

G.

Kentucky SKY

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

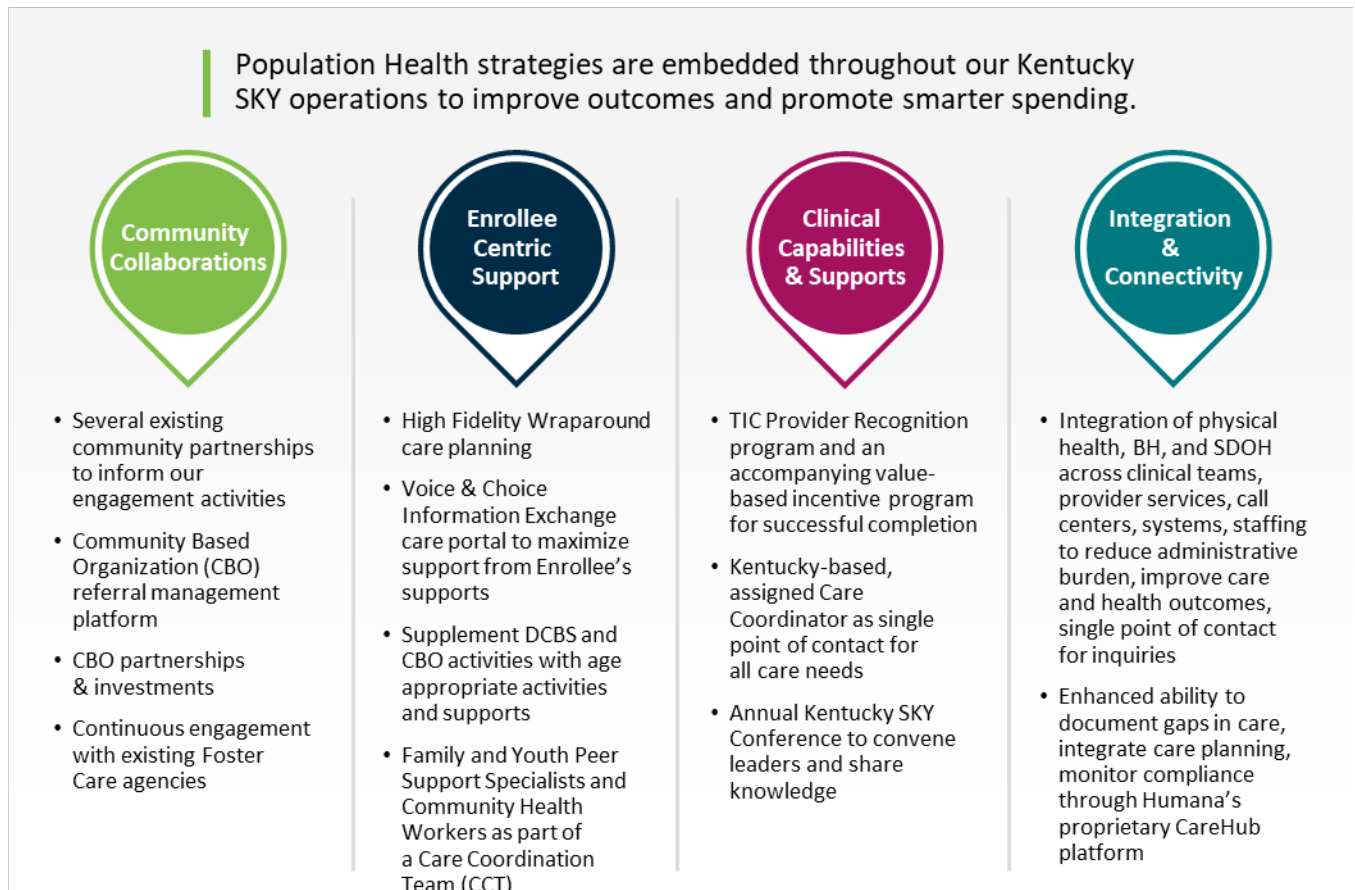
Section references herein are made to RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices”

10.

Population Health Management and Care Coordination

Humana looks forward to partnering with the Department for Medicaid Services (DMS) to continue to support Kentucky’s Foster Care population. Our experience serving vulnerable populations and Enrollees with special health care needs (ESHCN), **including more than 2,000 potential Kentucky SKY Enrollees today**, makes this Kentucky SKY proposal an exciting opportunity for our organization. We will leverage our **person-centered, integrated physical health and behavioral health (BH) clinical model**, continuous quality improvement (CQI) framework, and population health core competencies to address the complex, yet individualized needs of SKY Enrollees. As a foundation for our integrated approach, we plan to utilize the principles of High Fidelity Wraparound to assure team-based collaboration and individualized care planning are based upon the family and Enrollee’s voice.

Figure I.G.10-1 Humana’s Kentucky SKY Population Health Model



Population health is a foundational element to Humana’s enterprise mission, and a core component of our comprehensive managed care programs. **We integrate population health and care coordination best practices to formulate our clinical model of care.** We assess our Enrollees to identify needs, employ strategies to improve the health and well-being of our Enrollee population, and develop and implement interventions for priority populations: Enrollees with emerging risk, Enrollees experiencing significant Social Determinants of Health (SDOH) issues, and segments of our population experiencing health disparities. Humana employs a CQI methodology that measures data, tracks trends, and monitors outcomes to adjust our approach.

Humana’s Bold Goal, led by our Office of Population Health, is our business and health strategy to improve the health of the communities we serve by making it easier for people to achieve their best health. We are tracking progress using the Centers for Disease Control and Prevention (CDC) tool, Healthy Days, which measures self-reported mental health and physical unhealthy days of an individual over a 30-day period. The premise of the Bold Goal is that **health doesn’t happen in a doctor’s office: events that occur outside of a medical office largely determine a person’s health.** SDOH (such as financial and health literacy, provider and Enrollee cultural competency, food insecurity, and lack of resource awareness) are key factors that influence an individual’s ability to make healthy choices. Only 20% of the factors that determine the length and quality of an individual’s life are attributed to healthcare; far more significant are the social, behavioral, economic, and physical environments. To truly address Enrollee’s needs, a substantial shift was needed to build a coalition of community stakeholders.

At Humana Neighborhood Locations in Kentucky, we have hosted events on understanding your finances, healthy cooking demos, housing options, advance care planning, and chronic condition management classes.



Improving the Health of the Communities We Serve

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

Humana recognizes the role that Community Based Organization’s (CBO) play in impacting Population Health in Kentucky. In addition to our long-standing partnerships and programmatic involvement with CBOs, the Humana Foundation (a 501(c) (3) entity with a governing and grant-making body separate from Humana business operations) has contributed nearly \$30 million to Kentucky non-profits and organizations since 2013. During this time, the Humana Foundation made more than \$2.6 million in grants to Metro United Way, focused on improving health equity. The Humana Foundation recently announced it will grant \$2.2 million to Kentucky non-profits in 2020 as part of its Community Partners Program with applications being considered in the counties of Bullitt, Hardin, Henry, Jefferson, Nelson, Oldham, Shelby, Spencer and Washington; and the Indiana counties of Clark, Floyd and Harrison. If awarded the Kentucky SKY program, Humana will make an additional non foundation charitable contribution back to CBO’s supporting Foster Children amounting to 10% of cumulative Kentucky SKY pre-tax profits.

“
We are committed to improving and sustaining health equity in our headquarters city, and we are committed to making Louisville a more appealing place for all who live here,”

– Walter Woods, Humana Foundation CEO

Our experience serving nearly 600,000 Medicaid Enrollees nationally (more than 146,000 of whom are in Kentucky), combined with our **six-year Medicaid presence in Kentucky**, ideally positions us to expand our relationships with DMS, Department for Community Based Services (DCBS), Department of Juvenile Justice (DJJ), community organizations, providers, and other stakeholders to further address population health priorities among Kentucky SKY Enrollees.

a.

Describe the plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program

EXPERIENCE IMPLEMENTING NEW PROGRAMS FOR SPECIAL POPULATIONS

We have **served Medicaid Enrollees for more than 20 years** through programs including traditional Medicaid managed care, Managed Long-Term Services and Supports, and Centers for Medicare and Medicaid Services (CMS) Financial Alignment Initiative Dual Demonstrations. We are excited to leverage this experience for the Kentucky SKY population. In each of these programs, we have executed large-scale implementations, incorporating numerous new populations into new or existing programs. **A key Humana differentiator is our ability to scale new programs and operations efficiently and effectively.** We have an established approach for transitioning new Enrollees into our programs that incorporate:

- Timely system updates
- Enrollment file intake to support Enrollee care teams including care management, Enrollee Services, Quality, Utilization Management (UM)
- Humana’s provider and SDOH networks
- Staffing, to include our Medicaid Comprehensive Care Support (CCS) team, which will include our SKY Care Coordination Team (CCT) and SKY Intake and Support team upon award of the Kentucky SKY program
- Extensive and program-specific associate training
- Continuity of Care to assure a seamless transition between health plans
- Care Coordinators assigned regionally to assist with coordinating health and community-based services

Humana just completed a large-scale implementation of our new statewide Comprehensive Medicaid program in Florida. We expanded from five to 11 regions, and **incorporated new special populations, including 2,000 children with special healthcare needs and a total of 150,000 new Enrollees.**

PRE-ENROLLMENT ANALYSIS AND PLANNING

During the initial implementation of the program (e.g., 90 days before the “go-live” date), we will coordinate with DMS, DCBS, and DJJ (where appropriate) to obtain all available data (e.g., claims, encounters, and utilization) for each SKY Enrollee as early as possible. Upon receipt of this data, Humana will promptly conduct data analyses regarding what services each SKY-eligible individual has been obtaining from which providers, identify any indication of risk levels, and input any and all available standardized assessments including CANS, treatment plans, and relevant assessments (e.g., ADT) to establish a historical perspective for each Enrollee. Through these analyses, we will ensure existing primary care providers (PCPs) are in our network or make outreach efforts to attempt to contract with those providers who may not be in our network. Where necessary, during this pre-enrollment time if there are members that are in need of new providers that come to our attention, we will work to ensure they have a provider assigned to them on their effective date. Additionally, we will ensure we have sufficient staff to handle the case volume by pre-emptively understanding the population,

the enrollee risk levels. These processes are more fully described in **Section I.G.4 Implementation Plan** of the RFP.

