B. Company Background

3. Staffing

a. Describe the Vendor's proposed approach to staffing this Contract, including the following information at a minimum

Our large Kentucky presence and our culture of "giving back" to our community are also an important advantage to the Department for Medicaid Services (DMS) and the Kentucky Medicaid program. Humana's workforce includes approximately 12,577 Kentucky-based associates, and we have a proven commitment to supporting our community. Humana associates have also contributed nearly 551,000 volunteer hours in the Commonwealth since 2014, demonstrating Humana's commitment to community development and our associates' dedication to the communities we serve. Our Humana Kentucky Medicaid team is almost entirely Kentucky-based. Serving the Kentucky Medicaid population represents an important, exciting opportunity for our team in ways that go well beyond the business dynamics.

Humana's approach to identifying key personnel places primacy on finding leaders who reflect our values. These values are embodied in a key focus on putting Enrollees first through our whole-person model of care that accounts for their physical health, behavioral health (BH), and social needs in a culturally competent manner. We hire leaders committed to making a positive impact on the Medicaid delivery system and the social supports infrastructure as a whole. We recognize addressing today's most challenging health needs requires collaboration from multiple points of view. Therefore, we seek individuals with diverse experiences and perspectives. Their unique characteristics, backgrounds, and insights drive the novel, innovative, and strategic thinking that has allowed and continues to allow Humana to positively impact the diverse marketplace. Our Plan Chief Executive Officer (CEO), Jeb Duke, works alongside our Recruitment team, Human Resources department, and our national Medicaid leadership teams to hire leaders who embody these characteristics, while driving strategic, clinical, and operational priorities. This model has been successful: **The average tenure of our senior Medicaid managers is 10 years.**

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

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

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

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

Humana's organizational structure is built upon more than 50 years of experience from multiple lines of business, industry best practices, organizational values, Commonwealth and federal regulations, Draft Medicaid Contract requirements, and national healthcare agency guidelines. Our Kentucky Medicaid organization consists of our established **local Kentucky-based market resources, supported by our local Executive team, and overseen by our national leadership**. This structure brings together best practices, infrastructure, and feedback from multiple sources (e.g., providers, Enrollees, associates, subcontractors) to help us achieve programmatic goals, deliver high-quality care and improve health outcomes, and respond quickly to emerging Enrollee needs.

ORGANIZATIONAL STRUCTURE DRIVING INNOVATION

We have dedicated resources within our clinical, provider, and operations areas to support **our fully integrated model** and execute the broader vision championed by our Market Executive Team. This structure ensures innovative solutions are integrated throughout our organization. Established innovative roles within our organizational structure include:

Table I.B.3-1: Innovative Solutions throughout Our Organizational Structure

Clinical Structure	
Position	**Innovative Support**
Culture and Community Engagement Director	• Reports to the Population Health Management (PHM) Director • Develops and supports our community partnership strategy • Builds partnerships with key Community-Based Organizations (CBO) • Manages our team of Community Engagement Coordinators
Community Engagement Coordinators	• Report to our Culture and Community Engagement Director • Assist Enrollees in accessing needed community-based resources • Assist community partners in understanding the Medicaid program and the services available to individuals they serve • Ensure Humana's Community Resource Directory (CRD) is accurate and up to date • Serve as primary liaisons between Humana and our community partners • Perform community outreach and activities to drive Enrollee engagement and improve health outcomes (i.e., organize and attend community events with strategic partners like Avēsis)
Social Determinants of Health (SDOH) Coordinators	• Manage social support needs for all Enrollees regardless if Enrollee is in care management • Support Community Health Workers (CHW) to ensure CBOs are included in our CRD
Housing Specialists	• Guide our homeless respite model and all housing needs, including victims of domestic violence
Community Health Workers (CHW)	• Key members of our Comprehensive Care Support (CCS) team • Serve Enrollees through face-to-face contacts in the communities • Lead our Unable-to-Contact (UTC) approach to find high-risk Enrollees who are difficult to locate • Help complete Health Risk Assessments (HRA) within 30 days of enrollment

