

### G.13. Technical Approach USE CASE 1: TRAUMA-INFORMED CARE

While a strong body of research and training tools has emerged to educate providers to deliver effective trauma-informed care (TIC), this information is not yet widely disseminated and incorporated in providers' assessment and treatment approaches, as evidenced by the situation described in this USE CASE. To address and prevent such issues, Humana will operationalize a comprehensive TIC provider outreach and engagement strategy for Kentucky Medicaid providers, aimed at improving the delivery of TIC and associated evidence-based practices (EBP). Our commitment includes designating a **TIC Program Director** dedicated to our Kentucky SKY plan. **As part of our onboarding process, mandatory TIC training for Kentucky SKY providers** will establish a value-based **TIC Provider Recognition Program** that recognizes providers who have completed TIC training in our provider network and prioritizes them in our Primary Care Provider (PCP) assignment algorithm for our Kentucky SKY Enrollees. We **partner with the Department for Medicaid Services (DMS); Department for Community Based Services (DCBS); Department of Juvenile Justice (DJJ); Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID); and community organizations** (including the University of Kentucky, the University of Louisville, the BOUNCE Coalition, and Healing TREE) to assess provider TIC knowledge and deliver comprehensive education and support, and invest in a provider education e-learning library, managed by Relias, to provide on-demand provider training on topics important to the Kentucky SKY population, including **TIC**.

#### a. Evidenced based practices and trauma-informed care for the Kentucky SKY membership

Working with our Kentucky SKY Provider Advisory Committee and Kentucky SKY Quality Improvement Committee (QIC), our Kentucky SKY TIC Program Director, Tricia Cloud, RN, tracks and identifies EBPs that we will recommend to our provider network. This close collaboration enables us to train providers on how to implement techniques into their practice. We will solicit feedback on trauma-informed EBPs that can best serve our Kentucky SKY membership through the following means:

- Humana's TIC Program Director will engage with DMS, DCBS, DJJ, DBHDID, our community partners, and providers in the Eastern Region and across the Commonwealth to identify the EBPs the providers are offering and whether they have received formal training or recent training on these modalities, as well as those trauma-informed EBPs not currently in use.
- We will also consult with the Eastern Kentucky Area Health Education Center, the regional extension of the University of Kentucky's professional education network, regarding training opportunities that may be available for providers in Eastern Kentucky.
- To support these Commonwealth and regional efforts, we will conduct an analysis of claims for diagnosis and billing claims that indicate use of a trauma-informed approach as well as provider surveys. We will also use these results to identify additional EBPs and TIC approaches from which Enrollees can benefit and offer associated provider training. This analysis will be used to inform EBPs for inclusion in the Commonwealth's Family First Prevention Services Act Implementation Plan.

Our TIC Program Director will work with the responsible Provider Relations representatives to schedule one-on-one meetings with the hospitals in the Eastern Region as well as a regional town hall session to educate providers on EBPs. As indicated by our review of provider training needs and knowledge regarding TIC (further described below), we will hold similar meetings across the Commonwealth.

The trauma-specific EBPs that we will initially emphasize among Kentucky SKY providers include trauma-focused cognitive behavioral therapy, parent-child interaction therapy, and child-parent psychotherapy.

We assign every provider in our network a Provider Relations representative who forms a one-to-one relationship with the provider to offer support and identify their training and education needs. Our TIC Program Director will work with our Provider Relations representatives to disseminate materials on EBPs, including how to apply them in their practice, how to bill for them, and any relevant assessments. The TIC Program Director

will also select relevant courses in our provider education e-learning library, operated by Relias, for providers to complete. When a provider is found to require additional training or support in the area of TIC, our Provider Relations representatives will work with the TIC Program Director to organize appropriate education.

**b.** Unique needs of children and youth in Foster Care

Children and youth in foster care often have needs that differ from those of traditional Medicaid Enrollees. This population's exposure to trauma is one of the primary differentiators and leads to higher incidence of behavioral health (BH) issues; increased likelihood of developmental delays; greater need to coordinate care and services across multiple state agencies such as DCBS, DJJ, law enforcement agencies, courts, and Community-Based Organizations (CBO); risks related to developing a substance use disorder (SUD); higher incidence of care gaps due in part to multiple transitions and lack of permanency; and complex privacy and guardianship considerations.