Our **Co-located Complex Care Coordinators will be located at key DCBS offices** to assist with the coordination of obtaining pertinent information from the DCBS office, such as Form DPP 106-B, assessments, and the Enrollee's service plan. We will also **collaborate with the previous Managed Care Organizations (MCO)** to securely access electronic data on Enrollees, and scan and upload any non-electronic information, as available. Obtaining these records early provides our CCT time to review Enrollee case history and to identify Enrollees who are Medically Complex, in residential or inpatient facilities, or those with chronic conditions.



**ASSOCIATE SPOTLIGHT:
Pamela (Kitten) Lawless, CCM**

As a social worker, Kitten appreciates the power of advocacy. As a mother and grandmother, she believes every child deserves to be loved and cared for. Making that happen for all children motivates Kitten to provide exceptional service to the Foster Care population. Since 2014, she has served Kentucky Foster Care Enrollees, working closely with DMS, DCBS, other MCOs and community partners to enhance the Foster Care system in Kentucky. Prior to serving the Foster Care population, Kitten spent more than decade as the administrator of several skilled nursing units and a personal care facility for women.

SKY Enrollees with the most immediate service needs will be prioritized for the Enrollee Needs Assessment (within 30 calendar days of enrollment) to facilitate their participation in the SKY Complex CC program and enable the CCT to ensure continuity of care during the weekly check in calls. Enrollees with special healthcare needs often have medical or BH conditions for which they receive specialty care. Any interruptions in medically necessary care may have serious effects on their health and well-being. Drawing upon our experience caring for enrollees with special health care needs in Kentucky and other states, our referral, coordination, and continuity of care system has been designed to ensure no interruptions in medically necessary care occur for these individuals.

Our CCs will work closely with the enrollee, their support system, and both in- and out-of-network providers to prevent any gaps in care and ensure all the enrollee's needs are met. This includes those services authorized by the enrollee's most recent FFS

plan or MCO. This assessment and historical data supplied by DMS or the previous MCO will be used to develop a High Fidelity Wraparound person-centered care plan. This is done in conjunction with the enrollee, authorized representative, such as DCBS, DJJ, Adoptive parents, their CCT (if in place), and other natural support system approved to be a part of the CCT. We will make a best effort to complete this High Fidelity Wraparound care plan within 30 days of the enrollee's enrollment in KY SKY Program. The CC will coordinate authorizations for services listed on the High Fidelity Wraparound care plan, assist with referrals for any third-party services required by the enrollee, and manage transitions of services from OON to in-network providers (as needed).

TRANSITIONING ENROLLEES INTO THE KENTUCKY SKY PROGRAM

Humana uses a multi-faceted approach to identify Enrollees with the most immediate service needs.

Initial Stratification

Once SKY Enrollees are enrolled in Humana, we conduct an initial stratification to determine immediate level of needs. We analyze enrollment data included on the State 834 files, any accompanying encounter and/or utilization data, Health Risk Assessments (HRA), and Enrollee Needs Assessments to prioritize our outreach efforts.

Predictive Models and Risk Scoring

Following the initial stratification, Humana conducts a review of our membership's characteristics, utilization, and demographics to generate a quantifiable level of risk. The primary predictive model we use across our Medicaid population is our proprietary **Medicaid Severity Score Model**. This predictive model focuses on identifying the highest-risk/highest-cost/unhealthy members so that they can be enrolled into one of our many clinical programs tailored to help them improve their health. The state of Florida has been using the Severity model since 2014 to identify high risk members. This model is continually reviewed and improved upon based on lessons learned in other markets. The model uses hundreds of predictors (including but not limited to Enrollment information, Demographics, Utilization pattern, Medical Diagnosis codes, CPT codes, Major Clinical Conditions, Behavioral Health conditions, Medications, Labs etc.) from a disparate set of data sources like Medical Claims, Pharmacy Claims, Lab Claims, Demographics, Behavioral Health Claims etc. We use standard measures of R-square, ROC, and event capture rate to identify the highest risk members which are then referred to our Clinical Care team. Humana's Medicaid population is a very diverse group (SSI, TANF, HIV, AIDS, and LTC etc.). When modeling for a diverse group, the large amount of characteristics makes it difficult to score the members under the same circumstances. To build our models we group the individuals together based on these characteristic profiles like SSI, TANF, and LTC etc. and develop a separate model for each of these groups that's tailored to the needs of that group. Then the individual model scores are appended in one place, so the severity model is not one model, but several models, running on Humana's Medicaid population. This two-stage Meta Modeling approach is *reliable* and *efficient* with greater *accuracy*. The current model is run once each month and scores the entire Medicaid population to identify high risk individuals.

DCBS Social Service Workers (SSW) have shared many positive experiences in working with Humana CareSource Care Managers, resulting in rapid and impactful responses to foster child Enrollee needs. Building upon this experience, **Humana supports a co-located model** where DCBS SSWs have immediate access to Humana's Co-located Complex Care Coordinators promoting real-time support of Kentucky SKY Enrollees.

- **Readmission Predictive Model (RPM)** uses more than 50 variables to assess the probability of a readmission to a facility within 30 days of discharge. We use this score, coupled with our transitional care coordination, to prioritize our post-discharge outreach efforts and support referrals for ongoing care coordination.
- **Emergency Department (ED) Predictive Model** prospectively identifies Enrollees who are likely to use EDs, become high ED utilizers, and/or use EDs for non-emergent reasons, which are considered identifying factors for care coordination.

Care Coordinator Assignment

Following the initial stratification and risk scoring, we assign Kentucky SKY Enrollees a Care Coordination (CC) who will outreach to the Enrollees' DCBS SSW, DJJ SSW, enrollee and caregiver to facilitate and coordinate the initial welcome call, additional assessments, and a care planning session with the Enrollee and their foster parents or guardian within 30 days of plan go-live. During the initial welcome call, the CC will verify PCP assignment, identification of current services or service needs, and provide key Humana contact information. The CC arranges for the **continuation of any ongoing authorization of services** to ensure prompt access to services during the 90-day transition period. The CC will assess each new Enrollee to identify any new or additional care needs or gaps in care, and work with the Enrollee, caregiver, or family to address immediate medical, behavioral, dental, and social support needs of the SKY Enrollee. Our tools and methods to gather information and identify Enrollees with immediate service needs

In preparation for Kentucky SKY implementation, Humana will **onboard our Kentucky SKY clinical team (including CCs) 60 days prior to go-live** of the Kentucky SKY program.

include **the Pediatric Needs Assessment and other specialty assessments** utilized based upon Enrollee specific needs.

Our CCs will be receive education and training on High Fidelity Wraparound services and the ten principles of the model. The integrated care model that Humana has built will incorporate basic principles of a high-fidelity wrap around High Fidelity Wraparound care planning model in working with our Enrollees and their families. We will also have model champions with expertise on high-fidelity who emanate principals and serve as subject matter experts for the team. The champions will help to educate and consult with the rest of the team based upon their knowledge and experience. This will assure our CCT is able to provide a similar approach when working with families and Enrollees.

Continuity of Care

Humana's continuity of care process ensures a seamless transition for Enrollees to prevent disruptions in service that may be detrimental to their health and well-being. Through our network providers, outreach to out-of-network (OON) providers, and the use of single case agreements, our Enrollees continue to receive current services that meet their needs from primary care, specialty, dental, and BH providers.

Our plan for continuity of care includes the following:

- **Identification:** Humana identifies new Enrollees currently receiving care from OON providers through several channels including (but not limited to) enrollment files, PCPs, BH providers, specialists, claims, information from the transitioning MCOs, and information from DCBS, including form DPP-106B.
- **Authorizations:** We create continuity of care authorizations for relevant in-network or OON providers to prevent disruptions in care and ensure timely claims processing throughout the continuity of care period. We will pay OON providers for up to 90 days after the date of the Enrollee's enrollment, or until the Enrollee's records, clinical information, care plan, authorizations, and care can be transferred to an in-network provider, whichever period is shorter. We will also pay OON providers for second opinions rendered for any Medically Necessary Covered Service if an in-network provider is not available.
- **Timely Delivery of Services:** For those Enrollees with outstanding physician orders for durable medical equipment (DME) or supplies that predate enrollment, Humana coordinates with the appropriate provider or subcontractor to ensure prompt and timely delivery.
- **OON Coordination:** If our Kentucky Medicaid Medical Director determines that it is medically necessary for an Enrollee to continue receiving care from an OON provider after the continuity of care period has lapsed, we will initiate contracting procedures or will pursue a single case agreement with the provider.

Additional Transition-Phase Supports

Humana has a Kentucky SKY Member Services Call Center available twenty-four (24) hours a day, seven (7) days a week to address any high-risk cases or continuity of care needs. Our Kentucky SKY Member Service Representatives (MSR) receive extensive training to assist with Enrollee issues such as PCP re-assignment, facilitation of service authorization and delivery, and locating specialty providers, such as BH or dental. The Enrollee Services team will also facilitate access to the CCT for any emergent physical health, behavioral health, or social support needs.

In addition to extensive training, the documentation system that the MSRs use contains hundreds of job aides and extensive information on key topics for populations we serve and will include Kentucky SKY program details. Additionally, all of Humana's associates have access and training on an extensive internally developed Community Resource Directory with over 50,000 local, state and federal resources available to address SDOH and community-based support needs. The MSRs will utilize this valuable resource database to help connect our Enrollees, families or caregivers to appropriate programs and services.

