G.	**Kentucky SKY** Submittal of a proposal to serve the Kentucky SKY population is optional. Evaluation of proposals received for this Section will be limited to Contractors receiving an award for the main Managed Care contract. (See **Draft Medicaid Managed Care Contract and Appendices** Section 70.2 for more information.) Section references herein are made to RFP Attachment C **"Draft Medicaid Managed Care Contract and Appendices."**

6.	**Provider Network**

a.	Explain the Contractor's plan to develop a comprehensive Provider Network that meets the unique needs of Kentucky SKY Enrollees. The plan must address the following:

Humana has an existing comprehensive and dependable network of participating providers serving our Medicaid Enrollees in Kentucky, including specialized providers already serving a portion of the Kentucky SKY population. This robust network will serve as the base for our Kentucky SKY Enrollee population. Our current provider network in Kentucky includes more than **3,525 Primary Care Providers (PCP), 891 pediatric PCPs, 3,192 behavioral health (BH) providers, 978 dental providers, and 1,027 pharmacy locations. It also includes more than 35 substance use disorder (SUD) Residential Treatment Center providers**. We have existing contracts with all Federally Qualified Health Centers (FQHC) and medical/surgical hospitals in the Commonwealth as well as **contracts with all Community Mental Health Centers (CMHC)**, maximizing access to care for our Enrollees.

The complex medical and BH needs of children and adolescents in the Kentucky SKY population require a provider network intentionally designed to deliver integrated, whole person-centered care. We understand that the Social Determinants of Health (SDOH) needs and well-being of Enrollees and their families reach beyond traditional clinical settings. BH providers, child care agencies, and private child care agencies play a crucial role in offering necessary social services. In preparation to serve the Kentucky SKY population, we have recruited and expanded our network to include providers currently serving these beneficiaries and additional provider types who will further strengthen our network to support this membership.

Kentucky is Humana's home state. For more than 50 years, we have served the healthcare needs of Kentuckians. We are deeply invested in Kentucky, with more than 12,000 associates and 25 offices across the Commonwealth. Our locally-based associates facilitate the delivery of high-quality care to 145,668 Medicaid Enrollees.

We currently have 3 of the 6 Parent-Child Interaction Therapy (PCIT) providers in the Humana network.
1. Glenda Alfonso Alea (NPI 11345599602)
2. Melissa Hayden (NPI 1770717464)
3. Caroline Kelly (NPI 1558794511)

In addition to working to add three PCIT providers to our network, we have a focused engagement with the Children's Alliance of KY and bringing their associated providers into the network. In December 2019, we engaged in meeting with the Children's Alliance members to educate them on Humana processes, provide them with contacts, answer questions and address any concerns. We plan to continue the all member Children's Alliance meeting once a quarter to deepen our partnership and demonstrate our continued focus on critical children's services in the community.

We continuously assess, evaluate, and evolve our provider network development strategy to ensure we have a broad statewide network across all provider types that are capable of meeting the unique needs of our

Enrollees, and will continue to do so for our Kentucky SKY Enrollees. To support the development and maintenance of our network and the delivery of high-quality, integrated care to our Enrollees, we build effective partnerships with our providers through:

- A robust Provider Relations model allows us to establish strong, collaborative provider partnerships and support providers through their interactions with Humana
- Targeted training, incentives, and programs to assist providers with integrating physical health and BH services
- Simplified administrative processes by implementing innovative practices, such as the removal of prior authorizations (PA) requirements for high-performing providers
- A comprehensive offering of value-based payment (VBP) models to reward providers and help them achieve our shared quality goals
- Innovative solutions, such as cultural competency support tools and after-hours incentives, to assist providers and mitigate barriers of care for Enrollees
- Comprehensive and actionable data on provider performance

Our contractual relationships with border state providers, which offer Enrollees additional access to nationally-recognized pediatric specialty and sub-specialty care, further strengthens our network. We currently have existing contracts with providers in Illinois, Indiana, Missouri, Ohio, Tennessee, Virginia, and West Virginia. This includes Cincinnati Children's Hospital, St. Jude Children's Hospital, OrthoCincy, and St. Elizabeth's Hospital System. We also offer access to approximately 2,000 primary and specialty care border state provider locations.

i.	Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma-informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.

Since 2013, Humana has been an incumbent Medicaid Managed Care Organization (MCO) serving Kentucky SKY-eligible Enrollees. We currently serve more than 900,800 Kentucky residents across all lines of business including Medicaid, Medicaid, Dual Eligible Special Needs Plan (D-SNP), and TRICARE. While we already have a strong existing provider network, we continue to augment this network to increase access to healthcare for Kentucky SKY Enrollees.

Children and adolescents affected by Adverse Childhood Experiences (ACE) are at higher risk for poor health and well-being outcomes. Caregivers and healthcare providers are in key positions to ensure children experience safe, stable, nurturing relationships and environments in which they can thrive. By using the techniques of trauma-informed care (TIC), the provider community can respond and provide healthcare services with empathy and understanding. As we prepare to serve the Kentucky SKY population under the upcoming Contract term, we will take several steps to complement our existing Medicaid network. This includes:

- Identifying and recruiting additional providers who have experience and knowledge in treating individuals with complex special needs, children in foster care, and those receiving adoption assistance.
- Recognizing, assessing, and rewarding providers' TIC expertise. We will seek evidence of Continuing Education Units (CEU) and/or course certifications and document this in our systems.
- To incentivize providers to pursue this recognition, we will offer a value-based incentive program for successful completion. Additionally, Humana will identify TIC-recognized providers in our Provider Directory and move them up the PCP-assignment algorithm for Kentucky SKY Enrollees. Please refer to **Attachment I.G.6-1** and **Attachment I.G.6-2** for our Letters of Support from the University of Kentucky (UK) and the University of Louisville (UofL), respectively. For more information regarding how we ensure our Provider Network provides TIC, please see Section I.G.10 of the RFP.

Collaboration with the Department for Medicaid Services (DMS), the Department for Community Based Services (DCBS), and the Department of Juvenile Justice (DJJ)

Upon notification of Contract award, Humana will make every effort to aggregate data from multiple sources, including (where possible) DMS claims data for all Enrollees in the Kentucky SKY program, information on preferred providers from DCBS and DJJ, referrals from our current provider network and information from Enrollees and their caregivers (when appropriate). This will help us identify providers currently caring for Kentucky SKY Enrollees. Humana will compare this data to our current network listing to identify providers not currently in our network. We will prioritize recruitment efforts and streamline credentialing to ensure seamless continuity of care for Kentucky SKY Enrollees.

Preparing for and Adapting to changes in the Child Welfare System in Kentucky

Kentucky is in the midst of wide sweeping child welfare reforms led by DCBS and in preparation for the adoption of the Families First Prevention Services Ac. One such change we are preparing for includes changing the way Private Child Caring (PCC) agencies are reimbursed for the varied BH services they provide to foster children in residential care. We are excited to explore innovative reimbursement structures for PCC providers such as bundling, similar to the current pilot program with the Maryhurst 5s programming, and VBPs. While Humana is already contracted with many providers in the Commonwealth that offer residential care as they provide other Medicaid reimbursed services, we recognize there will be PCCs we will need recruit and contract with. Our Network Contracting team will work individually with these providers to educate them on becoming Medicaid providers, helping them to understand the Prior Authorization process, claims billing, and resolution. We also work with them on their TIC designations within our system.