Table I.B.3-1: Innovative Solutions throughout Our Organizational Structure

Provider Organizational Structure	
Position	**Innovative Support**
Practice Innovation Advisor	• Educates and advises providers on how to invest the Practice Transformation Incentive (PTI) (a payment for mutually agreed-upon practice infrastructure improvement investments such as developing telehealth capabilities) into their practices
Quality Improvement Advisor (QIA)	• Serves as clinical liaison for providers • Collaborates with providers to guide practice-specific strategies to improve quality performance and close gaps • Works with our providers on how to increase Enrollee engagement in their own healthcare
Operations Structure	
Position	**Innovative Support**
Encounter Data Quality Coordinator	• Organizes and coordinates services and communication between Humana and DMS for the purpose identifying, resolving, and monitoring encounter and data validation/management issues • Answers questions, provides recommendations, and participates in problem-solving and decision-making related to encounter data, submissions, and processing
Member Service Representatives (MSR)	• Executes our Enrollee-centered approach to call center operations to provide a seamless experience for Enrollees • Responds to a wide range of calls and situations from all our Enrollees, including those with language barriers, hearing impairments, literacy limitations, or other challenges • Incorporates Voice of the Customer (VOC) principles to include making outbound calls and inquiries with and/or on behalf of our Enrollees – efforts that facilitate an improved Enrollee experience, coordination of care, and quality of care

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

Our fully integrated CCS team promotes whole-person and integrated care for our Enrollees. The CCS team consists of clinical and non-clinical associates with expertise in physical health, BH, and addressing SDOH to fully support Enrollees with co-occurring, complex needs. This co-located team has access to integrated clinical information through our clinical platform, Clinical Guidance eXchange (CGX). We ensure our Enrollees have access to a single point of contact for all their care needs while benefiting from the multidisciplinary care team's (MDT) expertise. The addition of CHWs to our CCS team allows Humana to meaningfully address SDOH, in the community and face-to-face with our Enrollees, bringing a full array of clinical and social supports that support individualized and whole-person care.

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

through cross-functional forums. For example, if quality measure reporting reveals polypharmacy issues present among Medicaid Enrollees with BH conditions, our Quality Improvement Director, Audra Summers, RN, Medical Director, Lisa Galloway, MD, Pharmacy Director, Joe Vennari, PharmD, BH Director, Liz Stearman, CSW, MSSW, and other cross-organization essential personnel collaborate to develop a quality initiative. This team then coordinates with respective operational areas to implement this quality improvement activity and work with Provider Services staff to initiate provider education. In addition, our Medical Director and BH Director co-chair our Kentucky Medicaid Quality Improvement Committee (QIC), ensuring integration occurs throughout our Kentucky Medicaid market.

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

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

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

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

health solutions. Humana recognizes that effective partnerships are foundational to delivering effective care and our teams are dedicated to using our data to inform our outreach and engagement strategy.

a.iii.	Description of the governing body, how members are selected, and envisioned role specific to the Vendor's support of the Kentucky Medicaid managed care program.

DESCRIPTION OF HOW THE GOVERNING BODY MEMBERS ARE SELECTED

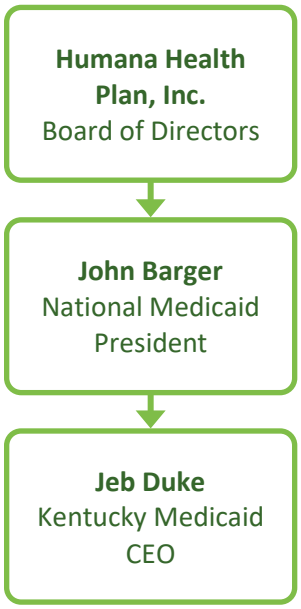
The Senior Management team of Humana Inc. selects the Board of Directors of Humana Health Plan, Inc. Board of Directors of Humana Health Plan, Inc. are long-tenured Humana executives of Humana. This selection process ensures executives within the corporation that have direct impact on plan operations, compliance, regulatory oversight, financial performance and strategy are considered for the Board of Directors. Executives that best fit the criteria are nominated and placed on the board.