Humana's Comprehensive Medicaid Implementation: Best Practices

Following the successful implementation of statewide expansion in our Florida Medicaid program, we examined lessons learned and best practices to apply to our future program implementations. We will bring the following best practices to the Kentucky SKY program:

- **For Early Intervention Services and Medical Foster Care** in particular, we partnered with the Florida Department of Health and other provider associations during implementation to **ensure consistent communication and education around plan processes and procedures occurred across the provider community**. We created one-page resource guides, published on our plan website, **to educate providers and foster parents** on how to connect with Care Managers (CM) and other plan resources.
- **Agility of IT systems** (enrollment and care management platforms) enabled us to **quickly identify newly enrolled ESHCNs** and prioritize risk assessments/stratification and outreach efforts. We were also able to consume non-standardized data sets and file exchanges to support continuity of care for our Enrollees and were well-equipped to handle unexpected changes in process and state requirements.
- Specific to ESHCNs, **the assigned Humana CC took on an expanded role**, not just helping with clinical care coordination, but also assisting providers with creating an account on our Humana provider portal, educating providers on how to do business with Humana, and connecting them with assigned Provider Network representatives to address billing and reimbursement questions and concerns.
- We had a laser focus on **ensuring systems and processes were set up to support continuity of care for new Enrollees into the Plan**. We engaged in data exchanges with Florida's State Agency (Agency for Health Care Administration) for Enrollee claims and authorization history, along with Enrollee PCP assignments.

b.

Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care

UNDERSTANDING ENROLLEE NEEDS

Humana will assign a CCT to each Kentucky SKY Enrollee within 24 hours of their enrollment into the program. Our CC will work with the Enrollee, DCBS, DJJ, and the caretaker or family to ensure continuity of care throughout this transition. Our CCTs will be staffed with certified Family and Youth Peer Support Specialists, including the use of former youth in foster care, adoption, or DJJ community placements as peers, to augment the work of the care team. These individuals proactively engage, educate, and empower Enrollees and their families to connect with support services, community resources, and advocacy assistance.

STRATIFICATION PROCESS

Humana has processes and methods in place to appropriately stratify and identify Enrollees with high physical or behavioral needs, including: Enrollees currently admitted to inpatient settings; receiving Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) special services; Enrollees in Prescribed Pediatric Extended Care; and those designated as Medically Complex. An array of information is used to stratify Enrollees into the appropriate Kentucky SKY Care Coordination Level.

Methods of identification include:

- HRA: DMS' required health risk screening tool

- Enrollee Needs Assessment: Humana’s proprietary comprehensive, biopsychosocial, pediatric assessment tool
- Humana’s proprietary predictive models, with a variety of inputs that stratify and predict risk (more details on Humana’s Predictive Models are provided below in Section c. of this response)
- DCBS data
- Data from previous MCOs
- Historical claims data
- Referrals from Enrollees, providers, and/or community agencies

Knowing that clinical judgement and experience are invaluable in identifying other risk issues facing children in foster care, Humana encourages and empowers our CCs to include a variety of supplemental information into the assessment process or trigger reassessment:

- A change in the level of care an Enrollee is receiving
- Three or more placement changes
- Exposure to sexual and physical abuse or neglect
- History of witnessing or experiencing violence
- Evidence of substance use or substance use disorder (SUD) in the family
- Enrollee is prescribed more than two psychotropic medications
- New or a change of placement
- Transitioning from Psychiatric Residential Treatment or inpatient facility to a home placement
- History of involvement with juvenile justice, including sexual offender allegations

CONTINUITY OF CARE FOR HIGH-RISK ENROLLEES

Drawing upon our experience caring for ESHCNs in other states, our referral, coordination, and continuity of care system is designed to ensure no interruptions in medically necessary care occur for these individuals, and that the Enrollee and their placement family have the supports they need to stabilize the living situation. We will engage in the following activities to promote continuity of care for Kentucky SKY Enrollees:

- **Weekly Check-ins**: Humana’s CC will conduct weekly contacts with Enrollees who are designated as needing intensive or complex care coordination to promote open dialogue, ensure the services they are receiving are appropriate, and the Enrollee is satisfied with the quality of care.
- **Assigning Providers**: Our CC will work with the Enrollee and necessary representatives to assign a more appropriate provider in the event the current assignment is not meeting their special needs. If the provider or specialist is OON, we will work to bring that provider in-network or execute a single case agreement, as necessary.
- **Prior Authorizations for Medications**: For any medications that need a prior authorization (PA), we will work to get new prescriptions, and ensure completion of assessments to get that refill on their prescription.
- **Care Coordination Team (CCT)**: Collaborating and facilitating meetings with Enrollee-specific CCT participants to ensure Humana’s care plan includes individualized assessment, plan, and treatment goals.
- **Coordination with Treatment Providers**: We will work with their DCBS SSW to help us link with the provider to discuss coordination and engage in their care team meetings.
- **Data Analytics**: Through our **fully integrated clinical platform, Clinical Guidance eXchange (CGX)**, we export data and develop actionable clinical reports generated from our Enterprise Data Warehouse (EDW). These operational reports can identify Enrollees who have missed scheduled appointments, any pertinent care plan updates, as well as updated contact information. We also **monitor high and low utilizer** reports to help us identify utilization patterns.

MONITORING KENTUCKY SKY ENROLLEES WITH MEDICALLY COMPLEX NEEDS

Upon a Kentucky SKY Enrollee’s designation as a Medically Complex child, Humana will assign a CC to provide care coordination and nursing consultation services to DCBS SSWs, foster parents, fictive kin, and caregivers and

custodians. The CC and the DCBS SSW will engage in a variety of initiatives that promote the ongoing management of high-needs Kentucky SKY Enrollees:

- **Participate and work with DCBS on development of an initial Individual Health Plan (IHP) within 30 days** of the child’s designation as Medically Complex, in collaboration with all relevant parties and medical and service providers. All service team members will receive signed copies of the IHP.
- **In-person collaboration and participation in Individual Health Plan (IHP) meetings routinely conducted by DCBS.**
- **The assigned CC will meet with the Medically Complex service team every three months** to review the IHP, the child’s current needs, and to re-evaluate the child’s continued Medically Complex determination.
 - The Care CC shall provide input and work with DCBS to update the Medically Complex child’s IHP every six months

At this time, the CC can recommend a change in the child’s Medically Complex designation based on current and projected needs. The CC will participate with DCBS, DJJ, and the Medically Complex Liaison to review changes in the child’s needs or services.

MANAGING URGENT REQUESTS

Humana recognizes there are times that DCBS SSWs will need direct contact with our Co-located Complex CC for urgent Enrollee issues that occur after hours and/or on the weekends. We will provide DCBS after hours, and weekend and holiday, access through our twenty-four (24) hours a day, seven (7) days a week Kentucky SKY Member Services Call Center, a monitored email box, and the ability to access a Kentucky SKY Co-located Complex CC by sharing contact information with DCBS.

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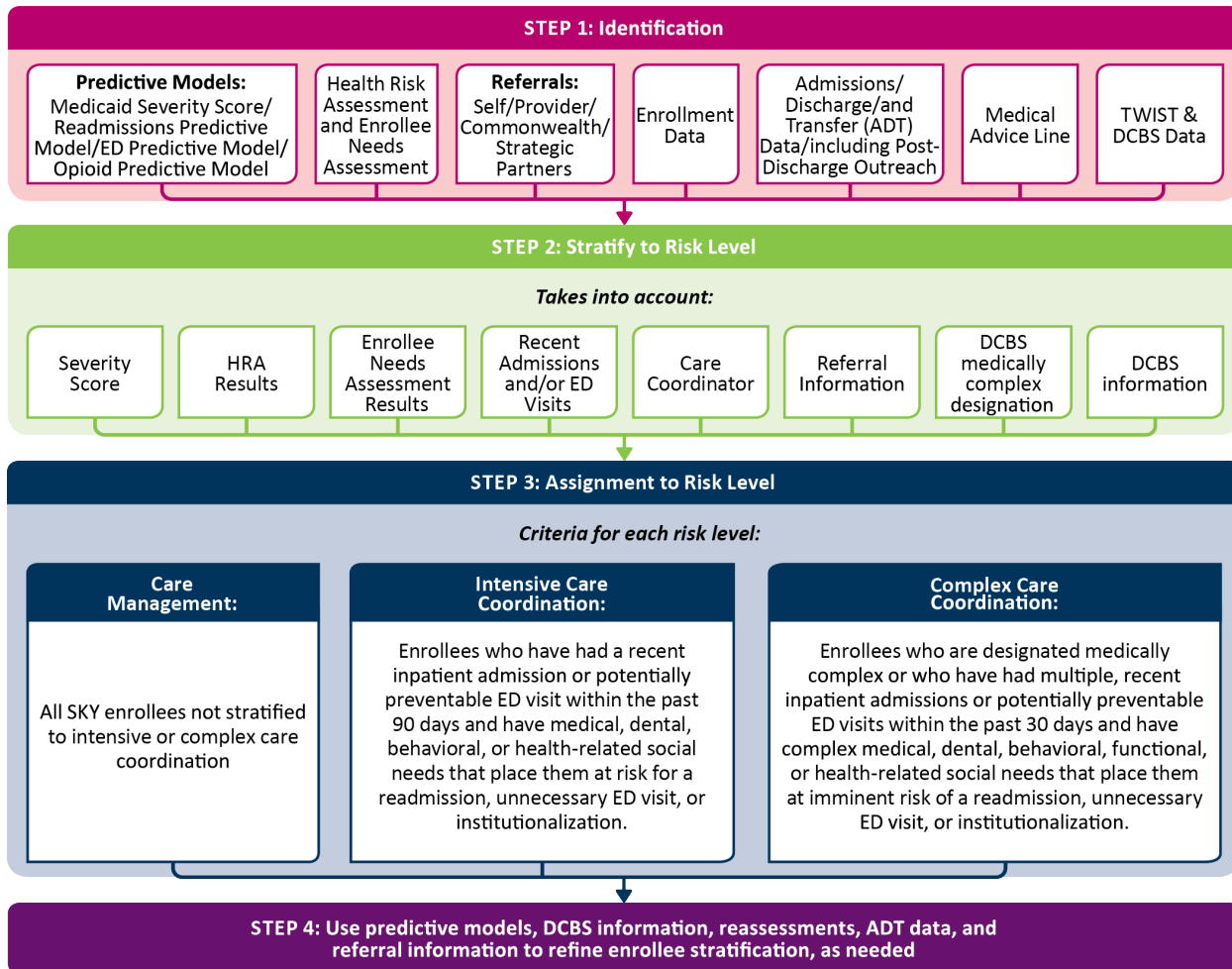
Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services

INITIAL STRATIFICATION

Humana applies a variety of tools to identify Enrollees who may benefit from one of our three care coordination tiers offering a dedicated CC, to include their coinciding risk levels: **Care Management, Intensive Care Management, and Complex Care Management**. Our initial stratification relies on enrollment data included on the State 834 file and the completed HRA. This information quickly identifies ESHCN, Medically Complex Enrollees (as designated by DCBS), and other priority populations for our Kentucky SKY Program. A summary of Humana’s Enrollee Risk stratification process can be found in **Figure 1.G.10-1** below.