Collaboration with Provider Associations to Support Network Build and Recruitment

Through our longstanding presence in Kentucky, Humana has developed strong relationships with associations, advocacy groups, and state-affiliated commissions. These established, collaborative partnerships will allow us to refine recruitment efforts, identify provider training gaps, raise and resolve issues, offer statewide and provider-specific TIC training, and develop evidence-based approaches for providers serving the Kentucky SKY Enrollees. To prepare to serve Kentucky SKY population and gain a better understanding of which providers currently serve these individuals, we have met with several organizations including, but not limited to, the Children's Alliance, Kentucky Association of Regional Programs, Inc. (KARP), Kentucky Primary Care Association, the Bounce Coalition, and Healing Trauma Resources, Education and Empowerment. As an example, Humana works closely with The Children's Alliance, whose mission seeks to improve the well-being of Kentucky's at-risk children and families by shaping public policy and enhancing Enrollee agency programs. To support our recruitment efforts for the Kentucky SKY program, we met with The Children's Alliance to obtain a referral list of providers serving Kentucky SKY-eligible Enrollees. We **cross-referenced this list to our Medicaid network and initiated a targeted recruitment strategy** to ensure we had these providers in network. Moving forward, we will work with the Children's Alliance Independent Provider Association to contract with additional providers as they grow their network. Please see **Attachment I.G.6-3** for our letter of support from the Children's Alliance.

Prioritized Recruitment

As we identify new providers, we will prioritize recruitment based on the following criteria:
1. Enrollee access standards to services offered by that provider
2. Volume of claims (analyzing for both total dollar amount and number of claims) submitted by the provider

In addition to these criteria, we will explore developing criteria based on input from DMS, DCBS, DJJ, and community stakeholders.

Specialty Providers

Humana will work with our broad network of specialty to ensure they are appropriately trained and meet our Contract requirements for the Kentucky SKY population. In preparation to serve the Kentucky SKY population, we have explored alternative payment arrangements with several specialty provider groups as described below.

Kentucky Association of Regional Programs, Inc. (KARP): We are in active discussions with KARP, Inc. regarding a proposal to **pay a care coordination per member per month (PMPM) fee to its member community mental health centers (CMHC)**. If successful, we will look to expand this model to our other network BH providers. This agreement, based on a similar existing agreement between Humana and the Kentucky Primary Care Association (KPCA) to pay care coordination fees to member Federally Qualified Health Centers (FQHC), will give our BH providers the additional resources needed to support administration and care coordination tasks, including discharge planning for Enrollees with SMI.

We will also explore the opportunity to **provide a bundled payment to CMHCs to support the provision of High Fidelity Wraparound services**. In our communication with BH providers, we have learned that funding presents a hurdle to the provision of this important, evidence-based service to Medicaid Enrollees. We intend this bundled payment to lessen this burden and promote delivery of high-fidelity wraparound supports to our child and adolescent Enrollees with BH needs. These wraparound services will be critical to the Commonwealth's adoption of the Family First Prevention Services Act, which will support families and promote permanency.

SUN Behavioral Health: Because we recognize some Kentucky SKY Enrollees may have difficulty accessing quality BH care if they live in rural parts of Kentucky, we have contracted with SUN Behavioral Health, located in Northern Kentucky, for tele-behavioral health services, including family therapy, follow-up visits after hospitalization, and outpatient therapy. We are in active conversations to establish a value-based contract with SUN Behavioral Health for follow-up after hospitalization rates.

Building Provider Network Capacity and Understanding of the Kentucky SKY Program
Humana recognizes that the needs of the Kentucky SKY-eligible population necessitate providers to be trained in TIC so they can provide the best care for those Enrollees. We will make every effort to identify all in-network PCPs and specialty providers trained in TIC. Our Provider Relations Team will reach out to these identified PCPs and specialty providers who lack TIC training and make them aware of our TIC Provider Recognition Program, which is detailed further in this section.

Trauma-Informed Care (TIC) Program Director: In addition to meeting all staffing positions for Kentucky SKY required by DMS, Humana recognizes the importance of TIC and will hire a Kentucky SKY TIC Program Director to ensure providers remain focus on this model of care delivery. This individual will be responsible for tracking emerging evidence-based information, organizing statewide dissemination of this information to stakeholders of the Kentucky SKY population, creating a library of information on our website available to all providers, communicating with embedded regional associates regarding local TIC challenges and opportunities, and organizing general educational meetings with Community-Based Organizations (CBO) organizations and providers. To optimally integrate TIC activities with broader Kentucky SKY services, this Program Director will also review Kentucky SKY quality data reports and notes from all regional Kentucky SKY Quality and Member Access Committee (QMAC) meetings.

Humana will work with our providers as we implement a High Fidelity Wraparound approach to provide intensive, person-centered individualized care planning and care coordination. Our Wraparound process engages Enrollees and their natural and community supports along with their providers to achieve positive outcomes for children and youth with significant BH concerns. We will use empowerment and a strengths-based approach that engages the child, family, and caregivers in the planning and implementation process to successfully meet the self-identified goals of the Enrollee and family. Through our efforts, we will ensure that we meet all the following components of a High Fidelity Wraparound approach:
- Family voice and choice: Our CCT will engage with the Kentucky SKY Enrollee and caretakers, as authorized by DCBS and DJJ, to ensure their specific needs are met.
- Team-based: Our CCT will collaborate on the unique service needs of each Enrollee, pulling in the necessary supports from our provider network, internal teams, State agencies, as well as community resources.

- **Natural supports**: We will continue to leverage existing relationships within the community and familial structure to support Enrollees. We will target focus on removing social needs and non-medical factors impeding access to care and improving health outcomes.
- **Collaboration**: Through our multi-disciplinary CCT, our CCs have a venue to collaborate across the continuum of care. Co-located Complex CCs will naturally serve as an accelerant to collaborating with DCBS.
- **Community-based**: Community-based organizations (CBO) and schools are a critical element to our CCT – we will work with them to fill service gaps.
  - **Culturally competent**: Humana's diverse associates and experience supporting Enrollees across the country ensure that we treat each individual with respect. Our providers and Associates are required to complete cultural competency training. For example, Humana's Concierge Service for Accessibility works with our Enrollees who have physical or mental disabilities, are non-English speaking or have another barrier to accessing care, by providing auxiliary aids to ensure effective communication occurs.
- **Individualized**: We assign each Enrollee a CC, CCT, PCP, and a dental provider, as well as other specialists all to meet their unique needs. The CCT designed for each Enrollee is unique to that Enrollee's situation and needs.
- **Strengths-based**: Humana is proud to use evidence-based approaches that enhance each Enrollee's confidence in achieving better health. At every point that we engage Enrollees, our CCs are trained to use a strengths-based approach and motivational interviewing techniques.
- **Unconditional**: We respect our Enrollees' decisions and choices and are always available to support them no matter the situation they are in. Our CCs have experience with complex populations and understand our role in providing unconditional support.
- **Outcomes-based:** We leverage best practices and lessons learned from our previous experiences working with similar populations. We regularly monitor Enrollee utilization of services to ensure they receive access to timely care and maintain good health status. Our clinical platform CGX is designed to alert our CCs when Enrollees miss preventive visits, placement changes occur, and upon admissions to the ED to assess health outcomes across all levels.

