at any time based on the needs of the child.

At any time, Kentucky SKY Enrollees, caregivers, and appropriate personnel can change the designated PCP based on the needs of the child. Humana will assist in the selection of a new PCP to ensure the provider is available and appropriately trained in providing care for Kentucky SKY Enrollees.

During times of relocation or other transition, our DCBS regionally co-located associate structure allows us to collaborate with DCBS, to quickly reach our Enrollees, and to select or assign a new PCP or dental home, as needed. Our CCs will also contact during transition periods as an opportunity to review EPSDT periodicity, other gaps in care, and changes in health and social well-being and use this information to encourage regular and appropriate care.

f. Describe the Contractor’s process for engaging Adoptive Parents who request to opt out of the Kentucky SKY program to stay enrolled, including:

f.i. Process for outreach and engagement of Adoption Assistance (AA) Enrollees.

Humana understands the options that adoptive parents have in keeping the child enrolled in the Kentucky SKY program or moving the child to their own health plan. During the initial 90 days, when adoptive parents must make the coverage determination, Humana is prepared to support parents in that decision.

Direct Outreach upon Notification of an Adoption Assistance Enrollee

Adoption Assistance CC: Upon receipt of notification of intent to adopt or completion of adoption (via the 834 file or other information sent by the State), Humana’s Adoption Assistance CC, who has specialized experience and training to serve Adoption Assistance Enrollees, will organize a meeting with the adoptive parents and the DCBS SSW to review the child’s medical history and Kentucky SKY benefits to assist them in their decision-making. The Adoption Assistance CC will provide informational materials to the adoptive parents, including copies of current assessments, information about Kentucky SKY, and other programs in which the child is enrolled, services they are receiving, names of providers, last appointment dates, and other helpful information. The Adoption Assistance CC will stress the importance of and access to comprehensive BH services available through Medicaid and the option to elect for Medicaid as a secondary plan. The Adoption Assistance CC will also build relationships with the regional Recruiting and Certification (R&C) teams, as they are of primary support to prospective adoptive families.

Kentucky SIS team: Upon identifying an Adoption Assistance enrollment, our Kentucky SIS team will be triggered to research each Adoption Assistance Enrollee to match any existing records we have for the Enrollee. The Kentucky SIS team will also work with DMS and the Cabinet’s Recruiting and Certification (R&C) teams to ensure all relevant information is gathered and maintained in our records.

Adoption Assistance Materials: We will create and develop materials to educate Adoption Assistance Enrollees and the adoptive parents. The material will cover general Kentucky SKY information and includes the Adoption Assistance and Former Foster Care Enrollee handbook tailored with information for Adoption Assistance Enrollees and the Plan benefits. Furthermore, adoptive parents can access the Enrollee Portal, at any time, to review materials regarding their options and the benefits available to their children as they remain enrolled in Kentucky SKY.

Beyond the initial meeting, we will conduct telephonic outreach at 30, 60, and 90 days to ensure that we answer all questions for the adoptive parents. Additionally, we will staff our dedicated, 24-hour Kentucky SKY Member Services Call Center with specially trained associates who have lived experience and/or experience with adoption assistance to support the adoptive parent in navigating their options.

Continued Outreach and Engagement

The Adoption Assistance CC and our Community Engagement team will regularly meet with organizations like Adoption Support Kentuckiana (ASK) and the R&C workers with DCBS to engage adoptive parents on the adoption process well before the adoption is finalized, beginning conversations early to ensure they have an understanding of the available options to care for their adopted child. In our approach to creating community connections for the Adoption Assistance Enrollee population and developing CCs dedicated to serving Adoption Assistance Enrollees, we will identify Kentucky SKY Foster Care Enrollees who are in the process of getting adopted well in advance to ensure we are engaging with these Enrollees and the Adoptive Assistance Parents and providing all available educational materials and guidance.

f.ii.

Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.

The adoptive parents will serve as a useful source of information on the Kentucky SKY program, so we will leverage that feedback via a brief, online survey. The CC will offer to complete the survey with the adoptive parents or send the link to them directly to complete. Additionally, as we do with other Enrollee surveys, the CC will offer a paper version, with a self-addressed, stamped envelope, to return to the CC.

The survey will include common reasons for disenrollment, strengths of or preferences for the alternate coverage the adoptive parents have chosen, and open-ended space for adoptive parents to make suggestions about Humana services, the Kentucky SKY program, or the Adoption Assistance process. We will analyze the

data, looking for trends or other areas of improvement, and incorporate this feedback to advance our management of the program.