We designed our Kentucky SKY provider support model, including our training and education program, to ensure that providers are knowledgeable about these unique needs and understand how to accommodate them in their practices to avoid situations like that described in the scenario. Within 30 days of their contract effective date, all new providers in Humana's network receive initial orientation training from their assigned Provider Relations representative, who will also serve as their point of contact for all future trainings. This will include training on topics specific to the Kentucky SKY population, including training in TIC (as further detailed below under Section I.G.13.e), the impact of Adverse Childhood Experiences (ACEs), Neonatal Abstinence Syndrome (NAS), substance-exposed infants, and the specific physical health and BH needs of Kentucky SKY Enrollees.

Our provider education model is based upon continual collaboration with DMS, DCBS, DJJ, and DBHDID, and stakeholders from the law enforcement community, the Juvenile Justice (JJ), and courts system. This ensures that our materials and approach accurately reflect the circumstances of foster care Enrollees, as well as the system of care available to support them. By educating our providers on the unique needs of the care population, we aim to avoid the situation described in this USE CASE.

**c.** Access to and sharing of medical records

Access to medical records can tackle two of the main issues in this Case: lack of awareness of previous tests and knowledge of the Enrollee's history of trauma. The providers described in this USE CASE failed to seek medical records before performing duplicate testing. To avoid a repeat of this issue, we educate the hospital staff, including the providers caring for emergency department (ED) patients, on how to request and access medical records through our Voice & Choice Information Exchange care portal, provider portal, Availity; electronic healthcare records (EHR); and the Kentucky Health Information Exchange (KHIE).

- Humana's Voice & Choice Information Exchange: Humana is committed to providing a Kentucky SKY-dedicated care portal, Voice & Choice Information Exchange, 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 Kentucky SKY Enrollee. This portal will allow for all members of the Care Coordination Team (CCT) to provide critical inputs and be informed on the Enrollee's progress toward care goals.
- Availity: Humana's provider portal, Availity, offers our network providers an integrated view of their Enrollee's clinical and non-clinical needs. This includes our Enrollee's care plans, assessments, pharmacy history, care reminders, and lab results. This enables our network providers, including the EDs described in the scenario, to access comprehensive information on the Enrollee's history of trauma and past tests without requiring any additional investments in data-sharing infrastructure.
- EHR: We aim to make access to medical records as seamless as possible to reduce provider burden and support immediate access. If the ED uses an EHR with which we have a bi-directional connection, the Enrollee's medical history can be easily accessed, and the residing doctor will be able to see previous tests and the results of those tests, avoiding future duplication. We have invested in data sharing

connections with **all eight top EHR companies** such as Allscripts, Epic, and eClinicalWorks, some of which are bi-directional, giving the provider a comprehensive Enrollee summary.

- **KHIE**: We will require our in-network providers to connect to KHIE, which provides valuable data about our Enrollees' past interaction with the healthcare system.

We recognize that our network providers in rural areas and small practices may face barriers to EHR and KHIE adoption, potentially restricting their access to medical records through these avenues. **We have partnered with the Commonwealth's Regional Extension Centers (REC) to support EHR adoption and usability of KHIE.** Humana will also establish an **EHR Usage and Adoption Program** to identify and encourage providers who have not yet adopted EHRs. Humana's Provider Relations representatives will use the REC's outreach capabilities to identify providers who have not yet adopted EHRs and work with them directly to build customized EHR adoption plans. This EHR adoption program will ensure that federal and state funds have been leveraged and technical barriers are identified. The RECs and Humana Provider Relations representatives will work to address financial and technological (e.g., broadband connectivity) barriers to ensure all providers are connected to EHRs.

#### d. Provider contracting

**Building a Strong Kentucky SKY Network**: As a result of our experience in Kentucky Medicaid since 2013, Humana's network includes all the traditional Medicaid providers, such as Behavioral Health Service Organizations, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), and Community Mental Health Centers (CMHC), as well as all acute care hospitals in the Commonwealth. To support our recruitment efforts for the Kentucky SKY program, we met with **The Children's Alliance** to obtain a referral list of providers serving Kentucky SKY-eligible Enrollees. We used this list to cross-reference to our Medicaid network and initiated a targeted recruitment strategy to ensure we had these providers in network, recognizing both their experience with this population and possible existing knowledge of TIC. Moving forward, we will work with the Children's Alliance Independent Provider Association to identify gaps in your network and contract with additional providers as they grow their network.