Training and Support: Once we contract a provider who is trained in TIC and/or with experience treating individuals with complex social needs and/or children in foster care, we will provide ongoing support through our Provider Relations representatives, Community Engagement Coordinators, and our local Care Coordinators (CC). We will provide training via webinars, computer-based training (CBT), provider forums, and through specialized face-to-face sessions. Training courses will include topics such as effective communication and individualized delivery of services for Enrollees in the Kentucky SKY program.

Section I.G.6.a.iv of this RFP lists the numerous strategies we will use to train our network on the Kentucky SKY program and the needs of Kentucky SKY Enrollees. The following section lists select strategies.

Select Strategies to Train Our Network on the Needs of Kentucky SKY Enrollees
Humana's approach to training our providers is not solely based on evidence-based practices (EBP) and clinical guidelines; we believe it is important that our providers understand what it is like to be on the receiving end of care. To achieve this, Humana will deploy trainings offered by local non-profit organizations that provide real perspective, ensuring our providers deliver care to Kentucky SKY Enrollees in a culturally competent and fully aware manner. For instance, Humana will work with the Bounce Coalition, a Louisville-based non-profit focused on improving the health of children, to train our clinical associates and providers on best practices to deliver care to children affected by ACEs. The Bounce Coalition will present at our annual Kentucky SKY Program Conference to offer in-person trainings to our providers. Please refer to **Attachment I.G.6-4** for our Letter of Support from Bounce Coalition.

Training Associates and Providers on ACEs

Humana will work with the Bounce Coalition, a Louisville-based non-profit focused on improving the health of children, to train our clinical associates and providers on best practice on how to deliver care for children affected by ACEs. **Bounce Coalition will train Humana providers, Community Health Workers (CHW), CCs, and Enrollee-facing associates on how to screen for ACEs and trauma and how best to interact with Enrollees who have endured such experiences.**

> "
> **Humana's efforts will address the core needs of our community's vulnerable children and families – fostering resiliency-building knowledge, skills, and practices across Kentucky. The Bounce Coalition is proud to collaborate with Humana to help the citizens of Kentucky who are served by Medicaid to thrive.**
> "
>
> – Matthew L. Bacon, Vice President & Chief Financial Officer Community Foundation of Louisville
>
> – Betty "BJ" Adkins, Co-Chair, Bounce Coalition
>
> – David Finke, PhD, Co-Chair, Bounce Coalition

Similarly, we will also work with Healing Trauma Resources, Education and Empowerment (TREE), a local non-profit organization dedicated to transforming how our society responds to abuse and trauma. Healing TREE will present at our provider Town Hall Meetings and annual Kentucky SKY Program Conference to share their experiences interacting with the healthcare system. Trainers with lived experience with trauma will share information on the supports that are needed to care for Enrollees in the Kentucky SKY program. Please refer to **Attachment I.G.6-5** for our Letter of Support from Healing TREE.

> "
> **Humana understands the role they can play in ensuring access to a comprehensive network of trauma-informed providers and are aware of the challenges that foster care- and juvenile justice-involved youth in Kentucky are often pre-disposed with. They understand that offering treatments such as these are the key to moving from putting a band-aid on these vulnerable children's symptoms to providing them with the lasting healing that they deserve, enabling them to live healthy lives and be productive members of our society. We are excited and honored to partner with them and to support their efforts as we know partnerships like these are the key to change.**
> "
>
> – Marissa Ghavami, Founder & CEO, Healing TREE

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

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

To incentivize providers to pursue this recognition, we will offer a value-based incentive program for successful completion. Additionally, Humana will identify TIC-recognized providers in our provider directory and prioritize them for PCP-assignment algorithm for Kentucky SKY Enrollees.

ii.	Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts.

IDENTIFYING NETWORK GAPS

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 continuously assess our network and analyze capacity in each region across all available provider types in order to exceed compliance with network adequacy standards and after-hours availability. Our process measures network performance against contractual requirements, allowing us to identify and resolve network gaps, address potential barriers to care, and enhance preventive care. **Table I.G.6-1** conveys our network gap measurement tools, and we provide detailed descriptions directly following the table.

Table 1.G.6-1: Network Gap Measurement Tools

Time/Distance Standards	Appointment Availability & After-Hours Care
Geographic Mapping	Secret Shopper Calls
Provider-to-Enrollee Ratios	After-Hours Accessibility Audit
Out-of-Network Referrals Ratios	Incentivizing Providers to Offer After-Hours Clinic Availability

Open/Closed Panels	Cultural Competency
Review of Open and Closed Panels	Cultural Needs Assessment
Inquiries Related to Provider Access or Availability	Linguistic Needs Assessment

Additional Comprehensive Network Access	
Enrollee Surveys	Provider 360 Committee Feedback
Provider Satisfaction Surveys	Associate, Enrollee, Provider, and Advisory Committee Input
Customer Care Associates	Oversight of Network Accessibility
Subcontractor Review	

Time/Distance Standards Measurement Tools

Geographic Mapping: Humana uses Quest Analytics, a geocoding technology tool, to measure provider-to-Enrollee adequacy access at the regional and zip code levels. Our Network Management team runs and reviews reports quarterly or more frequently as deemed necessary. We analyze access for DMS's required specialties by Enrollee age and gender and culturally competent care, as indicated for the provider type. For example, we map pediatricians to Enrollees under the age of 21 or OB/GYNs to female Enrollees. Quest's proprietary algorithm

produces reports that compare an Enrollee's home address to a provider's office location to help Humana better understand the Enrollee travel experience and adapt our network accordingly. This allows us to contract with additional providers and partner with physicians through our value-based incentive programs to encourage practicing in underserved areas and adding hours for appointment availability. The report summarizes individual calculations to identify areas where Enrollees currently have access, as well as areas where we need additional network development. Quest also generates maps that highlight Enrollee access and network deficiencies for review by our Provider Network and leadership teams.

Enrollee-to-Provider Ratios: Humana assesses provider-to-Enrollee ratios across all of our lines of business at least quarterly. Our provider capacity assessment takes into account standards defined by DMS, our internal experience, and national standards recommended by associations such as the American Medical Association (AMA). We examine ratios for each specialty by region using current enrollment data**. When our network team reviews the monthly ratio report and identifies that any tracked provider type has reached at least 85% of their established capacity, we proactively begin recruiting additional providers of that particular provider type in the identified geographic area**. This ongoing tracking of the availability of network providers over time helps ensure that Enrollees have access to care even as membership grows.

Out-of-Network (OON) Referrals: We examine OON referrals quarterly to identify potential areas where we have an opportunity to expand specialty provider capacity. Our Contracting and Provider Relations teams will conduct outreach to the provider to offer a contract for network participation, leveraging relationships and our deep experience across the Commonwealth.