For additional details regarding the governing body of Humana Health Plan, Inc., please refer to **Attachment I.B.3-1** for Humana Health Plan, Inc.'s bylaws.

HOW THE GOVERNING BODY SUPPORTS THE KENTUCKY MEDICAID MANAGED CARE PROGRAM

The governing body of Humana Health Plan, Inc. provides direct oversight, guidance and supervision of the Kentucky Medicaid program through its National Medicaid President, John Barger. Mr. Barger, who reports directly to the governing body, is accountable to for all functions of plan performance, compliance and operations. Mr. Barger's Kentucky leadership team is led by Humana's Kentucky Medicaid Plan CEO, Jeb Duke, and his fellow Kentucky Plan executives including Medical Director, Lisa Galloway, MD, Chief Financial Officer, Patrick Szydlowski, and Chief Operations Officer, Samantha Harrison. Mr. Duke and his team have a proven track record and a combined 73 years of Healthcare experience.

Figure I.B.3-1 Leadership Hierarchy



The Kentucky Medicaid Plan CEO and Kentucky Plan executives routinely interact with our National Medicaid President. The Kentucky Medicaid Plan CEO and other executives, are expected to provide, at a minimum, a once per month update to the Medicaid National President through formal presentations. These formal presentations provide an update on the Plan's operational & financial performance, staffing, obstacles that require coordination to solve, current market trends, and other topics.

In addition to this oversight, Alan Wheatley, a Board Member of Humana Health Plan, Inc. and Humana Medicare/Medicaid President, also conducts bi-weekly Medicaid staff meetings to receive updates from across Humana's Medicaid markets on plan performance and obstacles.

Finally, the Medicaid National President regularly provides written and presents updates to the Board of Directors. Mr. Barger briefs the Board of Directors on plan performance, how the plan is meeting Kentucky's needs, financial and compliance matters, and other strategic considerations.

By requiring regular presentations and updates across Kentucky Plan executives, the National Medicaid President and the Board of Directors, Humana has developed an integrated and formal approach to the governing body's support of its Medicaid programs. This integrated and formal approach allows Humana to apply lessons learned in one line of business to another line of business nimbly and reliably, ensuring a consistency in product delivery that has become our brand trademark.

a.iv	A listing of Key Personnel identified in Section 9.2 of **RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices,"** and as otherwise defined by the Vendor, including:

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

a.iv.a.	Individual names, titles, brief job descriptions, qualifications and fulltime equivalents (FTEs) dedicated to this Contract, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be two thousand eighty (2,080) hours.

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

a.iv.b.	Whether each Key Personnel position will be filled by a Vendor's employee or a Subcontractor.

Table I.B.3-2: Key Personnel – Individuals

Individual Name	Title (listed in order of Draft Medicaid Contract)	Brief Job Description	Qualifications	Fulltime Equivalents (FTEs)	Office Location	Humana Employee or Subcontractor
Jeb Duke	Chief Executive Officer (CEO)	• Oversees implementation of all requirements detailed in Draft Medicaid Contract • Manages Executive Team	• 12 years of healthcare experience • 8 years of Medicaid Managed Care experience • Masters of Business Administration (MBA) • Military leadership experience	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee
Samantha Harrison	Chief Operating Officer (COO)	• Oversees all health plan operations	• 23 years of varied healthcare operations experience • 6 years of Kentucky Draft Medicaid Contract management experience • Bachelor of Arts, Gerontology	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee
Patrick Szydlowski	Chief Financial Officer (CFO)	• Oversees health plan budget and accounting systems	• Extensive financial leadership experience • Demonstrated expertise in health insurance financial analysis and planning • Bachelor of Science, Finance	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee

Table I.B.3-2: Key Personnel – Individuals

Individual Name	Title (listed in order of Draft Medicaid Contract)	Brief Job Description	Qualifications	Fulltime Equivalents (FTEs)	Office Location	Humana Employee or Subcontractor
Kimberly Myers	Chief Compliance Officer	• Oversees compliance with all legal and contractual requirements • Oversees planning and activity related to correction of Draft Medicaid Contract deficiencies or noncompliance (if necessary) • Serves as primary contractual compliance contact with Commonwealth • Maintains knowledge of Federal and State law, legislative initiatives, and regulations	• 8 years of healthcare litigation and compliance experience • Strong knowledge of health plan legal and contractual requirements • Certified Compliance and Ethics Professional • Certified in Healthcare Privacy Compliance	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee

Table I.B.3-2: Key Personnel – Individuals

Individual Name	Title (listed in order of Draft Medicaid Contract)	Brief Job Description	Qualifications	Fulltime Equivalents (FTEs)	Office Location	Humana Employee or Subcontractor
Lisa Galloway	Medical Director	• Responsible for all contractual clinical functions and health programs (including treatment policies/protocols, Quality Improvement activities, Population Health Management, Utilization Management (UM) decisions) • Ensures timely medical decisions • Oversees Medically Frail determinations and programs • Supervises all clinical directors and staff	• 21 years of varied clinical experience • 14 years of clinical leadership experience • Experience overseeing UM, quality, clinical policy development, provider relations, population health and disease management • Doctor of Medicine • American Board of Family Practice • Medical Review Officer Certification • Kentucky Medical License	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee
Joseph Vennari	Pharmacy Director	• Manages the provision of all pharmacy services	• 14 years of pharmacy operations and leadership experience • Doctor of Pharmacy (PharmD) • Kentucky Pharmacist Licensure	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee

Table I.B.3-2: Key Personnel – Individuals

Individual Name	Title (listed in order of Draft Medicaid Contract)	Brief Job Description	Qualifications	Fulltime Equivalents (FTEs)	Office Location	Humana Employee or Subcontractor
Jerry Caudill	Dental Director	• Ensures timely decisions for oral health services • Participates in all oral health programs	• 37 years of varied dentistry experience • Extensive Medicaid Managed Care expertise • Doctor of Dental Medicine (DDM) • Certified Telemedicine Clinical Presenter and Technology Professional • AADC Certified Dental Consultant • Kentucky Licensed General Dentist	1 FTE	Current and Upon Award: [redacted]	Subcontractor-Avēsis
Liz Stearman	Behavioral Health (BH) Director	• Coordinates all efforts to provide BH services • Participates in all BH programs	• 19 years of varied BH clinical experience • Extensive experience in BH management • Masters of Social Service Work (MSSW) • Certified Social Worker, Commonwealth of Kentucky	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee

Table I.B.3-2: Key Personnel – Individuals

Individual Name	Title (listed in order of Draft Medicaid Contract)	Brief Job Description	Qualifications	Fulltime Equivalents (FTEs)	Office Location	Humana Employee or Subcontractor
Majid Ghavami	Provider Network Director	• Oversees all provider services and provider network development activities • Oversees coordination with Credentialing Verification Organizations	• 31 years of experience in provider services and network operations • Bachelor of Arts, Accounting	1 FTE	Current and Upon Award: 321 West Main Street, Louisville, KY 40202	Humana Employee
Audra Summers	Quality Improvement Director	• Oversees all Quality Improvement activities	• 20 years of managed care experience • Extensive quality improvement, care management, and project management experience • Master of Science and Bachelor of Science, Nursing • ANCC Certified Adult Psychiatric Mental Health Nurse Practitioner Certification Number • Certified Professional in Healthcare Quality • Registered Nurse in Kentucky	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee

Table I.B.3-2: Key Personnel – Individuals

Individual Name	Title (listed in order of Draft Medicaid Contract)	Brief Job Description	Qualifications	Fulltime Equivalents (FTEs)	Office Location	Humana Employee or Subcontractor
Adrienne McFadden	Population Health Management Director	• Oversees Population Health Management (PHM) program and services	• 5 years of executive-level population health management experience • Extensive experience analyzing clinical insights and relaying to key business areas including strategy, governance, population health improvement, consumer-centered design, financial structures, value-based care, data and analytics and government relations • Doctor of Medicine (MD) • Juris Doctorate (JD)	1 FTE	Current: 500 West Main Street, Louisville, Kentucky 40202 Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee
Tom Payne	Management Information Systems (MIS) Director	• Oversees and maintains the MIS	• 31 years of information technology (IT) experience • Extensive information technology and software management experience • Bachelor of Science, Business Administration	1 FTE	Current and Upon Award: 500 West Main Street Louisville, KY 40202	Humana Employee

Table I.B.3-2: Key Personnel – Individuals

Individual Name	Title (listed in order of Draft Medicaid Contract)	Brief Job Description	Qualifications	Fulltime Equivalents (FTEs)	Office Location	Humana Employee or Subcontractor
Sarah Porter	Enrollee Services Manager	• Coordinates all Enrollee communications • Coordinates all Enrollee advocacy programs • Manages all Enrollee Services staff	• 7 years of health plan operations and management experience • Extensive Enrollee services management experience • Bachelor of Arts	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee
Michelle Weikel	Provider Services Manager	• Coordinates network development • Coordinates provider and clinical subcontractor communications	• 24 years of varied healthcare experience • Extensive network operations experience • Certified Case Manager • Registered Nurse in Kentucky	1 FTE	Current and Upon Award: 515 West Market Street, Louisville, Kentucky 40202	Humana Employee
Kathy Kauffmann	Utilization Management (UM) Director	• Responsible for operation of UM program • Oversees all subcontractors performing UM activities	• 17 years of clinical healthcare experience • Experience leading utilization and care management activities in Kentucky • Certified Case Manager • Registered Nurse in Kentucky	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee

Table I.B.3-2: Key Personnel – Individuals

Individual Name	Title (listed in order of Draft Medicaid Contract)	Brief Job Description	Qualifications	Fulltime Equivalents (FTEs)	Office Location	Humana Employee or Subcontractor
Martha Campbell	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Coordinator	• Coordinates and arranges for provision of EPSDT services and EPSDT special services	• 22 years of varied healthcare experience • 15 years of experience managing collaborative models of service delivery to targeted populations & providers • Health plan operations and management experience • Master of Science, Community Development	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee
Elizabeth Emery	Guardianship Liaison	• Serves as primary liaison for meeting needs of Enrollees who are adult guardianship clients	• 20 years of experience in pediatric care and care management • 5 years of experience in care management for services for foster children and state guardianship adults • Registered Nurse in Kentucky	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee

Table I.B.3-2: Key Personnel – Individuals

Individual Name	Title (listed in order of Draft Medicaid Contract)	Brief Job Description	Qualifications	Fulltime Equivalents (FTEs)	Office Location	Humana Employee or Subcontractor
Christina Mayes	Program Integrity Coordinator	• Manages Program Integrity unit to reduce Fraud, Waste, and Abuse (FWA) • Serves as Commonwealth point of contact on all Program Integrity issues, facilitating timely responses to requests for information	• Extensive healthcare management experience • Certificate in Project Management • Bachelor of Science	1 FTE	Current and Upon Award: 500 West Main Street, Louisville, Kentucky 40202	Humana Employee
Brenda Stamper	QAPI Coordinator	• Manages all Quality Assessment and Performance Improvement (QAPI) program activities	• Extensive healthcare quality improvement experience • Bachelor of Science, Nursing (BSN) • Registered Nurse in Kentucky	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee
Andrea Williams	Enrollee and Provider Complaint, Grievance, and Appeal Coordinator(s)	• Manages all non-clinical activities related to provider complaints • Manages all non-clinical activities related to Enrollee grievances and appeals	• 14 years of experience leading business analysis and Business Process Outsourcing (BPO) projects. • Extensive health plan operations and project management experience • Bachelor of Science, Business Administration	1 FTE	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana Employee