Our Provider Contracting team will work with DMS, DBHDID, DCBS, and DJJ to identify additional providers who serve Kentucky SKY Enrollees, including family therapy services provided by Family Resource and Youth Services Centers. Upon identifying these providers, our Provider Contracting team will work with Commonwealth agencies to focus our efforts and prioritize Kentucky SKY-oriented specialties in the Eastern Region.

**Compliance with Training Requirements in the Contract**: Humana will ensure our network providers are compliant to all Contract terms specific to training and cultural competence. Our Provider Relations model includes Provider Contracting and Provider Relations representatives who work hand-in-hand to monitor contract compliance. Our Provider Relations representatives monitor performance on an ongoing basis, arranging support and education for providers, and engaging our Provider Contracting team for any contractual matters. For large providers, our Provider Relations Director hosts one-on-one meetings with key provider leadership and contracting teams to discuss contractual performance, including incidents of inappropriate treatment.

We track providers' interactions with Provider Relations representatives and education and training, including TIC training, through Humana's **Population Insights Compass and Relias**. This documentation includes granular yet important engagement details, such as specific topics discussed (e.g., quality, patient safety, provider concerns, and preventive measures) between the provider and their Provider Relations representative. Provider Relations representatives document provider action plans, which are uploaded to Compass to aid providers with Enrollee health management.

Provider Relations representatives conduct monthly follow-ups with providers who do not complete training. Failure to adhere to required initial and ongoing training may result in corrective actions, following the process described earlier. If a provider's performance does not adhere to contractual requirements, the Provider Relations representative and Network Contracting team implement either an informal plan to address the

deficiencies or a formal corrective action plan (CAP) with the provider. With the support of our TIC Program Director, Tricia Cloud, Humana will arrange additional support for the provider to assist them in performance improvements and will monitor their performance until the issues are resolved and the CAP is released.

TIC Financial Incentive Program: Our contracts will offer a financial incentive for network providers to access TIC training and reward them for successfully completing evidence-based TIC training.

**e.** Provider education and ongoing support

Assessing Provider Knowledge of TIC: The situation described in this USE CASE indicates a clear and pressing need for provider education and support. Upon learning of the situation from DCBS, our Care Coordinators (CC) work with our Provider Relations team to identify appropriate training and education, using the techniques described below. In addition to working collaboratively with Kentucky SKY stakeholders to identify training needs across the program, we will also target training to the needs of individual providers. These needs may be self-identified or brought to us by DMS or DCBS, through our Provider Relations representatives, through our Grievance and Appeals System, or through our sophisticated data analytics systems.

In this case, the CC notes the failure of the provider to complete the appropriate assessments as required by their provider contract and assists the Enrollee in filing a grievance concerning her visit to the ED. Upon her submission of the grievance, our Provider Contracting team and the Provider Relations representative are alerted through our Customer Relationship Management (CRM) platform and inventory management tools. While our Grievance and Appeals team processes the grievance in accordance with our policies and procedures, the Provider Relations representative reviews the case to identify corrective actions that should be taken to address the lack of proper screening and assessments and duplicative testing, including targeted education and training. The Provider Relations representative liaises with our TIC Program Director to arrange appropriate trainings for the providers and ED associates. This incident is reported to our Kentucky SKY Provider Advisory Committee (PAC) to discuss strategies to support the provider in remediation of the issues, share progress updates, and identify opportunities to leverage lessons learned and share best practices with other providers in our network.

Provider Education Program: Humana uses a cross-functional, integrated, and “high-touch” approach to support and train our providers. We view our training as opportunities for our network providers to understand Humana operations and processes, programmatic requirements, provider roles and responsibilities, and the vast resources and education available to them.

**Our provider support model couples our broader training modules and programs with targeted, needs-based training.** We begin provider engagement with orientation in the provider’s office, which includes information on all necessary and contractually required topics to help guarantee a mutually successful partnership. Our Kentucky SKY-specific training will focus on person-centered planning principles, processes, and policies, TIC, the High Fidelity Wraparound approach, suicide prevention, and the strengths-based approach. We will offer training on these topics via on-demand Relias modules (available via our provider portal), scheduled grand round sessions at hospitals, and one-on-one training.