Appointment Availability and After-Hours Care Measurement Tools
Secret Shopper Calls: We conduct systematic network improvement efforts related to appointment availability. Throughout the Draft Medicaid Contract period, Humana will implement secret shopper telephone surveys to all network physicians who have served 10 or more Enrollees during the prior six months. Any provider with an identified access concern will first receive education on the appointment availability requirements from their dedicated Provider Relations representative. Subsequently, we will follow up with the provider to ensure that they have resolved the issue with appointment availability. We will also add more frequent secret shopper calls from that point forward. The secret shopper survey monitors accessibility of appointments per Humana and DMS's regulatory requirements and will validate after-hours access to a healthcare professional.

After-Hours Accessibility Audit: Humana calls provider offices quarterly (at a minimum) to ensure Enrollees have enhanced access to care during after-hours. The Provider Services leadership team reviews after-hours availability results and assigns them to the appropriate Provider Relations representative for immediate outreach and education to the provider, if necessary. After-hours availability can be particularly important to this population given the complex schedules many of the children and families in the Kentucky SKY population have, especially if there are multiple foster children in a home or a Former Foster Youth who may be in school and work non-traditional hours.

Measurement Tools for Open and Closed Panels
Review of Open and Closed Panels: On a quarterly basis, we will review the panel status of our PCPs by county and region. We use these data points to identify access barriers and implement additional targeted recruitment efforts. Upon identification of a closed panel, we will review network PCPs in the same geographic area to ensure there are enough PCPs with open panels to provide access.

Inquiries Related to Provider Access or Availability: Our Provider Resolution team uses Humana's Customer Relationship Management (CRM) tool and MHK inventory management system to identify, track, and trend Enrollee inquiries related to network access issues and non-compliant providers. Our state-of-the art analytics platform, ClaraBridge, conducts real-time analysis of provider grievances to identify red flag issues. The Provider Resolution team notifies the Network Management team of urgent issues immediately and non-urgent issues on a monthly basis. The Provider Resolution team also reports monthly to the market-based operational and quality governance forums to assist with root cause analysis and process improvement opportunities. These forums will

allow Kentucky SKY specific operational associates to review these findings, paying particular attention to verified TIC providers or the specialties most needed by this population, as they can be scarce in many communities.

Cultural Competency Measurement Tools

Cultural and Linguistic Needs: Humana strives to implement a culturally sensitive and diverse provider network. We conduct an annual comprehensive analysis, our access and adequacy assessment, of the cultural and linguistic needs of our Enrollees and their geographic concentration to ensure appropriate access to culturally competent care. **To identify and address health disparities, we will stratify our Healthcare Effectiveness Data and Information Set (HEDIS) results by age, race, ethnicity, gender, and zip code.** We will share these insights with our network providers to inform their approach to service delivery for their patient panels. Additionally, we monitor Enrollee inquiries on an ongoing basis to ensure we can respond in a timely manner to any provider issue related to cultural and linguistic needs. All of our provider contracts contain language requiring providers to treat Enrollees without prejudice. Our Population Health Management Director, Adrienne McFadden, MD, JD, will monitor our adherence to National Culturally and Linguistically Appropriate Services standards.

Additional Comprehensive Network Access Measurement Tools

Enrollee Satisfaction Surveys: Annually Humana conducts and reviews the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to identify trends in barriers to care. We measure access to care results year over year in comparison to our established benchmark goals and report our analysis of results to our Quality Improvement Committee (QIC) to ensure we meet our benchmark goals. For the Kentucky SKY program, we will have a dedicated Kentucky SKY QIC that reports into our Kentucky Medicaid QIC. In addition to the annual CAHPS survey, we also conduct CAHPS pulse surveys mid-cycle of the annual survey to gain insights into the Enrollee experience.

Provider Satisfaction Surveys: We annually conduct provider satisfaction surveys and review the results to identify any issues related to network adequacy or to identify how providers are interacting with other network providers, such as specialist referral activities. Kentucky SKY-focused provider satisfaction surveys will be administered and results will be reviewed by a committee of Kentucky SKY key personnel including the Provider Services Manager, TIC Program Director, and Kentucky SKY Clinical Managers.

Subcontractor Review: Humana requires our subcontractors to provide network data on a monthly basis. We analyze the data against our adequacy standards to identify any issues. We are also closely integrated with our subcontractors through regularly scheduled Joint Operating Committee (JOC) meetings, where we review a range of functions including claims, clinical management, compliance, and Enrollee services, allowing us to assess network adequacy through a variety of avenues.

Provider 360 Committee Feedback: Our Provider 360 Committee is an internal, cross-functional team chaired by Humana's Provider Services leader, Mary Sanders. The committee meets monthly to review provider trends related to claims, use of Availity (Humana's secure provider portal), quality metrics, grievances, and other provider inquiries. The committee includes representatives from our Claims, Grievance, and Appeals; Credentialing; Provider Services; and Utilization Management (UM) departments, including Kentucky SKY-specific personnel to review results for specialized providers to the Kentucky SKY Enrolleesenrollees.

Associates, Enrollee, Provider, and Advisory Input: On an ongoing basis, Humana also examines anecdotal information from various internal and external sources such as Kentucky SKY Member Services Call Center, UM, QMAC, Provider town halls, and Provider Advisory Committees (PAC) as it pertains to network adequacy. We review this information to identify and pursue contracts with providers needed to serve Enrollees, even after we meet the regulatory adequacy requirements. This includes information contributed by individuals and committees, such as the PAC, as well as recommendations from providers to Humana to contract with specific providers and provider types.

We have a multi-tiered review process to monitor the reports from our network adequacy tools. This review process applies to all provider types as well as to our subcontracted entities. We conduct the process on an ongoing basis to ensure that we proactively deploy network recruitment efforts and quickly respond to network gaps as they arise. Comprehensive provider network monitoring helps ensure that our Enrollees have access to the providers and services they need. Below, we describe the oversight and monitoring of the data generated from the sources listed above.

- <u>Provider Network Contract Professionals</u>: Our team of Kentucky Network Contract Professionals meets weekly to review reports from our network adequacy and availability tools and determine opportunities to improve the network. This team is responsible for deploying recruitment and retention efforts and has direct interaction with providers.
- <u>Kentucky SKY QIC</u>: Humana's Kentucky SKY Medical Director, Ian Nathanson, MD, and Psychiatrist, Taft Parsons, MD, will co-chair the Kentucky SKY QIC. Committee members include our network medical and BH providers and associates representing various Humana departments.

DEVELOPING RECRUITMENT WORK PLANS

Humana tailors our network recruitment work plan based on membership by location, level of care, provider type and specialty needs. To establish and maintain networks under the Kentucky SKY Contract, Humana's Kentucky Network Contracting representatives will continue to execute the following seven-step recruitment work plan outlined below in **Table I.G.6-2.**

Table I.G.6-2: Data and Process Flows for Key Processes

Network Development and Provider Recruitment Work Plan	
Step One: Identify Required Provider Targets	Develop provider recruitment target list by provider type and geography.
Step Two: Community Outreach to Anticipate Utilization of Service	Reach out to agencies and organizations that offer services to Kentucky SKY Enrollees, such as the Children's Alliance, KARP, Kentucky Primary Care Association, and Commission for Children with Special Health Care Needs. The information Humana gained from this outreach allowed us to evolve our network plan and uniquely tailor it to meet the specific needs of the Kentucky SKY population.
Step Three: Establish Network Adequacy and Geo Access Requirements	Use defined network adequacy (e.g., Enrollee-to-Provider ratio and time/distance standards) requirements to drive geo access reporting.
Step Four: Conduct Provider Recruitment	Conduct in-person, telephonic, and electronic outreach to providers to offer a contract for participation in Humana's provider network.
Step Five: Execute Provider Contracts	Complete recruitment activities and execute final participation agreement between the provider and Humana.
Step Six: Credentialing, Licensure Verification, and Record Checks	Submit executed provider contract and required supporting documentation to the Humana credentialing process or DMS's selected Credentialing Verification Organization. As needed, provide support to providers new to the Medicaid program in enrolling with DMS as a Kentucky Medicaid provider.