Table I.B.3-3: Key Personnel – Staff

Key Personnel Staff Identified	Brief Job Description	Qualifications	Fulltime Equivalents (FTEs)	Office Location	Humana or Subcontractor
Claims Processing Staff	• Modify and document processes to meet changing requirements, troubleshoot process problems, and propose solutions • Ensure timely, accurate, and complete processing of original claims, resubmissions, and overall adjudication of claims • Check status of claims through use of telephone, websites, or other means available	• Maintain current knowledge of billing coding including Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), revenue codes, and modifiers • Experience in healthcare claims processing or combination of education, training, and experience • Computer proficiency in Windows, knowledge of Microsoft Office products with an emphasis in Excel • Detailed knowledge of electronic billing processes and universal billing forms (UB04, Health Care Financing Administration (HCFA) 1500) • Ability to accurately complete required documentation within the timeframes prescribed	Claims Processors: 21 Leadership: 4.25 Support: 48.55 **TOTAL: 73.8**	Current and Upon Award: 101 East Main Street, Louisville, Kentucky 40202	Humana

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

Please refer to **Attachment I.B.3-2** for the resumes of Humana's Key Personnel assigned to the Kentucky Medicaid Program.

a.v.	Summary of recruitment timelines and activities for Key Personnel positions for which individuals have not been identified at the time of the proposal. Describe contingency plans should those positions continue to remain open after Contract Award.

For our Kentucky Medicaid program, **Humana has identified individuals for all Key Personnel positions** (detailed in our response to the previous question).

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

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

RECRUITMENT TIMELINE IN THE EVENT OF KEY PERSONNEL TURNOVER

While we do not anticipate the need to recruit for Key Personnel positions, we understand that circumstances for individuals may change over time. To that end, we have a proven plan in place to fill any positions that may become vacant following proposal submission. Our employment contracts with senior leaders include levers to incentivize associates to ensure a smooth transition by carrying out responsibilities until their successor has been hired and fully on-boarded. In the event that a Key Personnel leader leaves the company before their replacement has been hired, Humana will appoint an interim leader for the position until it has been filled.

Because Key Personnel hold such important leadership roles, Humana has a thoughtful, methodical approach to recruit for the positions. Our first priority to fill such a vacated position would be through an existing leader succession pipeline, which we develop and maintain for priority roles across the organization. This approach allows emerging leaders to have a robust development path as well as ensuring that critical roles are filled with consistently high performing individuals with deep Humana roots as often as possible. In the event that a role does not have a succession plan or where that plan is not viable, we will engage a priority recruiting process. To find leaders with strong experience in their relative area of expertise—ideally with direct Kentucky Medicaid experience—and who are deeply aligned with Humana's cultural and operational missions, we structure our recruiting timeline for Key Personnel using a 45-60 day recruitment succession plan. We consider 45 days to be when recruitment efforts stop and no further interviews occur, while it takes up to 60 days for the offer to be accepted and a start date finalized. In the event that the need arises to expedite this process (i.e., a position becomes vacant closer to Contract go-live), we will build our timeline backwards, starting with a month prior to

readiness review activities (to ensure on-boarding and full acclimation to Humana prior to readiness) as the hire date. During 2019, Humana filled a total of 13,421 job openings.

Humana is implementing a new CRM and Career Site early in 2020 which will allow us to actively manage and cultivate candidate relationships, increasing the likelihood of converting those value driven connections to hires. The CRM, in concert with enhanced marketing strategies, will provide a holistic Talent Recruitment Strategy that will allow the Talent Acquisition team to connect with a much wider audience and enhance the candidate experience.