We regularly review our provider trainings to ensure that they are meeting the needs of our network providers and our Enrollees. Our TIC Program Director will work with our Kentucky SKY Community Engagement Director and Provider Relations team to prioritize training topics by provider type and will participate in our Kentucky SKY Quality and Member Access Committee (QMAC) to identify trainings of interest.

Community Partnerships: We have partnered with several experts in the field of TIC to help us design and evaluate our provider education program, including:

- University of Kentucky’s Center on Children and Trauma
- Healing TREE (Trauma Resources, Education, and Empowerment), a Kentucky-based non-profit organization dedicated to transforming how our society responds to abuse and trauma

- The BOUNCE Coalition, which provides in-depth education tailored to the needs of foster care youth, including practical skill building for interacting with children impacted by ACEs

Through our partnerships with these organizations, we will bring the expertise of academic institutions and community partners to our providers in Eastern Kentucky and across the Commonwealth.

**We will also partner with medical and nursing schools across the Commonwealth to provide grand round- and case round-style sessions**, led by our Kentucky SKY Psychiatrist, Taft Parsons and TIC Program Director, Tricia Cloud. Through this format, we will train current and future practitioners in the importance of TIC and trauma-specific EBPs.

TIC Provider Recognition Program: Our TIC Provider Recognition Program is designed to reward our providers for completing TIC training and to help our Kentucky SKY Enrollees, foster families, DCBS Social Service Workers (SSW), and our clinical associates quickly recognize and connect with providers who have made a commitment to TIC. Providers who complete TIC training through our Relias e-learning library or receive a TIC certification may qualify for the TIC Provider Recognition Program. All PCPs serving Kentucky SKY Enrollees will be strongly encouraged to participate in our TIC Provider Recognition Program. We will flag all providers serving more than five Enrollees who have not completed the training for additional outreach. To incentivize providers to complete and achieve our TIC Provider Recognition, we will offer **value-based incentives** for completing the TIC Provider Education Program. Additionally, **Humana will reward TIC-recognized providers by identifying them in our Provider Directory and moving them up the PCP-assignment algorithm for Kentucky SKY Enrollees.**

Our Provider Relations representatives will monitor each provider's progress on completing the TIC Provider Recognition Program as well as additional trainings. Provider Relations representatives will also work with the provider's office staff to identify training needs and to address all aspects of the program.

Provider Manual: Humana distributes a Provider Manual to all providers. The manual includes information about our TIC Provider Recognition program, other Kentucky SKY program specific quick reference guides, and a detailed TIC Education chapter.

Provider Support: Along with tailored education and training efforts, we have designed our provider support program to ensure that providers receive an enhanced level of support from Humana. In addition to the support provided by our Provider Relations representatives, our TIC Program Director will be available to provide one-on-one support for providers. Our Quality Improvement Advisors (QIA), who visit our PCPs and high-volume specialists on a quarterly basis, will review medical charts for Humana Enrollees to look for **evidence of trauma assessments**. In addition, our QIAs will provide guidance on the implementation of trauma-related EBPs. The QIAs will assess providers' knowledge of TIC, identify the courses a particular provider may have completed, and recommend additional courses available through Relias or other platforms, when appropriate. The QIA will have the support of our TIC Program Director, Psychiatrist, and Kentucky SKY BH Director during these discussions.

#### f. Performance monitoring

In this USE CASE, Humana was informed of the provider's shortcomings in the provision of TIC through the DCBS SSWs. We will work with DCBS to fully understand the specific issues that have arisen among our providers in Eastern Kentucky, and work with our TIC Program Director, Provider Support, and Provider Contracting teams to institute corrective actions, including additional training or monitoring.

Humana is committed to instituting performance monitoring procedures that detect and respond to promptly identify and respond to issues with TIC. Humana will encourage open dialogue with DCBS around these issues through our quarterly meetings with DCBS on specific Enrollee needs; our Co-located Complex Care Coordinators (CC), who will be co-located in key DCBS locations; and participation in any other ad hoc meetings, as DCBS sees fit. Upon request, we will engage our Provider Contracting and Provider Relations teams in these conversations to ensure their awareness of and response to any needs in our provider community.