Table I.G.6-2: Data and Process Flows for Key Processes

Network Development and Provider Recruitment Work Plan	
Step Seven: Provider Orientation	Initiate new provider orientation by our local Provider Relations team. We developed the orientation as a consistent process to ensure that newly contracted Humana network providers receive appropriate training on Humana's procedures. • Mail New Provider Orientation packet to provider • Confirm provider's understanding of the Provider Manual and Principles of Business Ethics • Schedule and complete in-person Provider Orientation • Complete New Provider Orientation Checklist: We record provider and office staff attendance at the orientation on the Checklist, as well as each participant's signature verifying the orientation was performed and received the New Provider Orientation Packet. We then place this document in the provider's permanent record.

RECRUITMENTMENT IMPLEMENTATION

Our approach to provider recruitment, retention, and overall provider network maintenance includes an array of innovative and traditional contracting strategies, provider services, support activities, and reimbursement methodologies.
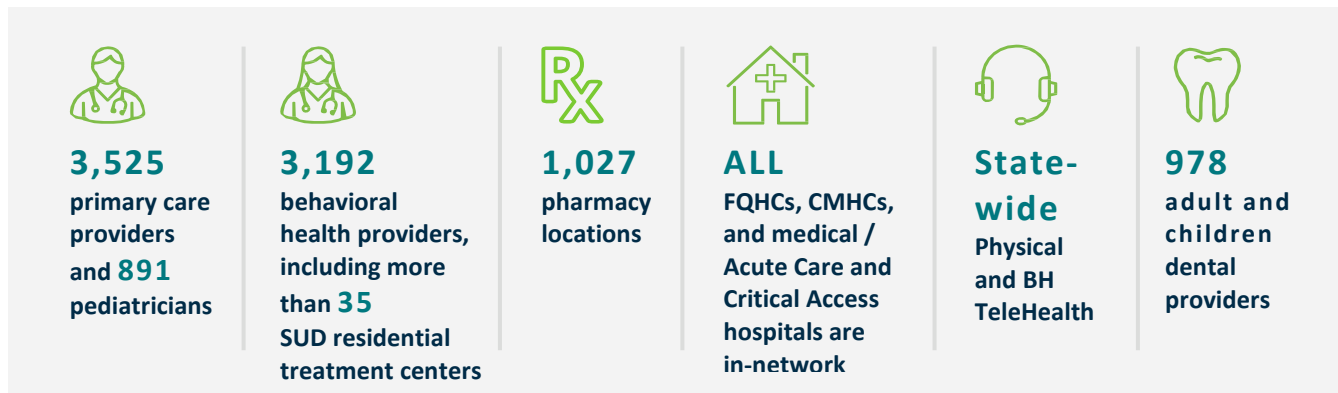
Expanding Existing Network Capacity
Our Network Contracting Professionals continuously monitor and evaluate the geographic accessibility of our network. If we identify a geographic gap for a provider type, we initiate enhanced and focused recruitment activities. One method identifies providers in our Medicare and Commercial networks who are not participating in our Medicaid network. Through our provider support and engagement activities, which include scheduled provider visits and frequent telephonic and interactive touchpoints, our Provider Services associates discuss expanding the provider's relationship with Humana to include Medicaid network participation, including the Kentucky SKY program. Another method capitalizes on referrals from existing in-network Medicaid providers to specialists to whom they routinely refer Kentucky SKY Enrollees for follow-up services. If the specialist is not already participating in our network, our Provider Services associates perform outreach and offer a contract for participation. When there are expansions of benefits, provider types or changes in the State Plan Amendment that impact our network providers, we tailor recruitment strategies to meet those needs, such as the example of bundling residential services for foster care children.

Any Willing Provider Contracting
Humana's provider network activities comply with the Commonwealth's any willing provider statute as described in 907 KAR 1:672 and as amended by KRS 304.17A-270. We continue to look for opportunities to expand our network to include all willing providers in the Commonwealth, as well as those located in bordering states. To ensure the highest quality of care is available to our Kentucky SKY Enrollees, we require all providers to comply with the terms and conditions of participation as outlined in our provider contracts and supporting materials, including state Medicaid requirements for participation.

Value-Based Payment (VBP) Programs **Kentucky SKY Provider Network Statistics**

| 3,525 primary care providers and 891 pediatricians | 3,192 behavioral health providers, including more than 35 SUD residential treatment centers | 1,027 pharmacy locations | ALL FQHCs, CMHCs, and medical / Acute Care and Critical Access hospitals are in-network | State-wide Physical and BH TeleHealth | 978 adult and children dental providers |

Our VBP programs help with provider recruitment and retention because they offer an opportunity for providers to achieve reimbursement well above baseline Medicaid rates. ███████ ██████████████████████ VBP can also reduce administration burden for providers in risk arrangements where PA requirements are waived.

Our VBP designs for Kentucky Medicaid include incentives for providers, such as PCPs and BH who are highly utilized by Kentucky SKY Enrollees. We will reward network providers through a continuum of VBP arrangements that incentivize providers to undertake initiatives to reduce preventable events, improve chronic condition care delivery, reduce medical costs, and improve Enrollee satisfaction. We will incentivize measures aligned with DMS goals for access and quality performance relating to reducing potentially preventable events (PPE), Well-Child Visits, physical and BH integration, and preventive screenings and exams. The positive health outcomes and meaningful incentives help us forge and maintain strong partnerships with providers who will serve our Kentucky SKY Enrollees.

> " We are looking forward to working with Humana to implement a value-based program that incentivizes all parties across the spectrum of providers offering preventive services to work together across the continuum of care. "
>
> – Gina Klyachkin, MSW, LCSW, LICSW, President, KVC Kentucky

Our VBP strategy also includes **Practice Transformation Incentives (PTI) that allow practices to make strategic investments** to overcome barriers to VBP success and promote practice transformation. If our provider partners request this incentive, our Practice Innovation Advisors (PIA) collaborate with providers receiving the incentive to maximize its potential. For example, providers can use the PTI to implement Electronic Health Records (EHR) systems or staff a BH provider within a PCP practice**.**

Preferred Provider Designation
Providers can earn a "preferred quality provider" designation in the Humana Provider Directory by demonstrating high-quality, high-value performance care. This allows Kentucky SKY Enrollees to see which providers are delivering the best quality of care. We will also refer Kentucky SKY Enrollees to high-performing providers through our PCP assignment process, with those providers considered high quality receiving more PCP auto-assignments (based on panel availability).