We note that DCBS will assign some high-needs Kentucky SKY Enrollees as a Medically Complex Child pursuant to 922 KAR 1:350, and **this designation will supersede our own tier structure** and trigger certain contractually required care management approaches, such as assignment of a CC to each of these individuals. In addition to enrollment data, Humana will assign Kentucky SKY Enrollees an initial risk score utilizing results from the Enrollee Needs Assessment. For subsequent assignments, Humana will rely on our **Medicaid Severity Score predictive model**, which runs monthly, to help identify Enrollees with a changing risk level who may newly benefit from care coordination, or who may need to move to a different tier of care coordination, in accordance with the objective measures and criteria described below.

Figure I.G.10-1: Population Health Management Program Identification and Stratification



PREDICTIVE MODELS

In addition to these tools, Humana conducts an ongoing review of our membership’s characteristics, utilization, and demographics to generate a quantifiable level of risk. As described in **Section I.G.10.a** of this response, Humana uses several predictive models to identify emerging and ongoing Enrollee health needs.

Medicaid Severity Score Model

- **Methodology:** Humana’s Medicaid Severity Score Model is the primary predictive model we use across our entire Medicaid population. Using this proprietary model, we incorporate a severity score generated from available physical health, BH, and pharmacy claims; UM data; lab results; and other data sources into monthly reports that identify Enrollees most likely to have high costs and/or clinically complex health conditions over a rolling 12-month period. To address the challenges of modeling for a diverse population, we designed our model to group Enrollees based upon certain characteristics and build individual models for each group. For new Enrollees with limited historical data from which to draw, we rely on third-party Enrollee- and community-level data Humana purchases to develop a severity score.
- **Application:** We use the scores generated by this model to identify Enrollees with changing care needs who may benefit from care management, move them between acuity levels, and alter their care management tier as appropriate.

Readmission Predictive Model (RPM)

- **Methodology:** Humana’s RPM assesses the probability of an Enrollee’s readmission within 30 days. The RPM is a true predictive modeling process, with inputs from more than 50 variables, including

demographics such as the Enrollee's age and gender; previous physical health, BH, and pharmacy claims, including physician visits; admissions; days since last admission; the Charlson Comorbidity Index (a validated instrument regarding co-morbidities); number of medications; and information regarding their current admission (procedure, diagnosis, bed type, length of stay, and discharge disposition). The RPM runs throughout the course of the Enrollee's admission, taking into account any updates to the inpatient authorization, and generating a numerical RPM score that allows us to assess the risk of all-cause readmission within 30 days.

- **Application:** We will combine the RPM score with information gathered through transitional care management to prioritize our post-discharge outreach efforts, and support referrals for ongoing care management. Enrollees with a risk for readmission will be further evaluated for care management, in accordance with the objective measures and criteria described below.

Emergency Department Predictive Model

- **Methodology:** We run our ED Predictive Model on a monthly basis to prospectively identify Enrollees who are likely to use EDs, become high ED utilizers, and/or use EDs for non-emergent reasons. The model creates a profile of each Enrollee that includes cost and utilization for different physical health, BH conditions, as well as socioeconomic profiles. This model can give the CCT information to make timely intervention to prevent inappropriate ED utilization. Additionally Adoption Assistance Enrollees may be demonstrating needs or behaviors in their family's home that caregivers feel overwhelmed to address. Utilization of the Emergency Room can be a signal to the CCT that the family is in need of education about combatting the symptoms of trauma and understanding complex behavioral health issues.
- **Application:** We consider risk of non-emergent ED use as an identifying factor for care management and subsequent stratification.

HUMANA'S ENROLLEE NEEDS ASSESSMENT

Humana's **Proposed Kentucky SKY Enrollee Needs Assessment** (please see **Attachment I.G.10-1**) was developed to meet and exceed SKY contractual requirements. The Enrollee Needs Assessment is an individualized and holistic assessment of the Enrollee's immediate issues, while also capturing current and past needs of the child, including physical health, BH (via the Patient Health Questionnaire (PHQ)-2 and the Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) screening tool for Enrollees who screen positive for substance use), and screening for SDOH needs. The assessment evaluates the child's psychosocial, functional, and cognitive needs, as well as SDOH needs affecting the child and caregivers, including housing insecurity. In addition to contractually required elements, we screen for bullying, exposure to physical or sexual abuse and/or violent behavior, and information about the Enrollee's Individualized Education Plan (IEP) if applicable.

When assessing the child, the CC will document within the Pediatric Enrollee Needs Assessment the child's current and past health conditions, current list of medications, and current healthcare services and care management being received. The assessment will also collect information on the Enrollee's natural and community support system to inform the person-centered individualized care planning process. Areas covered in the assessment include, but are not limited to, the following:

- Enrollee goals and preferences
- Review of SDOH needs, including housing, food insecurity, physical safety, transportation, education, and employment
- Assessment of psychosocial, functional, and cognitive needs
- Enrollee's health status, including condition-specific issues and ongoing needs requiring treatment or monitoring
- BH status, including screening for clinical depression (using PHQ-9), SUD, serious emotional disturbance (SED), and tobacco usage, among others
- Clinical history, including prescribed drugs and over-the-counter medications
- Current services, including DME and treatment plans

- Evaluation of caregiver resources, including adequacy, involvement, and level of decision-making
- Assessment of the home environment
- Cultural and linguistic preferences
- Life planning activities, covering advance directives, legal assistance, financial planning, and family planning
- Hearing and visual preferences or limitations
- Service delivery preferences
- History of adverse childhood experiences (ACE) that may impact health

The results of the Enrollee Needs Assessment, predictive model scoring, and supplemental information determine the appropriate level of care management for each SKY Enrollee.

We will use the Enrollee Needs Assessment to support the CCT in decision-making, including level of care and service planning. The assessment will be administered within 30 days of receipt of eligibility information from DMS, and when an individual moves to a new placement. Our model relies on a CC as the primary, dedicated, single point of contact for the Enrollee who will participate in administering the assessment, and establish a relationship focused on the individual and family's priority goals for health. This approach avoids a common situation where multiple screenings conducted by a variety of care team members with different objectives can include duplicative and unnecessary questions that create confusion and frustration by Enrollees and their caregivers. Additionally we can minimize the potential for duplication of services and repeated exposure to recounting past traumas.

Upon evaluation of the assessment, we will identify if there are more significant medical, BH, or social issues that we need to assess to fully understand the needs of the Enrollee. We will support and encourage use of other assessments with providers where appropriate such as the Comprehensive Child and Family Assessment and Child and Adolescent Needs and Strengths (CANS) screenings. These tools will enable us to refine our screening, target specific concerns identified by the assessment results, and allow for updates to the care plan.

KENTUCKY SKY CLINICAL RISK TIERS

All Kentucky SKY Enrollees are stratified into a Kentucky SKY care management Level. Humana recognizes all Enrollees, including those who stratify as "low-risk," need ongoing check-ins and reassessment to ensure that changes in status are quickly identified and addressed. Clinical judgement, in combination with the information contained in the chart below, as well as risk, drive the final Level of care assignment by the CC. To ensure an Enrollee-centered approach, our CCs are empowered to adjust the contact mode and frequency at any risk tier to account for Enrollee/foster parent-guardian requests or ad hoc needs. Refer to **figure I.G.10-2** for Humana's care coordination approach.