Our performance monitoring approach includes:

- Monitoring Completion of Provider Trainings and TIC Provider Recognition Program: Compass enables Humana’s Provider Relations team to log and track contacts with provider groups and completion of TIC Provider Recognition Program, as well as other training.
- Provider Representative Visits: Network providers who have not accessed evidence-based TIC training modules and who serve five or more Kentucky SKY Enrollees will be contacted by Humana’s Provider Relations representatives. We will encourage providers to access the training modules (pointing out the financial bonus and network directory recognition advantages) and show them how to access these modules.
- Patient Experience Survey of Kentucky SKY Enrollees: We will survey a sample of providers delivering care to five or more Kentucky SKY Enrollees to assess their patient experience. The survey tool will include questions eliciting information about the providers’ TIC competency. De-identified results are shared with our TIC Program Director and Provider Services staff team for follow-up and institution of appropriate training or monitoring programs.
- Enrollee Grievances: Humana will identify providers with potential TIC education and performance issues through self-reports, information shared by our Provider Relations representatives and QIAs from their routine provider interactions, Enrollee/caregiver grievances, notification from DCBS, or any other form of feedback we receive (formally or informally) through the course of our operations.
- Population Insights Compass: **Compass uses several metrics to evaluate provider performance on access to care, delivery of preventive services, adherence to treatment, avoidance of duplicate tests and services, and management of complex conditions.** Through these reports we seek to provide a fair and accurate representation of how providers are meeting evidence-based standards of care.

**g.** Cultural competency

Our provider education approach will emphasize the provision of culturally competent TIC to ensure that our provider community is aware of how race, ethnicity, immigrant status, sexuality, urbanity and rurality, and disability play a role in trauma. We will aim to tailor this training to any specific cultural considerations for the provider’s specific region. For example, our training for the Eastern Kentucky providers described in this scenario will touch on how the mountain culture of the Appalachian region may affect an Enrollee’s experience with and response to trauma. In urban areas, we will focus on the experiences of Kentucky’s refugee populations, as well as other characteristics to specific to urban residents.

We will train all our Enrollee-facing Kentucky SKY associates on TIC and Post-Traumatic Stress Disorder as part of new hire and annual training processes. **This training will help Humana achieve our goal of offering the Kentucky SKY program a trauma-informed organization.** Humana will bring in a certified trainer to consult with our TIC Program Director on the design of this program and its content. Our Provider Relations representatives will be locally based and will work directly with providers to explain the need for, and benefits of, our TIC training.

As part of our associate onboarding training, all of our Kentucky SKY Medicaid associates will participate in our Poverty Simulator module whereby our associates must navigate various circumstances a Medicaid Enrollee faces. The Poverty Simulator will be modified to add simulations of Kentucky SKY Enrollee cases and will give associates a unique, practical understanding of the challenges our Enrollees face. Additional cultural competency courses are offered during associate onboarding as well as on an ongoing basis.

**h.** Community engagement

Headquartered in Kentucky, Humana has strong ties to our Kentucky communities and the communities that support the foster care population. The unique aspects of the Kentucky SKY program require a collaborative approach that is premised upon community engagement. We commit to establishing regional **Kentucky SKY QMAC** in each region, including the **Northeastern and Eastern Mountain regions in Eastern Kentucky.** Led by our Kentucky SKY Community Engagement team, the QMACs will identify specific opportunities for in-person TIC

training in the community. The regional QMACs will report training to the Kentucky SKY QIC and Kentucky SKY PAC to identify ways to improve the program, such as training and programmatic improvements.

We will also collaborate with the DCBS-chaired Regional Interagency Councils (RAIC) to identify ways we can support TIC awareness and proficiency. The RAICs have strong community ties and include school and justice system representation. We will encourage these RAICs to participate in our QMACs.

Recently, with the support of our Louisville Health Advisory Board under our Bold Goal program, Humana contributed to setting the world record in most individuals trained on Question, Persuade, and Refer (QPR) in one week. The initiative was a success: approximately 40 trainers who led 117 training events in 50 locations trained more than 2,200 Kentuckians. We will bring a similar approach to training the community at large on TIC.

We will continue to maintain strong connections to our communities through event sponsorships, associate volunteering, and other means of involvement. Through these connections, we often are invited to deliver educational materials and presentations. We will also regularly attend selected events such as school board trainings, DJJ staff meetings, Guardian ad Litem orientations, System of Care Academy, and foster parent appreciation events.