Our Kentucky SKY Community Engagement team will also collect feedback, informally, during conversations with Adoption Assistance parents and/or meetings and events they participate in to understand reasons for opting out of the Kentucky SKY program. We will share all survey results and information gathered from these informal meetings with DMS and other relevant agencies.

f.iii. Attempts for periodic re-engagement after Disenrollment.

During the initial 90-day period following adoption, the adoptive parents can decide to keep their child enrolled in Kentucky SKY or transfer them to their own insurance coverage. Humana will educate families and support that decision, as described above. Following this period, adoptive parents may re-enroll the child in the Kentucky SKY program during the open enrollment period. Prior to this, Humana will distribute to the family of each former Kentucky SKY Enrollee an information packet including the Covered Services and value-added services of the Kentucky SKY program, as well as instructions to contact DCBS to enroll in the Kentucky SKY program and how to contact Humana for PCP assignment.

f.iv. Include how the Contractor will use results from the survey to improve the program.

As noted in response to Section I.G.5.f.ii above, we will leverage the experience of adoptive parents to identify opportunities for improvements to the Kentucky SKY program. We will systematically analyze the data on an annual basis, including open-ended responses. We will review the information internally, as we do in other related programs. In our experience, we have found that trending reasons for disenrollment often reveal patterns that can be addressed through improved program descriptions, Enrollee education, and provider/agency outreach. Additionally, Humana will share our learnings and analysis with DMS, DCBS, and DJJ as appropriate.

To the extent the feedback creates actionable ideas and opportunities to modify and strengthen certain aspects of our services to adoptive parents, we will convey these recommendations to the appropriate agency/agencies and implement the action steps upon where appropriate.

g.

Provide the Contractor's proposed plan for providing Kentucky SKY Enrollees with ID cards in the required timeframes (be issued initially within five (5) Calendar Days of receipt of the eligibility file from the Department and reissued within five (5) Calendar Days of a request for reissue) in the following instances:

Humana's Identification Card Management System (HIDCMS) manages and tracks the mailing of Enrollee ID cards to our Enrollees. This system helps ensure that Enrollee ID cards are put in the correct hands within five calendar days for Kentucky SKY Enrollees. Once it produces an ID card, all records are visible to the ID card team and indicate the status of fulfillment for tracking and management. Once fulfilled, an electronic image of the ID card is produced, assigned a unique control number, and indexed on both the Voice & Choice Information Exchange care portal for Enrollees' Foster Care caregivers, guardians, and authorized representatives and on the Enrollee record for viewing by Humana associates. Humana uses this system when a new Enrollee ID card must be reissued.

Upon initial enrollment, Humana will issue all Enrollee ID cards within five calendar days upon receipt of the 834 eligibility file from DMS. ID cards will contain our Humana Kentucky SKY program name and logo; the name of the PCP; the Enrollee's name; the Enrollee's identification number; and contact information for our Provider Services Call Center, Member Services Call Center, and BH Crisis Line.

g.i. Report of a lost ID card.

If an Enrollee loses or damages their ID card, the Enrollees' Foster Care caregiver, guardian, or representative can request a new card through the 24-hour, dedicated Kentucky SKY Member Services Call Center or through an online report on the Enrollee portal. If we receive lost Enrollee ID cards, we follow up with the Enrollee and his/her caregiver to identify if they need a new ID card sent to them and validate the address.

For requests via the Kentucky SKY Member Services Call Center, the MSR will confirm the home address and other pertinent demographic information and reissue the Enrollee ID card within five calendar days. During the phone call, CRM notifies the MSR of any gaps and will prompt to provide relevant health education, assist the Enrollee in accessing care, and refer the issue to the CC, if needed. In order to verify that this is the correct representative/caregiver for the child, we ask for date of birth, Enrollee identification, last four numbers of Social Security number, and zip code.

For requests made via the Enrollee portal, the requester will be asked to verify their home address in order to have the new Enrollee ID Cards mailed to them within five calendar days.

g.ii. A Kentucky SKY Enrollee name change.

Humana works closely with Enrollees' Foster Care caregivers, Adoption Assistance Parents, caregivers, and providers to reissue new cards when an Enrollee changes their name within the required five calendar days. Upon identification of Adoption Assistance enrollment or completion of an adoption with a Foster Care Enrollee, our Kentucky SIS team will be triggered to research each Adoption Assistance Enrollee to match any existing records we have for the Enrollee. The Kentucky SIS team will also work with DMS and the Cabinet's R&C team to ensure we gather and maintain all relevant information in our records. Any name changes will be swiftly identified and processed in our MIS and Customer Interface (CI) platforms to ensure the Enrollee's historical record is maintained and that new information, including but not limited to the name change, are carried forward.