Administrative Simplification
Humana's **Gold Card** program aims to reduce providers' administrative obligations related to PA. Gold Carding uses a blend of quality and performance measures to identify high-performing providers who excel at closing gaps in care and referring Kentucky SKY Enrollees for appropriate services and follow-ups. Gold Card status allows providers to bypass the standard outpatient PA process for the following services: Referrals for specialty care, in-office or ambulatory surgery procedures prevalent with specialty providers; small molecule prescription

products; high-cost biologics; and high-tech imaging (CT/MRI). This program helps us achieve mutual quality and access goals while reducing the administrative burden on providers.

We have also invested significant resources in our provider portal, Availity, to give providers the mechanisms they need to support their practices, including up-to-date financial information, Enrollee data, and access to tools such as our Claims Code Editor so that providers may test and amend claims prior to submission. The implementation of strategies to decrease the number of post-payment recoveries and the institution of a "live line" for providers to access Humana associates with specialized expertise in addressing claims issues has decreased providers' frustration with recoupments and claim concerns.

Provider Engagement and Claims Payment
Network retention depends on timely, accurate claims payment. We have designed Humana's claims strategy with the ultimate goal to **"pay it right the first time."** Our strategy has four dimensions: 1) supporting providers with self-service tools that help them file claims correctly the first time, 2) education and training to ensure they have the latest information on claims filing, 3) identifying providers who consistently have high rates of claims denials, and 4) providing targeted assistance to those providers with high claims denials. We actively monitor provider satisfaction and gather feedback to improve providers' experience doing business with Humana. Monitoring tools include feedback from our Provider Relations representatives in the field, input from our PAC which is composed of network providers, provider grievances, and Voice of the Customer surveys.

iii.	Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.

Humana's provider network offers our Kentucky SKY Enrollees access to a comprehensive and dependable network of participating providers. While Kentucky SKY Enrollees may access certain services more frequently due to their unique needs, the depth of our current PCP, BH, and specialist networks has the capacity to meet all Kentucky SKY Enrollees' needs. With the expected increase in foster care Enrollees through the Kentucky SKY program upon Contract award and in addition to our ongoing provider network recruitment activities, we have increased contracting efforts with provider types known to be highly used by Kentucky SKY-eligible Enrollees.

BH PROVIDERS

Humana has engaged in a focused recruitment and partnering effort to increase access to BH providers, programs, and facilities for Kentucky SKY Enrollees.

Springstone
Humana is partnering with **Springstone, Inc.**, to increase access to BH in traditionally underserved areas. The partnership includes opening new outpatient facilities throughout the Commonwealth to provide Partial Hospitalization Programs and Intensive Outpatient Programs. Springstone is a national provider of high-quality BH solutions with a reputation for bringing new services to populations in need of mental health and chemical dependency support. Enrollee access to these facilities will help to de-escalate severe mental illness (SMI) symptoms before the Enrollee decompensates to the inpatient level of care. Springstone provides step-down services for Enrollees, including children and adolescents, who have

> Through our partnership with Springstone, we will **open new outpatient facilities throughout the Commonwealth** to provide Partial Hospitalization Programs and Intensive Outpatient Programs **to increase access to high-quality BH care for Kentucky SKY Enrollees in underserved areas**.

been discharged from inpatient facilities, and for the population that needs more intensive care than a regular office setting can provide. Services include group therapy programs and classroom sessions for school-aged children. Springstone also offers transportation programs to assist the Enrollees in accessing care, decreasing their dropout rate and reducing the burden on the families.

Centerstone

Centerstone is a leading provider of BH services in Kentucky, serving more than 34,000 Kentuckians in addiction, mental health addiction, mental health, and identity disorder services. Centerstone is committed to strengthening and supporting the well-being and vitality of Kentucky's children, families, and communities via high quality, impactful services designed to empower clients by building upon their unique strengths. Through our partnership, we will collaborate to identify children at risk for removal and provide them with appropriate services and interventions to keep the child in their home, including parenting classes and appropriate therapies.

Centerstone will also work to complete appropriate assessments and share the results with Humana in a collaborative, team-based approach. Centerstone will also work with Humana to share information on available residential beds and crisis supports in its facilities, supporting Humana's approach to creating an active crisis bed registry. We will also work to develop and implement a VBP arrangement that incentivizes all parties across the spectrum of providers offering preventive services, evidence-based therapeutic interventions, intensive outpatient, inpatient residential, inpatient hospitalization, and emergency department (ED) services to work together across the continuum of care. Please refer to **Attachment I.G.6-6** for our Letter of Support from Centerstone.

> "
> **Humana has been easy to work with and available for our staff and member agencies over the years, and we have appreciated their partnership. Through the model Humana is offering, we are confident that the children in foster care and adoption assistance, as well those who are involved with DJJ, will receive the best care and the state will observe positive outcomes, including reduction in the number of children entering the foster care system.**
> "
>
> – Abbreial Drane, MBA, President & Chief Executive Officer, Centerstone

Kaw Valley Center (KVC)

For more than 17 years, KVC has provided an array of BH, substance use, and child welfare services that target significant problems experienced by families. KVC positively impacts the lives of more than 12,000 children and families each year by providing in-home BH, substance use treatment, family preservation and reunification, and foster care services. Similar to our partnership with Centerstone, Humana and KVC will collaborate to identify children at risk for removal and provide them with appropriate services and interventions to keep the child in their home, including offering parenting classes and appropriate therapies. KVC will also work to complete appropriate assessments and share the results with Humana and participate in the collaboration to develop and implement a VBP program for providers caring for Kentucky SKY Enrollees. Please refer to **Attachment I.G.6-7** for our Letter of Support from KVC.

TELEHEALTH AND MOBILE HEALTH CAPABILITIES

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

Virtual Care Platform

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

Tele-psychiatry

We are partnering with Arcadian Tele-psychiatry to provide scheduled virtual video and telephonic psychiatry, psychology, and therapy visits. Services include diagnostic assessment, ongoing counseling, ongoing medication management, and care coordination. Our partnership increases access and availability to BH services through a robust network of psychiatrists, psychologists, licensed professional counselors, licensed marriage and family therapists, and licensed clinical social workers.

> Our partnership with Arcadian Tele-psychiatry enables Kentucky SKY Enrollees to receive a psychiatric consultation at their PCP's office. Psychiatrists connected through Arcadian's tele-psychiatry service can prescribe controlled substances, so Enrollees can receive the right care, at the right time, and at the right place.

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. 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 caregiver to take time off from 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.

In an effort 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 Kentucky SKY Enrollee 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 view this as an opportunity to keep children in school, healthy and learning.

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

Our use of tele-dentistry will align with the tele-health regulatory requirements released by DMS in 2019. Dr. Jerry Caudill, the in-state Dental Director for our dental benefits subcontractor, collaborated with DMS and the Board of Dentistry to develop the tele-health regulations.

In addition, through our relationship with Avēsis, we have one of the largest dental networks in the Commonwealth. However, if we determine that the Enrollee has an existing relationship with a dentist who is not currently in our network, we will make every effort to recruit this dentist to our network to help ensure continuity of care. If not successful, we will negotiate a single case agreement with the dentist to minimally complete care in progress.

To extend dental care access to our Enrollees in underserved provider shortage areas, we will use Avēsis' tele-dentistry service. **In partnership with the Kentucky Primary Care Association, Avēsis will pilot tele-dentistry in Kentucky through selected FQHC and Rural Health Clinic (RHC) partners.** The pilot plans to include collaboration with local health departments to engage public health hygienists in delivering virtual care. Additional activities to expand access to dental health services include holding community events in rural areas

targeting dental education and care and the **development of a pilot program to offer dental services in public schools targeting children with care gaps**.