Figure I.G.10-2 Humana’s Care Coordination Approach

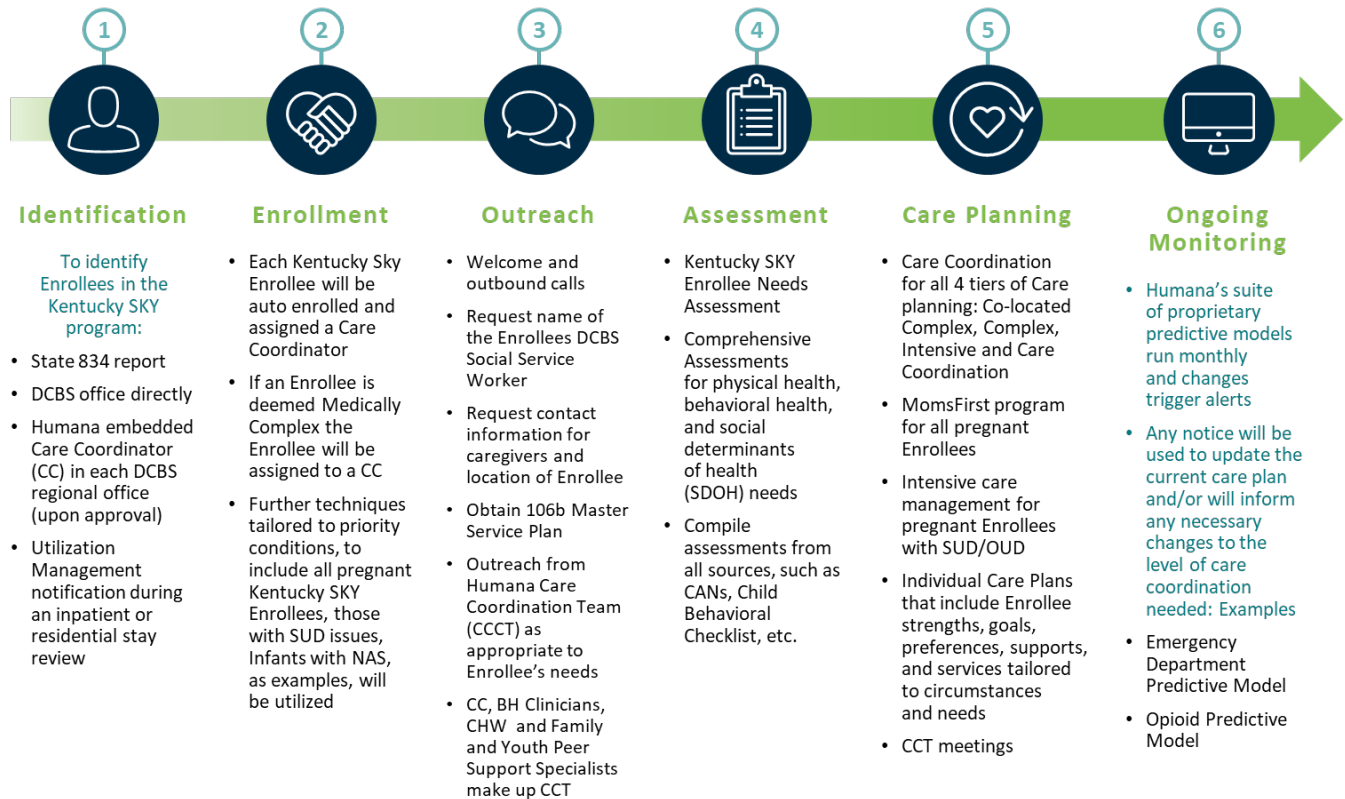


Table I.G.10-1 outlines the four care coordination levels for the Kentucky SKY population with service frequency and proposed staffing ratios.

Table I.G.10-1 Humana Care Coordination Levels

Level of Care Risk Tier	Target Population	Staffing Ratio	Service Frequency
Co-located Complex Care Coordination	High Risk	1 CC:25 Foster Care SKY Enrollees	<ul style="list-style-type: none"> Two face-to-face visits monthly One weekly contact A minimum of two hours per week of Care Coordination One meeting with the Kentucky SKY Enrollee and Caregivers One care plan update per month Reassessment every three months Support to DCBS region in which they are located
Complex Care Coordination	High Risk	1 CC:40 Foster Care and DJJ SKY Enrollees 1 CC:75 Former Foster and Adoption Assistance SKY Enrollees	<ul style="list-style-type: none"> Two face-to-face visits per month One weekly contact A minimum of two hours per week of Care Coordination One meeting with the Kentucky SKY Enrollee and Caregivers One care plan update per month Reassessment every three months
Intensive Care Coordination	Moderate Risk	1 CC:60 Foster Care and DJJ SKY Enrollees	<ul style="list-style-type: none"> One face-to-face visit monthly One weekly contact

		1 CC:150 Former Foster and Adoption Assistance SKY Employees	<ul style="list-style-type: none"> • One meeting with the Kentucky SKY Enrollee and Caregivers • One care plan update per month Reassessment every six months
Care Coordination	Low Risk	1 CC:300 SKY Enrollees	<ul style="list-style-type: none"> • Biannual check-ins, at a minimum, to assess Enrollee needs • Completion of an annual assessment/reassessment, with additional reassessments upon notification of a significant change in condition, such as an inpatient admission or placement change CC support as indicated

d. Provide a description of the Vendor’s targeted evidence based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor’s approach for ensuring Network Providers’ compliance with evidence based approaches mandated by the Vendor for Kentucky SKY Enrollees.

ADVANCING AND APPLYING EVIDENCE-BASED PRACTICES FOR KENTUCKY SKY

At Humana, our commitment to high-quality, high-value care is a core driver that guides our day-to-day behaviors, decisions, and actions. Quality is more to us than meeting targets on performance measures. We employ more than **1,000 associates** dedicated to enhancing quality throughout our organization. Humana draws upon the extensive expertise of our Clinical Practice Guideline Committee (CPGC), composed of Humana physicians with varying specialty expertise and backgrounds, to research and review Clinical Practice Guidelines (CPG) annually. We are also able to tailor CPGs based on the population’s needs, and any areas of concerns we may identify.

Evidence-based Approaches

We draw on our experience serving this special population and have consulted the California Evidence-Based Clearinghouse for Child Welfare (CEBC) to inform our approaches in delivering evidence-based care along with following the 6 Guiding Principles to a Trauma Informed Approach developed by the CDC’s Office of Public Health Preparedness and Response (OPHPR) and SAMHSA’s National Center for Trauma-Informed Care (NCTIC). OPHPR and SAMHSA’s NCTIC recognize that a trauma informed approach can only be accomplished using multiple techniques. They state that it requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. To accomplish this Humana has developed a position called the **Kentucky SKY Trauma-Informed Care Program Director, Tricia Cloud, RN**, which will work with internal and external stakeholders to ensure all are aware and practicing methods to support our Enrollees with a trauma informed care approach by utilizing and promoting the vast amount of training materials available through **Relias**. While working with these stakeholders, Ms. Cloud, will be assessing, educating, and promoting the following 6 principles along with, but not limited to, the evidence based practice discussed below. Refer to **Figure I.G.10-3**.

Figure I.G.10-3 Trauma-Informed Approach

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH



Source: https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

Trauma-Informed Care (TIC): Humana will provide a **Kentucky SKY Trauma-Informed Care Program Director** to provide TIC training to providers and associates, allowing for a broad understanding of traumatic stress reactions and common responses to trauma. Through our relationship with **Relias**, we make it easy for our providers to access and complete such trainings. **More than 340 courses** will be available through a variety of means, including online trainings, webinars, and in the provider office. We will also provide trainings to increase awareness for foster family or family of origin.

Network providers and associates will understand how trauma can affect treatment presentation, engagement, and the outcome of BH services. We will work with the Provider Relations network to get additional feedback on trainings and promote compliance of training completion. In addition to TIC, Humana's training approach will address ACEs, neonatal abstinence syndrome, Substance Exposed Infant, and additional Crisis Intervention Services applicable to the Kentucky SKY population. Humana is prioritizing responding to ACEs by **partnering with the Bounce Coalition** to train our CCs on trauma-informed responses when working with children and families who may have experienced ACEs. Please refer to **Attachment I.G.10-2** for the letter of support from the Bounce Coalition.

Humana and the University of Kentucky (UK) are partnering to broaden provider education on issues that impact Kentucky SKY Enrollees, especially raising awareness and competency around the impact of traumatic events and methods to better serve children in the child welfare system.

Humana's partnership with UK will include:

- Providing targeted educational seminars in topics that are identified as learning gaps
- Working with UK to identify providers who are rated as Good and Excellent at providing Secondary Traumatic Stress (STS) informed care, and identify these organizations in our directory
- Hosting an annual Kentucky SKY Program Conference to convene providers, community-based organizations (CBO), and other relevant agencies to collaborate on the latest research and information on current issues impacting the Kentucky SKY population
- Funding experts from UK to lead and/or facilitate additional training on TIC and other relevant evidence-based approaches.

Motivational Interviewing: Humana utilizes motivational learning as a collaborative and goal-oriented style of communication. Utilization of this method of communication is especially important for the SKY population, as it is designed to strengthen personal motivation for and commitment to a specific goal, enhancement of health outcomes, and confidence in achieving good health. All Humana Kentucky SKY CCs will be trained to engage Enrollees with motivational interviewing techniques. The training includes role-play scenarios to ensure CCs are

prepared to handle our Enrollee population. Our Managers regularly monitor and audit a proportion of recorded calls (via Verint Software) for each Enrollee-facing associate.

Parent-Child Interaction Therapy (PCIT): PCIT is a combination of play therapy and behavioral therapy for young children and their parents or caregivers. Adults learn and practice new skills and techniques for relating to children with emotional or behavior problems, language issues, developmental disabilities, or BH disorders. Humana will use this evidence-based treatment for young children with behavioral problems and sharing the availability of this treatment with the Enrollee's PCP. Incorporating PCIT will give Kentucky SKY Enrollees the skills proven to help them feel calm, secure in their relationships, and good about themselves. Humana will work to support and build a network of PCIT providers and ensure access to therapeutic services to support family reunification and permanency. Humana is currently contracted with the three PCIT certified clinicians with Medicaid IDs in Kentucky.

High-Fidelity Wraparound: Through our efforts, Humana will ensure that all the following components of a high-fidelity wraparound approach are met:

- 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. Our focus will be targeted to removing social needs and non-medical factor 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. Further, our regional, embedded CC Front-Line Leads will naturally result in serving an accelerant to collaborating with DCBS.
- Community based: Community based organizations and schools are a critical element to our CCT – and will work with them to fill service gaps.
- Culturally competent: Humana's diverse staff and experience supporting Enrollee's across the country ensure each individual is treated with the respect they deserve. Our providers and associates are required to complete cultural competency training.
- Individualized: Each Enrollee is assigned a CC, CCT, PCP, and a Dental provider, as well as other specialists all to meet their unique needs. The multi-disciplinary team designed for each Enrollee is unique to that Enrollee's situation and needs.
- Strengths based: Humana is proud to use evidence-based approaches which enhance each Enrollee's confidence in achieving better health. At every point we engage Enrollees, our CCs are trained to use a strengths-based approach which also include motivational interviewing techniques.
- Unconditional: We respect our Enrollee's 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 are receiving access to timely care and maintaining good health status. Our clinical platform, CGX is designed to alert our CCs when preventative visits are missed, placement changes occur, and upon admissions to ED to assess health outcomes across all levels.