Because of the nature of some adoptions, safety and privacy are of utmost importance to the child and adoptive family. Therefore, Humana will take steps to ensure that all shared health information and Enrollee documentation includes only the legal names and identifiers current for that Enrollees and will not tie current information to former identifiers when possible. We will prioritize ensuring external parties are not able to link adopted Enrollees to previous demographic information while still placing a premium on keeping continuous care and treatment records to decrease duplication and provide continuity of care.

During every PCP visit, providers are instructed to capture an Enrollee's demographic information and to report any change through the Provider Services Call Center or provider portal. If Humana is unable to reach the Enrollees' Foster Care caregivers, guardians, and authorized representatives, our first step is to reach out to their PCP's office.

If we identify a name change during claims submission, Humana's IT platform triggers a series of rules to validate this change with the Humana CC, and the Kentucky SIS team who may engage the Cabinet's R&C team. Upon validation, Humana will update the name associated with the Enrollee ID card and reach out to the Enrollee to validate changes in other demographic information. Upon this process, new Enrollee ID cards are mailed. We will report name changes we identify to DMS' eligibility and enrollment team.

g.iii. A new PCP assignment.

An Enrollees' Foster Care caregivers, guardians, and authorized representative may request a new PCP or dental provider at any time. Further, any update to a name change, address, or placement will alert our Kentucky SIS team to validate the address and process a new PCP assignment. When any Enrollee is assigned a new PCP,

Humana’s system automatically issues an updated Enrollee ID card within five calendar days to be distributed to the address on file or others designated in the case of DCBS/DJJ Enrollees. Our Enrollee ID cards include the PCP’s name and contact information.

g.iv.

Foster Care or DJJ Enrollee moves to a new placement or for any other reason that results in a change to the information disclosed on the Kentucky SKY Enrollee’s ID card.

If a Kentucky SKY Enrollee with DCBS or DJJ has a change in placement, Humana may be notified through the daily eligibility file provided by DMS, collaboration with any of the Kentucky SKY dedicated associates, or through written notification from DCBS or DJJ. Our Kentucky SIS team will work with assigned CCs to validate information on location and authorized caregivers with the State workers acting as guardians for the child. They will outreach to the authorized representative or Enrollee and their caregiver to support voluntary PCP selection.

Humana will collaborate with the key parties involved in the Enrollee’s care to assess the currently assigned PCP within one business day of receipt of notification, including consideration if the PCP on file no longer meets the geographic access standards (30 minutes/30 miles for urban areas; 50 minutes/50 miles for non-urban areas). The DCBS SSW, caregiver, foster parent, Enrollee, or DJJ worker will have two business days of Humana’s notification to select a new PCP. If this does not occur, Humana will auto-assign a new PCP appropriate to the location of the new placement and who meets any special needs of the Enrollee. The selection process will be completed within three business days. The new Enrollee ID card will be issued within five calendar days of the initial notification from DCBS or DJJ.

Our DJJ CC and the Kentucky SIS team will work with DJJ Case Workers to identify DJJ Enrollees’ projected incarceration release date and indication of temporary residential services. We will identify exceptions to re-assigning PCPs or address changes to limit disruption in continuity of care with the Enrollee’s PCP when the placement is temporary. Our DJJ CC and SKY Community Engagement team will be engaged with DJJ Case Workers and the Courts to ensure any updates to their length of DJJ involvement are reflected in our care planning process.

h.

Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.

After a competitive procurement process, Humana has partnered with VIA LINK, Inc., to operate our BH Crisis Line for our Kentucky SKY Enrollees.

During both business hours and after hours, our BH Crisis Line will address and manage crisis calls we receive from our Kentucky SKY Enrollees.

Enrollees can directly contact the BH Crisis Line through the number printed on the back of their Enrollee ID card and crisis plan (if in place), or through the Interactive Voice Response (IVR) system in place on our Kentucky SKY Member Services Call Center line. In addition, we train our MSRs and Medical Advice Line associates to recognize signs of a potential BH crisis and warm transfer the caller to the BH Crisis Line, as described below. **We train all Enrollee-facing Humana associates and VIA LINK associates supporting the Kentucky SKY program on mental health first aid to support appropriate response.**

Across its current crisis line contracts, VIA LINK maintains an average speed of answer of 0.30 seconds, an average abandonment rate of 3-5%, and a 90% Service Level rating.