<u>Dental Mobile Health Services</u>: Humana has partnered with Avēsis to provide dental services to all our Enrollees through Avēsis' comprehensive statewide network. In addition to office-based providers, Avēsis brings dental care to Enrollees who reside in designated dental provider shortage areas via portable, mobile units that currently provide services at 226 locations across the Commonwealth. **These mobile units deliver services at a wide variety of locations including schools, long-term care facilities and SUD facilities, among others**. As a result of Avēsis' extensive, combined office-based and mobile service platforms, our Enrollees have access to a dental provider within 50 miles/50 minutes of their home. On average, our Enrollees have access and choice of at least three dental providers within 4.9 miles/5.4 minutes of their home.

ACCESS TO CARE

Access to Out-of-Network (OON) Specialists
When a Kentucky SKY Enrollee is unable to access specialty care within the required travel distances, Humana launches a two-pronged approach to remediate the network deficiency. The first approach is to implement an immediate process to ensure the Kentucky SKY Enrollee can obtain the necessary service. The second approach is to design and implement an aggressive and prompt recruitment plan. We will notify and work with DMS upon identifying major gaps or network deficiencies. The following immediate and longer-term strategies are ongoing, consistent practices built into our Network Management processes.

Immediate Interventions to Address Access to Care Issues
Humana created the Care Coordination Team (CCT), composed of clinical and non-clinical specialists, to address access to care issues for our Enrollees or any other stakeholders associated with their care such as providers, DCBS Social Service Worker, or DJJ Workers, adoptive parents or other caregivers. The CCT and our network team use several interventions, described below, to address access to care issues. If a qualified provider is unavailable within the travel distance of a Kentucky SKY Enrollee's residence, we may:
- Execute a single case agreement with an OON provider; this is an Enrollee-specific intervention
- Execute a letter of agreement (LOA) with an OON provider to deliver Covered Services, allowing any Enrollees in the geographic area to access the provider. Additionally, we may use an LOA as a bridge while we are negotiating contract terms with the non-participating provider
- Execute a contract with an OON provider and expedite the credentialing process to ensure our Enrollees receive Covered Services
- Arrange transportation for the Enrollee to the nearest qualified provider, per the pattern of care
- If we identify a deficiency in our pharmacy network, we will consider mail-order pharmacy, if appropriate. We also will search neighboring community pharmacies to determine if a home delivery option is available

Longer-term interventions to address access to care issues
Our longer-term strategy is to develop a prompt and aggressive recruitment and remediation plan. We will:
- Encourage provider groups to recruit additional providers, including physician extenders
- Encourage providers to extend their appointment availability hours to accommodate more patients and increase access to care within time and distance standards
- Work with providers to re-open their closed panels to accept new patients
- Work with PCPs to identify specialists to whom they frequently refer for recruitment to include in our network
- Leverage existing Humana Commercial and Medicare network relationships in Kentucky by identifying providers in the area, contracted for other Humana products, whom we could add to our Kentucky SKY Medicaid network
- Use available resources to identify specific providers to target, such as DMS provider listings by region, the AMA website, U.S. News Health Report, and incumbents' Provider Directories
- Use telemedicine when appropriate and available

iv.	Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Enrollees have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.

Note: Given the connected nature of parts a.iv and a.v, we have addressed them together under the a.v header below.

v.	How the Contractor will ensure appointment access standards are met when Kentucky SKY Enrollees cannot access care within the Provider Network.

Humana maintains a network that is sufficient in both number and types of providers to ensure that all services to Enrollees will be accessible without unreasonable delay. In the case of emergency services, Enrollees have access to healthcare services 24 hours per day, seven days per week. Humana collects and performs data analyses to ensure provider adherence to appointment and availability standards. Our methods for assessing and monitoring compliance include the following, which we also describe in greater detail in **Section I.G.6.a.ii** of this response.

- Secret Shopper Calls: Secret Shopper Calls are made to all in-network providers who cared for at least 10 Enrollees during the prior six-month period. Non-compliance with appointment availability and access standards will result in immediate remediation action.
- After-Hours Accessibility Audit: On at least a quarterly basis, Humana calls provider offices to determine Enrollees' access to care after normal business hours.
- Panel Reviews: Humana's provider contracts include provisions on provider panel status. If a provider requests to close their panel, we first ensure there is adequate alternative PCP coverage in the geographic area and also require providers to attest that their panel will be closed for all MCOs with whom the provider is contracted so as to assure non-discrimination among Humana Enrollees in relation to other MCOs.
- Inquiries Related to Provider Access or Availability: Humana uses a combination of several state-of-the art tools (CRM, MHK, ClaraBridge) to identify, track, and trend Enrollee inquiries related to network access concerns and provider non-compliance. Upon identification of any issues, the Provider Resolution team notifies the Network Management team who subsequently conducts outreach to the provider to implement remediation activities.

If we identify a network gap because a provider failed to meet contract standards for appointment availability, wait times, or after-hours coverage, the assigned Provider Relations representative promptly reaches out to notify and re-educate the provider. Our goal is to collaboratively work with providers to resolve issues. The Provider Relations representative re-audits the provider within 30 days to ensure compliance. If the provider remains out of compliance with required access standards, the Provider Relations representative will elevate the issue for providers serving a high number of Kentucky SKY Enrollees to a Kentucky SKY-specific QIC in addition to our standing QIC Committee which, in consultation with Medicaid Compliance, will develop and implement a corrective action plan (CAP) for the provider.

We share the CAP in writing with the provider during an in-person meeting between the provider and Provider Relations representative. Humana's actions in addressing contractual non-compliance, such as not meeting appointment availability and access standards, may include, but are not limited to: immediately freezing the PCP's panel to new Enrollees, implementing a CAP with the expectation that the PCP will be compliant within 30 days, re-auditing the PCP at the end of the 30-day CAP, and providing a notice of termination or extending the CAP if the PCP does not become compliant within 30 days. In the case of Kentucky SKY-specific provider types

such as PCCs or DCBS--preferred providers, we will share these CAPs and further actions with DMS (and DCBS if appropriate) through regularly scheduled operational meetings.

Strategies to Ensure Enrollees have Access to Appointments

As described in **Section I.G.6.a.iii** of this RFP, Humana has processes in place and takes immediate action to coordinate care and ensure we meet appointment access standards when Kentucky SKY Enrollees require care.

Enrollees with limited access to care: We will target Enrollees who are homebound, live in a rural area without access to transportation, or face other restrictions to accessing care for support from a SDOH Coordinator. We will aim to link these Enrollees with transportation assistance, mobile services, home services, or other options to resolve their barriers to receiving care. This will be critical for the Former Foster Youth population within DCBS and may be of great support to some of the adoptive families within the plan.