Humana will work with our providers as we implement a High Fidelity Wraparound approach to provide intensive, person-centered care planning and care management. Our CCs will use the High Fidelity Wraparound approach to engage Enrollees and their natural and community supports, along with providers, to achieve shared goals. Our Wraparound process aims to support the complex needs of children and youth who are experiencing BH concerns by providing a structured, creative, and individualized team planning process that,

compared to traditional treatment planning, results in plans that are more effective and more relevant to the child/youth and family.

Eye Movement Desensitization and Reprocessing (EMDR): EMDR is a form of therapy developed specifically for individuals with trauma or traumatic experiences and has proven effective for this population. EMDR utilizes triggers for eye movements to help the brain reprocess information and handle the stress and anxiety around the trauma in a more healthy way. Humana would support the increase in utilization of this service through outpatient therapy and increase its utilization with residential providers for children in foster care where appropriate. Humana has already demonstrated support of this resiliency-based intervention through support of the Healing Tree in 2019 which funded EMDR certification for one of the therapists serving the foster care members at Maryhurst's residential program.

Seven Challenges: Humana will promote the adoption of the Evidence-Based practice of The Seven Challenges for adolescents and young adults in need of substance abuse treatment geared toward their age and with clinical enhancements traditional abstinence based programs such as Alcoholics Anonymous or Narcotics Anonymous. Several providers in the state have already adopted this model of care and Humana will support ongoing fidelity efforts as well as adoption of the curriculum for providers that may not be currently using.

NETWORK PROVIDER COMPLIANCE WITH EVIDENCE-BASED PRACTICES

Ensuring Compliance to Evidence Based Practices (EBP)

We will be monitoring for fidelity of evidenced-based practices with our providers at many levels. Through participation in treatment planning activities and IHPs, CCs will be able to observe whether providers are incorporating elements of these EBPs. As they are conducting reviews, UM reviewers will be honing in on components they would expect to see in clinical documentation as utilization of EBPs. For instance, UM Reviewers will look for ways providers are ensuring care is provided in a culturally competent way and with family voice and choice taken into consideration for discharge planning.

The Kentucky SKY Culture and Community Engagement Director and the Community Engagement team will assess the involvement of community and family members and will provide additional training if provider is identified as having a gap.

Because quality is fundamental to our operations, if we find a provider is not practicing within the fidelity of these EBPs, our staff will follow our process for reporting quality of care concerns. A quality of care inquiry includes a review by our clinical subject matter experts, including a Medical Director, through our Quality and Clinical Operations Compliance and Accreditation team. We will engage our Provider Services staff if education and/or training are required. Additionally, our TIC Program Director, Ms. Cloud, will continuously monitor provider's adherence to training on EBPs we make available via Relias. During regularly scheduled operations meetings with DMS, we will report out on quality of care trends and identify opportunities to improve adherence to EBPs.

Providers offering TST-FC and PCIT require certifications and re-trainings that we will monitor to ensure fidelity of service and ensure they aren't fallen of the trainings to maintain certification.

Education and Training of Network Providers

Humana's educational and training approach for our Network Providers will address relevant evidence based BH treatment interventions to address the specific BH and physical health needs of the Kentucky SKY population. Trainings include, but are not limited to: TIC, CANS, Crisis Intervention Services, High-Fidelity Wraparound approach, and the impact of ACEs. **Humana's TIC Provider Recognition Program** will be comprised of tested and proven Relias training modules and will recognize additional industry acknowledged trainings. Our TIC Provider Recognition Program will provide Continuing Education (CE) Unit, and we will offer education materials tailored to provider type. For example, education to BH providers who are



trained on TIC will differ from education to OB/GYNs on TIC. Other sub-specialties, especially those commonly used by Enrollees in the SKY program, will be identified.

As part of the online program, providers must complete the Relias trainings, which can be accessed through our provider portal, Availity. We will track completion of sessions and successful completion of assessments. Humana will reward TIC-recognized providers by offering an incentive and moving them up the PCP-assignment algorithm for SKY Enrollees. All PCPs with at least five SKY Enrollees on their panel will be strongly encouraged to achieve TIC recognition.

Assessments to test provider compliance and utilization of evidence-based approaches

Humana's Clinical Practice Guideline Adherence Report was developed to evaluate provider adherence to Humana's CPGs. Providers who have a minimum of 30 opportunities to see patients for certain conditions are compared to their peers within a particular specialty. Using claims data and our internally developed clinical rules engine, Anvita, patient visits (opportunities) that meet criteria for each condition are calculated to identify physicians that fall below their peer average. Those physicians that are non-compliant and fall in the bottom 1% in two consecutive quarters will appear on this report for quarterly review.

If a provider is identified as an outlier, the practitioner is reviewed by the **Kentucky SKY Medicaid Medical Director, Ian Nathanson, MD**, for consideration of corrective action. If the practitioner is a BH provider, the Medical Director can consult with our **Kentucky SKY Medicaid BH Director, Liz Stearman, CSW, MSSW, and Psychiatrist, Taft Parsons, MD**, as needed. This may include provider education, a review of Enrollee medical records, or if the negative trend continues post-education, presentation to the Peer Review Committee. Any follow-up actions with the providers in question are included in the quarterly reports to the Kentucky SKY Quality Improvement Committee (QIC), which reports into our Kentucky Medicaid QIC. Humana updates providers on changes or additions to CPGs via YourPractice articles, our secure provider portal (Availity), and the Humana.com webpage. Additionally, in an effort to obtain feedback from providers on Humana's CPGs, we will include a Kentucky SKY Provider Advisory Committee (PAC) with network provider representatives where topics like CPGs are reviewed. Feedback from our Kentucky SKY PAC will help inform future CPGs and initiatives to support compliance with the practices.

Additional Internal Monitoring and Oversight Activities to Ensure Provider Compliance

Humana uses additional methods to assure our providers and our associates who work directly with the Kentucky SKY population comply with all training, education, and treatment requirements prescribed by the evidence-based practice. Our methods include the following:

- External Quality Review Administrative Reviews: Identification of Provider and Enrollee information required to carry out annual, external independent reviews of the quality outcomes and timeliness of onsite or offsite medical chart reviews
- Provider Orientation and Education
- PA requirements, EPSDT preventive health screening services, and EPSDT special services
- The Contractor's Quality Assurance and Performance Improvement (QAPI) program, the External Quality Review Organization, and the Provider's role in impacting quality and healthcare outcomes, including ongoing education about QAPI program findings and interpretation of data when deemed necessary by the Contractor or Department
- Expanding our Relias learning management system to include a reporting dashboard that allows for real-time tracking of provider training completion. Humana will routinely track the completion of required training with follow-up done by our provide engagement team.

e.

Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees

Humana is committing to several initiatives to maximize the degree to which our providers are successfully delivering TIC. These are summarized below:

TIC Program Director: In addition to meeting all required staffing positions for SKY identified by DMS, the importance of TIC is such that Humana has a **Kentucky SKY TIC Program Director, Tricia Cloud, RN**. This individual will be responsible for tracking emerging evidence-based information, organizing Commonwealth-wide dissemination of this information, creating a library of information continually available to all providers on our website, communicating with embedded regional associates (as described in ensuing paragraph) regarding local TIC challenges and opportunities, organizing general educational meetings with community providers, and organizing and attending specific meetings with individual providers. To optimally integrate TIC activities with broader Kentucky SKY services, the Kentucky Medicaid TIC Program Director will also review Kentucky SKY quality data reports and notes from all regional advisory board meetings.

Provider Manual with a Focus on TIC Education: Upon notification of Contract award, Humana will begin drafting a Provider Manual with a strong focus on TIC. This Provider Manual will include, but not be limited to, the following areas:

- Introduction to Kentucky SKY - An overview of common challenges Kentucky's SKY-eligible population faces, importance of individualized assessments, availability of Humana's CCT, etc.
- Links to evidence-based articles about the importance of TIC and ACEs, and how providers can optimally deliver TIC and address ACEs. A brief summary of each article's key findings will be included in the manual
- Definitions of key terminology and acronyms in the TIC arena (ACEs, relevant Kentucky agencies, etc.)
- Case examples from research demonstrating how damaging the absence of TIC can be
- Links to Humana's Enrollee-specific data (e.g., our provider portal containing the most recent Enrollee care plan, assessments, and a summary for each Kentucky SKY Enrollee), which will be accessible only for their patients and prevent a duplication of efforts
- A summary list of key "do's and don'ts" regarding delivering effective TIC for children and adolescents

Collaboration with local academic institutions: Humana and the **University of Louisville's Center for Promoting Recovery and Resilience (CPRR)** are collaborating to develop and implement a training and evaluation plan centered on TIC to better serve the Kentucky SKY population. Specifically, we will leverage:

- Trauma treatment experts and developers to provide clinical trainings to providers in evidence-based, trauma-informed treatment
- CPRR's research and evaluation of use of trauma-focused interventions
- CPRR's expertise in developing trauma curriculum for providers

As noted previously in our response, **Humana and UK** are partnering to broaden provider education on issues that impact Kentucky SKY Enrollees, especially raising awareness and competency around the impact of traumatic events and methods to better serve children who are in the child welfare system.

Online Provider Training: Humana offers our Kentucky Medicaid network providers and will offer our Kentucky SKY providers access to Relias. The Relias library offers over 340 modules targeted at both physical health and BH providers managing the care of Medicaid Enrollees. Most modules are accredited by at least one professional organization and are eligible for CE credit. There are over **20 courses related to TIC** and include:

- Introduction to TIC

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

”
– Anita Barbee, PhD,
MSSW, UofL CPRR

- Trauma-Informed Clinical Best Practices
- Implications for the Clinical and Peer Workforce
- Trauma and Substance Use
- Best Practices in Trauma-Specific Treatment
- Trauma and the Brain

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. 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 move them up the PCP-assignment algorithm** for Kentucky SKY Enrollees.