As a member of the National Suicide Prevention LIFELINE for 18 years, **VIA LINK currently maintains a staffed crisis line 24 hours a day, seven days a week** and will expand these operations to serve Humana’s Kentucky SKY population. VIA LINK is an experienced operator of BH crisis lines, with more than 40 years of experience. Accredited by the American Academy of Suicidology and the Alliance of Information and Referral Systems, VIA LINK currently handles 7,000 calls per month, including calls from Medicaid Managed Care beneficiaries. As an

experienced operator of teen text lines, VIA LINK also brings experience providing crisis hotline services to adolescents. VIA LINK associates supporting the Kentucky SKY program will receive all our Kentucky SKY training, including specific training to support adolescents. Humana’s delegated Subcontractor oversight process will ensure compliance with all contract requirements, including those contained in Section 33.6 of the Draft Medicaid Contract, and performance standards, including average speed of answer, busy signal rate, and call abandonment rate.

Our BH Crisis Line’s 24 hours a day, seven days a week staffing, with the ability to access additional staff as needed, ensures the crisis line is not answered by any automated means, even after hours. Dedicated staff will work remotely each day to provide continued service in the event of a disruption at the main contact center. In addition, BH Crisis Line technology will provide the ability to relocate operations to another location within a short period of time.

Our BH Crisis Line is notified by the National Suicide Prevention LIFELINE of events that may lead to increases in call volume, such as a natural disaster or the suicide of a public figure. In addition, historical data from the line demonstrates that call volume is typically higher on weekends. To provide flexibility in staffing, BH Crisis Line specialists who typically work part-time will be kept on-call so they can log into the Crisis Line if additional support is needed to manage an increased call volume.

i.

Describe the processes, protocols, and guidelines the Contractor will use to achieve maximum stability and the best outcomes for Kentucky SKY Enrollees in crisis as well as avoid inappropriate and unnecessary Emergency Care and hospital admissions. Describe how the Contractor will prioritize emergency and crisis calls over routine calls, protocols that will be in place to support warm transfers, and what technology the Contractor will have to enable direct telephonic/computer connectivity to emergent and crisis intervention resources.

Humana has strong processes, protocols, and guidelines to ensure stability and best outcomes for Enrollees in crisis. Our processes acknowledge that emergency care and hospital admissions for Enrollees experiencing crisis may be avoided if the right services are provided in a less acute setting. We also recognize that Kentucky SKY Enrollees that require inpatient admissions during crisis are at high risk for losing their current placement, may jeopardize acceptance in lower acuity settings such as residential providers, and can often linger in psychiatric hospitalizations due to lack of placement options. We offer services and support to ensure Enrollees connect to the most appropriate level of care including outpatient care, telepsychiatry, community-based resources, and mobile crisis support service. Our CCTs engage with our high-risk Enrollees, those who have contacted the crisis line within 24 hours, and Enrollees identified as receiving crisis services to develop a crisis plan. In this process, we identify triggers and will work with our Enrollees to mitigate triggers. The Enrollee’s plan of care is updated, along with their crisis plan, during each interaction with our CCT.

For our Enrollees in Foster Care or placed with new caregivers, maximizing their confidence and skills can help prevent utilization of acute services when in crisis. We offer training and support through one-on-one intervention, online resources such as myStrength, and in-the-moment support through the BH Crisis Line or 24-hour Kentucky SKY Member Services Call Center. If we can support a caregiver to understand the behaviors as a byproduct of trauma and to build the skills to manage them in the home, disruptions may be prevented. The development of a responsive and individualized crisis plan through the High Fidelity Wraparound model may be the key to promoting stability in the placement.

ACHIEVING MAXIMUM STABILITY AND THE BEST OUTCOMES FOR KENTUCKY SKY ENROLLEES IN CRISIS

Call Protocols when BH Hotline is accessed

In order to reduce unnecessary (ED use, our BH Crisis Line operates under an **ED diversion protocol**. Emergency care is only dispatched involuntarily or encouraged in cooperation with the caller, in the event the caller is a

danger to themselves or others. We do not impose any call duration limits on our BH Crisis Line, recognizing that complex situations can take significant time to resolve. Specialists will use the following protocols when managing an inbound call:

1. Identify the caller's need, and if they are calling for themselves or on behalf of another person. VIA LINK has found that approximately 32% of suicide-related calls come from a concerned third-party.
2. Build rapport with the caller so that they feel comfortable sharing the circumstances of the crisis.
3. Determine strategies to employ, including potential resources (e.g., calling a friend or family member), employing coping strategies, or accessing crisis services. The specialist accesses the caller's Humana crisis plan, if in place, to review pre-determined strategies for managing a BH emergency.
4. If the caller presents a risk to themselves or others, the specialist assesses the situation and the level of imminent risk, taking into account whether the caller has begun to carry out a suicide/homicide plan or if they have a specific plan, along with the means and access to carry it out within the next 12 to 24 hours.
5. The specialist collaborates with the caller to develop a crisis plan. The crisis plan may include:
 - Dispatching mobile crisis services
 - Directing the caller to a crisis stabilization center
 - Scheduling an appointment to see their outpatient BH provider as soon as possible and involving the caller's natural support system to stay with them until that appointment
 - If the caller or others are at imminent risk, calling 911
6. Once the caller is comfortable with their crisis plan, the specialist asks the caller if they may follow up the next day to see how they are doing.
7. After the call ends, the specialist completes the call log. Humana will receive a record of the call through a daily e-fax containing information about both the original call and the follow-up call.

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

Our BH Crisis Line's clinical supervisors provide consultation 24 hours a day, seven days a week to specialists. As part of their quality improvement process, clinical supervisors provide live call monitoring and coach specialists through the interaction.

Protocols for Linkage with Crisis Services

As a member of the National Suicide Prevention LIFELINE, VIA LINK maintains connections with emergency response networks nationwide. These linkages are readily available through VIA LINK systems. VIA LINK will establish relationships with any Commonwealth crisis providers not currently part of the National Suicide Prevention LIFELINE network to enable immediate connection to the local suicide hotline and other crisis response systems. Additionally, all Humana associates that interact with the Kentucky SKY Enrollees will have access to information on Mobile Crisis services and how to access appropriate care based on the needs of the situation. **To facilitate timely access to care, Humana will not require a PA for any crisis service.**

Mobile Crisis teams and Crisis Stabilization Units: Humana will partner with crisis stabilization providers, including Community Mental Health Centers (CMHC), to supply emergency screening services to Kentucky SKY recipients. Under Kentucky SKY, we will partner with Mobile Crisis Outreach teams, operating 24 hours a day, 7 days a week, 365 days a year. The use of such teams will allow us to quickly reach our Enrollees with emergency screening services and deliver these services in multiple locations, including the ED, a provider office, or the Enrollee's home. In addition, **we have contracted with CMHCs for mobile and residential crisis stabilization services.** When services do not exist through a CMHC, we provide immediate access to local providers for crisis support.

Humana will also incentivize Behavioral Health Service Organizations (BHSO) to participate in crisis services, focusing initially in areas where mobile and residential crisis stabilization services are scarce. Further, we are continually looking to other innovative services and programs providers offer to support our Enrollees in crisis situations. As an example, we are working with OMNI Behavioral Health regarding Family Intervention Teams (FIT), a form of intensive outpatient service that is delivered in-home, to support Enrollees and their caregiver. Foster care parents and sometimes Adoption Assistance parents can benefit from this service. By providing timely and accurate assessments via our BH Crisis Line, we can ensure Enrollees receive services that meet their needs, whether it be inpatient, outpatient, or residential care.

Through our provider incentive for **extended hours appointment availability for BH providers**, we will increase access to care for those Kentucky SKY Enrollees who can safely see an outpatient BH provider during a crisis situation.

Crisis Support in PCP Offices and EDs: In addition to providing linkage to these services via our BH Crisis Line, Humana will train PCP offices, sub-acute facilities, and EDs on how to access mobile crisis team services and crisis stabilization units. Our provider e-learning library, managed by Relias, offers several online courses to teach ED staff how to manage BH crises and avoid prolonged stays. In addition, we will provide technical assistance and financial support (in the form of our one-time **Provider Transformation Incentive (PTI)**) to establish network capabilities for telebehavioral health consults in EDs. Using this model, we can provide access to a level of care assessment by a psychiatrist, expediting the transfer or referral of the Enrollee to the appropriate care setting.

Humana's approach to BH services in The Commonwealth includes:

- An operating model that integrates physical health, BH, and social determinants of health (SDOH) across our clinical teams, Provider Services staff, call centers, systems, and staffing. This model benefits our Enrollees and providers by reducing administrative burden, better integration care and systems, and a single point of contact for inquiries.
- A provider support model that strengthens the Kentucky SKY program BH delivery system through enhanced provider partnerships, value-based payment (VBP) models, and investments in personnel, telehealth, educational opportunities, and technical assistance. Our commitments in this area include:
 - Introduction of **Practice Innovation Advisors (PIA)** to our Provider Services staff to provide tailored technical assistance to BH providers and PCPs who aim to advance integrated service delivery
 - Delivery of direct-to-consumer, PCP-facilitated, and provider-to-provider **telehealth solutions**
 - **VBP models** that reward BH providers for delivering high-quality care and PCPs for delivering integrated care
 - Innovative partnerships with local BH providers, including Centerstone, InTrust, KARP, KVC Kentucky, SperoHealth, Springstone, SUN Behavioral Health, UK Healthcare, Wellspring, and state-operated or -contracted psychiatric hospitals
 - Provision of a comprehensive Provider Education e-learning library from our **Relias** partner focused on BH and physical health integration, with 343 available courses, including 65 courses targeted at children, youth, and adolescent populations and 20 courses about TIC
- A high-quality BH Crisis Line open 24 hours a day, seven days a week that links our Enrollees in crisis with appropriate diversionary and stabilization services
- Innovative value-added services designed to support our Enrollees with BH needs, including:
 - **myStrength**, a digital platform offered to Humana Enrollees to access online learning, evidence-based support, and resources specific to their conditions (including SUD, depression, anxiety, chronic pain management, and insomnia, among others) and text-based, one-on-one coaching
 - **KidsHealth**, a library of video and written content on pediatric BH and physical health conditions KidsHealth content is designed to be accessible and readable by children, adolescents, and adults, enabling our younger Enrollees to play a role in self-management of their healthcare. In addition, our

CCs use Humana's **Healthwise** system to deliver disease-specific education and self-management support to both adults and children.

TELEHEALTH

Direct-to-Consumer Telebehavioral Health

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

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

PCP-Facilitated Telebehavioral Health

Humana is committed to furthering the integration of care by improving the availability of BH services within PCP offices. Humana is working with **Arcadian Telepsychiatry** to deliver BH services within PCP offices. Under this system, PCPs can directly arrange BH services for their patients who screen positive for a BH need using the Patient Health Questionnaire (PHQ-9), GAD-7 (Generalized Anxiety Disorder), CAGE-AID, or other evidence-based screening tool, allowing those Enrollees to receive BH services (including the prescribing of controlled medications) right in their PCP's office. This arrangement will particularly benefit those residing in rural or underserved areas who may otherwise face lengthy trips to receive BH services or have no access at all. Humana has contracted with **SUN Behavioral Health**, located in Northern Kentucky, for telebehavioral health services, including family therapy, follow-up visits after hospitalization, and outpatient therapy. We are in active conversations to establish a value-based contract with SUN Behavioral Health for follow-up after hospitalization rates.

Processes to Avoid Inappropriate and Unnecessary Emergency Care and Hospital Admissions

Humana understands the impact a crisis can make in setting our Enrollee's progress backwards. As we engage our Enrollees during enrollment, our CCs work with we Enrollees who have BH needs to ensure they have crisis plan in place. Our CCs are trained to support the creation of crisis plans as part of the care planning process. We share these crisis plans with authorized representatives, caregivers, and other key members of the assessment team.

Outreach Procedures to Ensure Best Outcome following a Crisis

Twice a day, Humana will receive e-faxes detailing crisis calls from Humana Enrollees, including:

- Call data from telephone system
- Caller location
- Referrals provided
- Caller demographics
- Call type
- Call disposition
- Emergency reporting
- Emergency service activation
- Caller's identified concerns/needs

- Suicide/homicide risk level

Our CCT reviews this information to assess the Enrollee's disposition, needs, and appropriate follow-up. On the following business day, our CCs contact the Enrollee to ensure their needs are addressed and to follow up on the advice and recommendations provided by the BH provider.

PRIORITIZING EMERGENCY AND CRISIS CALLS OVER ROUTINE CALLS

Our Kentucky SKY Enrollees will be able to directly contact the BH Crisis Line using the number listed on the back of their Enrollee ID card. As the BH Crisis Line is dedicated to the management of crisis calls, all Enrollees will be directly connected with a specialist who will handle the call. The BH Crisis Line does not manage any non-crisis calls. If a non-crisis call is directed to the BH Crisis Line, the specialist will warm transfer the caller to the Kentucky SKY Member Services Call Center or 24/7 Medical Advice Line, as appropriate for the caller's need.

If a caller in crisis contacts our 24/7 Kentucky SKY Member Services Call Center, our IVR system ensures the call is promptly routed to our BH Crisis Line. After asking for the caller's language preference, the IVR will ask if the caller has a medical or BH emergency. If the caller indicates that they have a BH emergency, they are routed to our BH Crisis Line. This system allows our Enrollees to quickly connect with BH crisis support, regardless of the call center they initially contact.