Kentucky Transportation Cabinet Office of Transportation Delivery: Humana provides educational materials regarding the availability of transportation services and refers Enrollees for Non-Emergency Medical Transportation (NEMT). Since DMS provides NEMT to our Enrollees, we will stay in contact with the Transportation Cabinet Office to ensure that eligible Enrollees receive safe and reliable transportation to Medicaid Covered Services. Our SDOH coordinators, CCs, CHWs, and Member Services Representatives (MSR) are available to help our Enrollees learn how to submit a request for NEMT through the Transportation Cabinet Office's procedures. Additionally, we direct Enrollees with transportation barriers to public transport provided by the Kentucky Transportation Cabinet. This collaboration helps provide low-cost transportation services based on county to our Kentucky SKY Enrollees through the Transportation Cabinet Office's brokers.

Telehealth: As described in detail in **Section I.G.a.iii** of this RFP, Humana encourages and facilitates the use of telemedicine as a way to increase Enrollee access to needed services. Our telehealth access points include:

- MDLive
- Arcadian Telepsychiatry
- Avēsis Tele-dentistry
- Telemedicine in public schools through Norton Healthcare

b.	Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.

Examples of Contracting Networks for Special Needs Populations

Applied Behavioral Analysis (ABA): After analyzing Enrollees' needs using our data analytics tools and processes, we identified a need across all of our markets nationally to contract with providers who offer ABA services. ABA providers care for children with diagnoses on the autism spectrum as well as other developmental needs. Care may be delivered in a variety of community-based settings, including in-home and school-based environments. ABA providers may deliver services for up to eight hours per day, depending on the plan of care.

Humana conducted a comprehensive analysis of ABA providers in targeted regions and developed a focused recruitment plan. We performed a thorough review of OON claims utilization by service and diagnosis type to identify where our Enrollees were accessing ABA services; we also identified and reviewed providers who submitted applications through the "Join the Network" tab on our provider portal. Our BH Network Contracting team then used this analysis to focus recruitment efforts on geographic areas where high membership and high concentrations of child and adolescent age groups reside.

Medication Assisted Treatment (MAT) Network: Similar to the actions taken to develop an ABA network, Humana has focused our efforts on expanding access to MAT providers across the nation. We took the following steps to develop a MAT network:

- Conducted reviews of claims data related to Opioid Use Disorder (OUD) and Alcohol Dependence diagnoses for both participating and nonparticipating providers.
- Identified high volumes of laboratory utilization inconsistent with other BH treatment and focused on the recruitment of high quality, multi-state providers with evidence-based clinical programs.
- Refined our online "Join the Network" application process to clearly identify providers delivering MAT services to ensure expedited attention.
- Employed multiple reimbursement methodologies, including case rates, to overcome barriers related to billing for comprehensive services provided on the same day. This model is particularly important when serving Enrollees with limited access to transportation.
- Proactive approach to understanding the natural patterns of care that exist within communities. In Cincinnati, for example, we collaborated with a large integrated delivery system and outpatient MAT providers to monitor local initiatives related to treating OUD and bring all points of referrals into our network.

Workplan to Contract with Kentucky SKY Network Providers

We devised a network strategy workplan as described in **Table I.G.6-3** below to contract a fully integrated provider network to care for Kentucky SKY Enrollees.

Table I.G.6-3: Kentucky SKY Network Provider Workplan

Task Name	Milestone	Start	Finish	Responsible Area
KY MCD – Network Build Project Plan		**07/01/2020**	**01/01/2021**	
Pre-Award Activities		**01/10/2020**	**02/07/2020**	
Review Current Network Composition	No	01/10/2020	02/07/2020	Network Development
Demonstrate Network Adequacy for RFP Response	Yes	2/07/2020	02/07/2020	Network Development
Medicaid Network Enhancement		**07/01/2020**	**01/01/2021**	
Baseline Network	Yes	07/01/2020	01/01/2021	Network Development
Gap Fill Medical Providers	No	07/01/2020	01/01/2021	Network Development
Gap Fill Behavioral Health Providers	No	07/01/2020	01/01/2021	Network Development
Ongoing Network Adequacy	No	07/01/2020	01/01/2021	Network Development
Ongoing GeoAccess Reporting	No	07/01/2020	01/01/2021	Provider Data Mgt
Ongoing Provider Maintenance for Directory	No	07/01/2020	01/01/2021	Provider Data Mgt
Ongoing Credentialing	No	07/01/2020	01/01/2021	Credentialing
Credentialing Complete for Go-Live	Yes	07/01/2020	01/01/2021	Credentialing
Provider Load		**07/01/2020**	**01/01/2020**	
Provider Load	No	07/01/2020	01/01/2021	Provider Data Mgt
Provider Reimbursement/Fee Schedule Load	No	07/01/2020	10/01/2020	Provider Data Mgt
Hospital & Ancillary Reimbursement	No	07/01/2020	10/01/2020	Provider Data Mgt
Benefit Load	No	07/01/2020	10/01/2020	Benefit Mgt

Table I.G.6-3: Kentucky SKY Network Provider Workplan

Task Name	Milestone	Start	Finish	Responsible Area
Benefit Load Complete for Go-Live	Yes	07/01/2020	10/01/2020	Benefit Mgt
Identify Ledger and Benefits	No	07/01/2020	10/01/2020	Benefit Mgt
Product Tables Load	No	07/01/2020	10/01/2020	Claims Mgt
Selling Ledger Load	No	07/01/2020	10/01/2020	Provider Data Mgt
Plan/Options Load	No	07/01/2020	10/01/2020	Provider Data Mgt
Obtain Pricer Software	No	07/01/2020	10/01/2020	Claims Mgt
Non-Pricer Reimbursement Setup	No	07/01/2020	10/01/2020	Claims Mgt
Provider Load Complete for Go-Live	Yes	07/01/2020	01/01/2021	Provider Data Mgt
Provider Directory		**07/01/2020**	**01/01/2021**	
Provider Network Validation	No	07/01/2020	01/01/2021	Provider Data Mgt
Build Provider Directory – Paper	No	07/01/2020	01/01/2021	Provider Data Mgt
Build Provider Directory – Online	No	07/01/2020	01/01/2021	Provider Data Mgt
Load Provider Directory to Web	Yes	07/01/2020	01/01/2021	Provider Data Mgt
Find-a-Doctor Load	Yes	07/01/2020	01/01/2021	Provider Data Mgt
Provider Directories Ready	Yes	07/01/2020	01/01/2021	Provider Data Mgt
Develop Provider Manual		**07/01/2020**	**10/01/2020**	
Identify Content Owners	No	07/01/2020	07/01/2020	Provider Relations
Write Content	No	07/01/2020	08/01/2020	Provider Relations
Content Due	Yes	08/01/2020	08/01/2020	Provider Relations
Submit for State Approval	Yes	09/01/2020	09/01/2021	Provider Relations
Receive State Approval	Yes	09/15/2020	10/01/2020	Provider Relations
Post on Website	Yes	10/01/2020	10/01/2020	Provider Relations
Send notification to Providers	Yes	10/01/2020	11/01/2020	Provider Relations
Build Provider Training & Outreach		**07/01/2020**	**10/01/2020**	
Design Provider Outreach Plan	No	07/01/2020	07/01/2020	Provider Relations
Develop Provider Communications	No	07/01/2020	08/01/2020	Provider Relations
Obtain Approvals for Provider Materials	Yes	08/01/2020	08/01/2020	Provider Relations
Provider Training Attestation	Yes	09/01/2020	09/01/2021	Provider Relations