All PCPs with at least five Kentucky SKY Enrollees on their panel will be strongly encouraged to complete the TIC Provider Recognition program. Providers serving more than five Enrollees who have not completed the training will be flagged for additional outreach. This information will be consolidated into actionable reports and shared with DMS, DCBS, and DJJ to target providers who have not completed the training. Please refer to **Attachment I.G.10-3** and **Attachment I.G.10-4** for our Letters of Support from UK and UofL, respectively.

f.

Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.

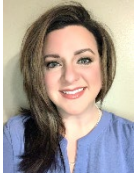
Humana uses telehealth as a way to enhance provider capacity and increase access to care for our Enrollees. Our telehealth solutions include:

MDLive

We will utilize MDLIVE's virtual care platform to offer our Kentucky SKY Enrollees telemedicine capabilities aimed at increasing access to services and reducing ED visits. MDLIVE has a network of board-certified physicians, including specialists in the fields of pediatrics, internal medicine, emergency medicine, general medicine, family practice, and other specialties. Kentucky SKY Enrollees of any age 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** (BH for ages 10 years and up) through our teletherapy and tele-psychiatry, where Enrollees can see a licensed therapist face-to-face from the comfort of their home or other secure location.



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 video. All of these services will be provided by masters-level and licensed therapists, psychologists, and psychiatrists. We will educate Enrollees about MDLIVE through our traditional Enrollee education channels (including our website, Enrollee Handbook, and Enrollee newsletters).



ASSOCIATE SPOTLIGHT:
Amy Brubaker, APRN, FNP-BC

With over five years of experience working as a Care Manager for the Foster Care and Medically Complex Foster Care population and 17 years as a Registered Nurse, Amy has made a positive impact in the lives of many children in Foster Care. Often these children are transitioning into different homes while experiencing issues with physical and behavioral health, and unfortunately, they frequently encounter roadblocks and barriers which prevent them from becoming the best and most healthy self they can achieve. This is where Amy steps in to educate members, foster parents, and DCBS caseworkers to help them obtain services by collaborating with both internal and external stakeholders to assist in removing barriers. Her work with the Medically Complex Foster Case population is unique. Amy performs monthly follow-ups with caregivers and commission nurses and attends biannual Individual Health Plan meetings for these Enrollees. Amy believes her work is vital, and she receives great satisfaction in knowing she is making a difference and positive impact in the lives of the Foster Care and Medically Complex Foster Care population.

PCP-facilitated Telepsychiatry

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, care coordination, and care management. 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. Under this system, PCPs can directly arrange BH services for their patients who screen positive for a BH need, and Humana Enrollees can receive BH services (including the prescribing of controlled medications) in their PCP's office. Notes from the visit can be shared back with the PCP to facilitate physical health and BH integration. This arrangement will particularly benefit Humana Enrollees residing in rural or underserved areas, who may otherwise face lengthy trips to receive BH services.

Partnering with Norton for School-Based Telemedicine

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 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.

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 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.

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(s) by collaborating with individual county health departments to schedule and deploy Public Health Hygienists to the Enrollee's home, school, or other community-based location to help facilitate the virtual appointment.

In the case where treatment in the provider's office is required, care coordination will ensure the best care is received in every instance. Our ability to assist with scheduling is included with care coordination, so that our Enrollees are provided care at a time and location most convenient for them and their care providers. Finally, this set of tools ensures maintained engagement so that continuity of care is preserved, and our Enrollees maintain consistent progress in their treatment plans.

Our use of tele-dentistry will be aligned with the tele-health regulatory requirements released by DMS in the summer of 2019. Jerry Caudill, DMD, the in-state Dental Director for our dental benefits subcontractor, Avēsis, has been actively working with DMS and the Board of Dentistry to develop tele-health regulations.

SUN Behavioral Health

We have 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.

g.

Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach

We recognize the impact social determinants have on health outcomes, especially for children with special healthcare needs, the medically frail, children experiencing trauma, and Former Foster care Enrollees. We assess all our Enrollees to identify needs, employ strategies to improve the health and well-being of our Enrollee population, and develop and implement interventions to address social factors that influence health outcomes. Given the plethora of needs and the lack of resource connectivity that often exist among Foster Care and Former Foster Care Enrollees, it is imperative we address the unmet social needs and risk factors that have a significant impact on health outcomes. Humana is well positioned to coordinate both the health and social aspects of care that bear significant influence on the outcomes of Kentucky SKY Enrollees and their families.

Our approach to addressing SDOH for the Kentucky SKY population is built from our longstanding presence in Kentucky, as well as our experience serving similar populations through our other Medicaid plans. It includes the following key elements:

- Employing dedicated community engagement associates, SDOH coordinators, and Community Health Workers (CHW) to build relationships with community partners and address the individual needs of Enrollees
- Addressing SDOH as critical gaps in care and integrating them as part of Humana's comprehensive and integrated model of care
- Building and maintaining sustainable, strategic relationships with community partners, state agencies, and providers to create evidence-based, scalable, and financially sustainable population health solutions
- Integrating population health priorities into our quality management program to inform improvements in care
- Improved health outcomes, including advancing health equity

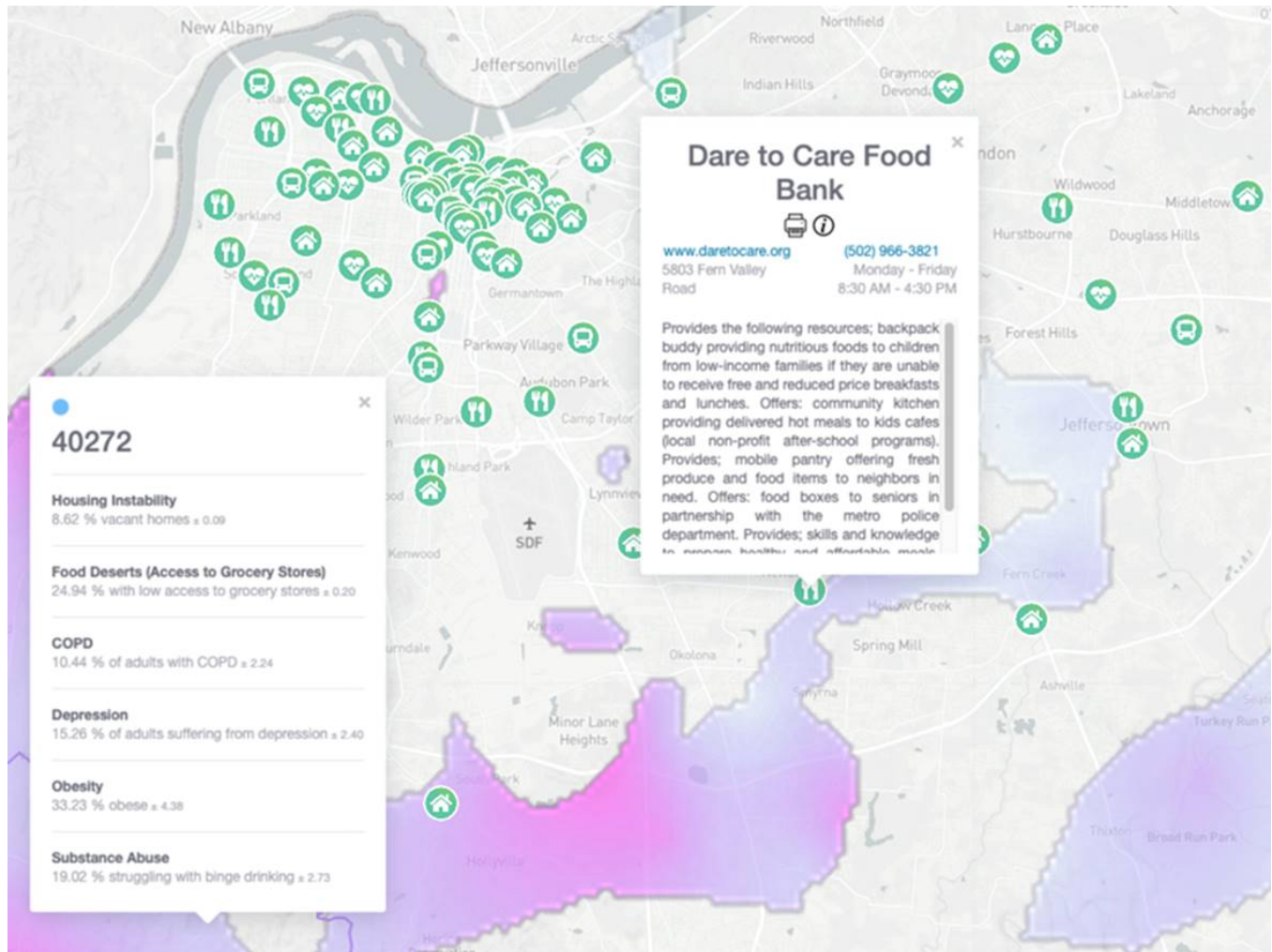
SOCIAL DETERMINANTS OF HEALTH INNOVATIONS

zoom in™ SDOH Data Visualization Tool

zoom in™ is an innovative SDOH mapping tool created by Humana's Bold Goal team, in collaboration with our Enterprise Data and Analytics team. Pulling together dozens of indicators from national public data sources,

zoom in™ offers advanced heat map functions with select curated views, as well as options for the user to layer in additional SDOH indicators to generate more complex composite heat maps at a neighborhood level. Users may also search by address to view summary data points relative to high risk for SDOH. The tool also features a Community Resource Directory (CRD), providing key assets nearest to addresses, including community centers and food pantries. Importantly, **zoom in™ is a free, public, web-based tool that can be used by providers and CBOs, as well as Humana teams and associates.** Refer to Figure I.G.10-4.