PROTOCOLS FOR SUPPORTING WARM TRANSFERS

All of our MSRs are trained on telephone and transfer procedures to enable warm hand-offs between the Kentucky SKY Member Services Call Center, the BH Crisis Line, and the Medical Advice Line, in accordance with Enrollee needs, enabling connectivity to emergent and crisis resources.

Access to Enrollee Information

During the assessment process with Kentucky SKY Enrollees, we create a crisis plan for each Enrollee with a BH need to identify potential triggers for a crisis; steps that can be taken to mitigate the triggers; and actions the Enrollee, foster parent, or residential provider can take in the event of a crisis, including contacting the BH Crisis Line, going to a walk-in crisis stabilization center, or contacting the Enrollee's provider. The crisis plan is available to the Enrollee's PCP via Availity, along with detailed care plan information.

Linkage with Crisis Resources

Through its connection with the National Suicide Prevention LIFELINE, VIA LINK's systems permit direct connections with emergency response networks in Kentucky and nationwide. VIA LINK uses iCarol for call report documentation and maintenance of the resource database, including direct dial numbers for 911 services, mobile crisis response, and other Kentucky crisis services.

KENTUCKY HEALTH INFORMATION EXCHANGE (KHIE) - COLLECTIVE

Of the 58 Humana-contracted hospitals the Commonwealth, 25 currently submit Admission, Discharge, and Transfer (ADT) data to KHIE. We are updating our contracts with each of these hospitals to ensure that each is contractually bound to have connectivity with KHIE and enable transmission of ADT data and other applicable public health reporting. Kentucky administrative regulations require that hospitals report the following public health data through KHIE: immunizations, syndromic surveillance data, cancer diagnoses, advance directive documents, and laboratory results for certain infectious diseases.

In addition, based on our experience in other markets, we feel we could benefit hospitals and the Medicaid program overall by having direct connectivity between Humana and KHIE. Some of the use cases we have been able to demonstrate by connecting HIE data with our clinical platform, CGX, include:

- Notifications of admission and discharge due to crisis
- Automatically updating authorizations with discharge information from the ADT feed
- Automatically generating referrals for post-discharge outreach

- Using ADT in real-time to coordinate with hospitals to transition Enrollees to appropriate level of care (home health, Skilled Nursing Facility (SNF), etc.)
- Using ADT data to send alerts to the PCP when an Enrollee discharges, enabling the PCP to schedule follow-up appointments

A key enabler to interoperability is having providers use Electronic Health Records (EHR). Humana is committed to increasing the adoption of EHRs by all healthcare providers and building upon connectivity to HIEs to enable care coordination. We address providers' barriers to EHR adoption and HIE usage with both technical and financial support.

Humana is committed to investing \$500,000 to promote EHR adoption and increase connectivity to KHIE. These funds will be targeted to

providers demonstrating the highest need with an emphasis on providers serving high volumes of Medicaid Enrollees, those in isolated rural communities, and/or those offering BH services. We seek to partner with the Regional Extension Centers (REC) to ensure these funds are leveraged to assist providers demonstrating the greatest need. We are enhancing our understanding of provider connectivity by collecting EHR information when providers are onboarded and during quarterly site visits. We will work with KHIE to understand which providers are connected and develop outreach efforts to non-connected providers.

To advance interoperability in the industry, we work alongside government agencies and IT vendors to create national data standards that allow for accelerated and seamless information sharing. By partnering with states and their respective HIEs, we support the vision of statewide interoperability.

Nationally, **we are a founding member of the industry-driven DaVinci Project, which is tasked with accelerating the adoption of HL7® FHIR®, enabling payers and providers to improve clinical, quality, and care coordination outcomes.** Humana's established relationships with all eight of the top EHR vendors allow us to build direct connections with providers that streamline their daily workflows by developing electronic versions of administrative and clinical requirements. We abide by the latest Trusted Exchange Framework and Common Agreement (TEFCA) which enables electronic health information (EHI) to securely follow the patient when and where it is needed and supports scalability of data sharing nationwide. We support eHealth Exchange, which connects 61 regional and/or state HIEs and approximately three-quarters of US hospitals.

At the state level, we promote interoperability with and among our providers, state Medicaid programs, and state HIEs. Since 2014, Humana has collaborated with 11 state HIEs to build ADT connectivity. Currently, we have six additional HIE builds underway and our Health Information Technology (HIT) team has been in conversations with KHIE regarding a path to connectivity.