Figure I.G.10-4 Humana’s zoom in™ SDOH Data Visualization Tool



Social Risk Index

Research from the Virginia Commonwealth University Center on Society and Health and the Robert Wood Johnson Foundation has demonstrated neighborhoods may be a key indicator of life expectancy. Factors influencing this are zip code-level disparities in education and income, housing stability, access to healthy foods, access to safe recreation, and others. Identifying riskier neighborhoods is important supplemental information that can alert us to emerging risk or hidden risk within our Kentucky membership.

Humana is developing a **social risk index** derived from SDOH data, clinical outcomes data, environmental and geographic-level data, and consumer data. The index will be validated using positive screening data for SDOH needs, along with health utilization and outcomes. When applied to the Enrollee population, **the social risk index will identify communities and neighborhoods that (as a whole) present with SDOH needs.** For example, a higher social risk score for a certain community with a high prevalence of diabetes may indicate an area with limited access to nutritious foods, therefore, placing them at risk for poorly controlled blood sugar and

associated complications. With such findings, this innovative tool will allow Humana to intervene accordingly to support the overall goals of improving health outcomes for the population and empowering individuals to improve their health and engage in their healthcare. Our interventions include (but are not limited to) referrals to care management and support from our Kentucky Medicaid CHWs, SDOH coordinators, and Housing specialists, in addition to partnership and program opportunities below.

Humana will **identify Enrollee SDOH needs through the Enrollee Needs Assessment**, and our CCs and CHWs, who support our CCT, will help to address needs. SDOH needs and services are captured in the Enrollee's care plan. Through our Humana Community Resource Directory (CRD), CCs and CHWs will be able to identify and refer for SDOH needs within our Kentucky SKY membership, including addressing issues such as: food insecurity, education challenges, age-appropriate socialization, and physical safety. Our CHWs, hired from the communities they serve, are trained and have a deep understanding of the available community resources in their communities, and will provide direct and active support to our Kentucky SKY Enrollees to identify and link the child and caregiver(s) to needed social and community supports.

During our risk stratification process, **our predictive models are designed to include SDOH data** and supplement other risk factors in scoring risk levels. Following level of care assignment to each Enrollee, our CCs will develop the care plan that will address all the physical, behavioral, and social needs in order to implement a holistic care plan that also addresses SDOH needs and insecurities.

COMMUNITY PARTNERSHIPS

United Way of Kentucky

Humana is committed to working with **United Way of Kentucky** to broaden coverage of 2-1-1 across the Commonwealth. The Kentucky 2-1-1 community resource directory (CRD) is powered by United Way across the Commonwealth, but does not have contact centers and coverage in all counties. Through Humana's new partnership with the United Way of Kentucky, we are helping fund and deliver 2-1-1 services to the entire Commonwealth, with an expectation of addressing efficiency and standardization of user experience as we move forward. Please refer to **Attachment I.G.10-5** for our Letter of Support from United Way.

United Community Louisville

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

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

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

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

Identification of Sub-Populations

We use numerous strategies to identify sub-populations experiencing higher levels of need in areas such as housing, food insecurity, physical safety, and transportation; sub-populations demonstrating unequal levels of poor health outcomes or access issues based on factors such as geographic location, age, ethnicity, race, gender identity, sexual orientation, religion, primary language, disability status, and income level; and ESHCN.

Our evaluation process includes diverse data sets and information analyzed to identify groups within our populations experiencing health disparities, deep data analysis to identify causal factors, and employing our CQI approach to design interventions to improve outcomes for the sub-population. Our process includes evaluating the following:

- Chronic and/or complex condition sub-populations: Enrollees who experience chronic and/or complex conditions such as asthma, obesity, SUD, and Serious Emotional Disorder (SED)
- SDOH sub-populations: Enrollees experiencing unmet SDOH needs such as housing insecurity, physical safety, food insecurity, and transportation
- Utilization-based sub-populations: Enrollees with high use of preventable services, such as ED use for low-acuity conditions
- Special sub-populations: Children with special healthcare needs, medically fragile, and Enrollees who have developmental, behavioral, intellectual, and/or physical disabilities

Rapid Cycle Quality Improvement Methodology

Humana will apply our rapid cycle quality improvement methodology to consistently address SDOH needs and identify the key determinants of health outcomes for our Kentucky SKY Enrollees. We run monthly reports to look for gaps, assess performance, and then follow-up appropriately. This methodology in particular includes (1) monitoring system-wide issues; (2) identifying opportunities; (3) determining the root cause of identified problems; (4) exploring alternatives and developing an action plan; and (5) activating the plan, measuring the results, evaluating effectiveness of actions, and modifying as needed. Humana considers root cause analysis a crucial part of our quality improvement process, allowing us to fully understand and to create a targeted solution to resolve an issue and prevent recurrence. As part of our analysis process, we analyze trends and data based on geographic and demographic data and stratifying outcomes by race, ethnicity, language spoken, gender identity, zip code, disability status, and other population characteristics.

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Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.

COORDINATION WITH DMS, DCBS, DJJ, AND PROVIDERS

Humana's approach to coordinating with state agencies as well as providers is two-fold. We will leverage our CCTs to share information and make it available to relevant parties via secure fax, and our Co-located Complex Care Coordinator will be able to coordinate directly with DCBS and DJJ sharing any up-to-date information.

We understand the importance of navigating through the appropriate channels to receive the Informed Consent and Release of Information and Record Form, as it is critical to our ability to manage the care of our Enrollees. To the extent possible, Humana will work with sister agencies to provide real-time access to Enrollee data. All information collected from providers, such as completed assessments that include the results for each question, will be populated in our provider portal, Availity. To ensure all relevant entities have access to this information, we will work with DCBS and DJJ to set-up a bi-directional feed into The Workers Information SysTem (TWIST) and DJJ's Juvenile Offender Registry Index (JORI) system.

Upon Contract award, Humana will enter and/or update data-sharing agreements with sister agencies, including:

- DMS
- DCBS
- Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)
- DJJ
- The Administrative Office of the Courts

Additionally, we will coordinate with sister agencies that may have served or can be a resource to help us fill the needs of Kentucky SKY Enrollees. Such agencies include the Department of Education, Department for Aging and Independent Living, Department for Public Health, and the Office for Children with Special Health Care Needs (OCSCHN).

This solution allows DCBS and DJJ Workers and staff to be most effective in the systems on which they are trained and accessing real-time information more efficient. With a complete view of the Enrollee's social and health issues gained by accessing completed assessments in TWIST and JORI, our associates will be able to understand the complexities the Kentucky SKY Enrollee is facing and identify existing needs.

We have worked across our organization to be a data-rich partner by investing heavily in connecting with relevant data sources, including but not limited to, provider platforms and Health Information Exchanges (HIE). Today, Humana has connectivity with **all of the top Electronic Health Record (EHR) systems** in the country. Through these bi-directional data feeds, we share clinical information, gaps in care, and demographic information.

Systems Solution to Medical Records and Information Sharing

We will obtain data sharing consents from appropriate legal custodian(s), and systematically capture data sharing consents for each Kentucky SKY Enrollee whose gives permission to share medical information with treating providers. All information sharing described below will be contingent on appropriate consent.

- Voice & Choice Information Exchange care portal: Humana is committed to providing a SKY dedicated care portal to share data as appropriate with the Enrollee and members of the care team working with that child. The level of information shared through such a portal would be role-based to meet the permissions and consents appropriate for the SKY Enrollee. For the children in DCBS or DJJ custody consent would be sought by the assigned State worker in addition to family of origin where appropriate. Adoptive parents will be consulted and the final consenting party for children in the Adoption Assistance program. Assigned Care Coordinators will work with Former Foster Youth to help them understand their rights to privacy and determine which parties of the care team can be approved for varying levels of access on the portal.
- Medical Passport: Humana understands the value of the Medical Passport. We will support the family or caregiver maintenance of the Medical Passport, ensuring all appointments for medical, BH, vision, dental care; immunizations; and relevant clinical history are included. DCBS staff ensures the Medical Passport stays with the Enrollee and that it is updated and current information, however, Humana will support identifying Enrollees who do not have a Medical Passport, and work with DCBS to obtain one when necessary. Humana will seek to work with DCBS to develop a process to scan the Medical Passport into Humana's systems in the event the Medical Passport is lost or misplaced.
- Availity: Humana's primary form of communication with providers through our provider portal, Availity, offers clinical data management, simplifying the process to respond to care gaps and participate in quality programs. We also deliver information to providers using **Availity's Payer Spaces, which allows secure access to the Enrollee's contact information, assessments, and care plans**. This platform also gives the providers the necessary data to evaluate their own performance and provides Humana with data to identify outliers and prioritize areas for outreach. Humana will have the capacity to share Enrollee medical records with DCBS. The care plan (in its most recent updated form) will be available online.

Medical Record Sharing Consent Processes

All communication and exchange of Enrollee information is done in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and confidentiality requirements. We will confirm that the Enrollees and their guardians understand that the release of information is designed for treatment coordination between provider, court, and DCBS to inform child protection decisions, and the development of provider-centered care plans.

Access to Medical Records via the CC

DCBS, DJJ, and all key providers involved with a specific Kentucky SKY Enrollee will be on our CCT and will have access to the continually evolving care plan. We will be in regular contact with these parties through the CCT. The assigned CC will ensure that every Enrollee of the CCT has access to our provider portal where information on Enrollee care plans, assessments, medication history, and lab results is available.

Collaboration with DCBS

Humana is dedicated to creating a close, collaborative partnership with DCBS to ensure the Kentucky SKY population is closely supported and managed. As previously noted, Humana recognizes there are times that DCBS will need direct contact with our Co-located Complex CC for urgent Enrollee issues that occur after hours and/or on the weekends. We will provide DCBS this access after-hours and weekend/holidays through our 24 hours a day, seven days a week Kentucky SKY Members Services Call Center, a monitored email box, and the ability to access a Kentucky SKY Co-located Complex CC. We also propose placing our Co-located Complex Care Coordinators **at key DCBS locations** to assist with the coordination of obtaining pertinent information from the DCBS office, such as Form DPP 106-B, assessments, and the Enrollee's last service plan.