In summary, we intend on applying our enterprise-wide health IT expertise to benefit our Kentucky Medicaid Managed Care program by:

- 1) Enhancing our Provider Relations processes, including onboarding, training and education, and monitoring of contracted providers, to incorporate EHR usage and KHIE connectivity
- 2) Investing in Kentucky's health IT infrastructure by directly connecting to provider EHRs and working with providers to improve connectivity to KHIE
- 3) Where appropriate, supporting providers by offering financial incentives to adopt or improve EHR usage and/or establish KHIE connectivity

Collaborating with Kentucky's RECs to improve interoperability and EHR adoption, particularly with rural providers and BH health providers.

"Interoperability gives doctors and other clinicians a complete view of the patient's medical history, which increases the personalization and timeliness of care interventions. It represents a powerful, exciting and positive change that's good for consumers, their health, and all of us who are innovating to make this happen." - Bruce Broussard, CEO, Humana

- j. Describe trainings and resources the Contractor will provide to call center staff related to recognition and management of crisis calls to ensure the most expedient and risk-reducing outcomes, including a description of the level and type of training.

TRAINING FOR BH CRISIS LINE PERSONNEL

The BH Crisis Line will be staffed by specially-trained call center specialists who are supervised by licensed BH professionals. To date, VIA LINK has maintained a turnover rate of seven percent, with an average staff tenure of five years.

Specialists receive 70 to 80 hours of initial training, including 27 hours of classroom lecture, 15 hours of Applied Suicide Intervention Skills Training, and 10 to 15 hours of hands-on training in the contact center. After passing both a written final exam and role play, specialists must complete 20 to 30 hours of supervised shifts before being cleared by a VIA LINK clinical coach to answer the crisis line independently.

Specialists are also required to complete 1.25 to 3.5 credit hours of online training each month, in addition to individual or small group skills maintenance training. Outside organizations are occasionally invited to facilitate a training on a topic, such as services for the LGBTQ population.

To ensure that our crisis line protocols align with best practice, BH Crisis Line clinical associates attend continuing education (CE) courses and review research on evidence-based protocols. Trainings are revised, as needed, to align with industry best practice.

Topics covered during the training include:

- Kentucky SKY policies
- Needs of the Kentucky SKY population, including content specific to adolescent and youth BH CPGs
- Processes for contacting Kentucky mobile crisis team and arranging other crisis services
- Cultural competency, including use of the language line
- TIC
- Working with individuals with intellectual and developmental disabilities
- Motivational interviewing
- Emotional support
- Domestic violence
- Mandated reporting
- SUD
- Sexual violence
- Human trafficking
- Suicide prevention
- Homicide prevention

BH Crisis Line associates receive monthly random knowledge checks on policies and procedures. At least two calls per specialist are screened on a monthly basis, in addition to monthly tracking of the following metrics:

- Completion of suicide risk assessment
- Emergency services activation
- Compliance with policies and procedures
- Follow-up calls
- Call report accuracy
- Call report documentation
- Rapport with caller
- Counseling skills
- Assessment of safety, including use of suicide risk assessment and/or violence risk assessment

- Options/alternatives explored with caller

VIA LINK reviews calls involving an involuntary dispatch of emergency services to provide feedback to the responsible specialist. In addition to monthly monitoring, specialists receive quarterly and annual performance reviews. Specialists are encouraged to debrief with an on-call supervisor after facing a particularly challenging call. All calls are recorded and stored indefinitely.

TRAINING FOR KENTUCKY SKY MEMBER SERVICES REPRESENTATIVES (MSR)

While our IVR system is designed to quickly link callers experiencing an emergency (or calling on behalf of an Enrollee with an emergency) with the BH Crisis Line, we nonetheless train MSRs on identifying and responding to crisis calls in the event that a caller is determined to need a transfer to the BH Crisis Line.

Our MSR training curriculum includes education on signs that the caller is experiencing a BH emergency or crisis, including:

- Expressing unrealistic thoughts
- Expressing intent to harm themselves or others
- Appearing to be under the influence of drugs or alcohol

Upon identification of a potential crisis call, our MSRs are trained to transfer the caller to the BH Crisis Line using the warm transfer protocol described above. MSR supervisors evaluate MSR responses remotely and can supply advice on conversational triggers that indicate that a warm transfer is appropriate. Importantly, we assess MSR performance on appropriate call transfers and supply re-training as needed.

TRAINING FOR MEDICAL ADVICE LINE PERSONNEL

Our Medical Advice Line follows Schmitt Thompson guidelines for recognizing and responding to callers experiencing a BH crisis. The registered nurses (RN) staffing the Medical Advice Line are trained on these guidelines during their onboarding, and the guidelines are built into the workflow on the Medical Advice Line's call platform to guide the RN's next steps, including a warm transfer to the BH Crisis Line.