Table I.B.3-4: Recruiting Timeline

Recruiting Phase	Key Activities
Days 1-3	• Interview exiting leader and associate teams to identify key responsibilities, skills, and experience for their successor • Draft job responsibilities, required skills/experience, and required education that reflect contractual requirements and internal insights • Post requisition for the Key Personnel position across all internal/external forums
Days 4-15	• Launch "headhunter" process to identify and initiate communication with high-caliber candidates • Human Resources reviews applicants' resumes to identify and prioritize promising candidates • Humana resources conducts initial screenings to further assess candidates' qualifications and interest in the position • Identify interview panel members
Days 15-28	• Conduct face-to-face behavioral interviews with Kentucky Medicaid CEO and other relevant leaders, as well as all direct subordinates • For leading candidates, conduct second (and third, as necessary) interviews designed to test tactical skills and experience • Identify prioritized list of top three candidates
Days 28-35	• Extend and negotiate terms of employment offer • When necessary, extend an employment offer to back-up candidate
Days 35-45	• Conduct thorough background screening process to identify any criminal history or discrepancies with the candidates' background and experience • Conduct drug screen • When necessary, Humana disqualifies candidates based on findings from these screenings, and then extend an employment offer to back-up candidates
Days 45-60	• Notify the entire Kentucky Medicaid team, along with all other affected internal/external parties, of the new leader to assume the key personnel position • New hire initiates employment with Humana, beginning with orientation, training, and other onboarding processes

Humana's Human Resources department uses a multi-faceted approach that uses many programs and forums to identify and recruit leaders, which we outline below.

ONLINE RESOURCES

As the primary source of industry recruitment, Humana leverages the Internet to recruit highly qualified individuals. Our career website connects candidates to job postings and provides recruiters a robust database of diverse applicants from which to source. Our recruiters search this database and conventional websites (such as

Indeed and CareerBuilder) to identify potential candidates who may not have applied to advertised positions. In addition, we use targeted and niche websites (such as LinkedIn, Twitter, and Facebook) for specific positions.

Table I.B.3-5: Online Recruitment Sources

Posting Board	Description
Career Builder, LLC	Managed Services Agreement (MSA) for Sourcing for Service Operations, Sales, Pharmacy & Clinical/RN. Our team of Recruiters also has resume Search Licenses for sourcing candidates for all types of openings
Direct Employers	Non-profit consortium that provides job listing with local state offices and unlimited resume search licenses to their database. All outreach is with military, veteran, disability diversity
FlexJobs	Postings scrape setup for "flexible jobs" (part-time and work at home)
Glassdoor	Job scraping and paid job ads
Indeed	Job scraping on all Humana jobs; paid banner ads and Recruiter search licenses
Dice	Technology job postings and resume search licenses
LinkedIn	HR posts the role to LinkedIn, using the site to identify and conduct direct outreach to high-caliber candidates, inviting them to apply
Handshake Tool	Networking, Job Posting, and Event Management Platform for College Students
Military Spouse Employment Partnership (MSEP)	Our MSEP membership allows us to link to the Military Spouse Job Search Web site which supports all military service branches
Social Media (Facebook & Twitter)	Run digital ads on these platforms to attract talent

ADDITIONAL RESOURCES

Military Outreach

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

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

Humana is also committed to hiring veterans as we understand and appreciate the extraordinary commitments veterans have made for our nation and Commonwealth. In 2011, Humana launched the Veterans Hiring Initiative, and **since then we have hired more than 5,100 veterans and military spouses, nearly 700 of whom are located in Kentucky**. Our objective is to: provide employment and development opportunities to veterans and their spouses; meet our talent demands with uniquely qualified military talent that enhances the service provided to our members; and act as a corporate leader in support of the military and veteran community. To date Humana has received 42 awards for Veteran's Initiative Results as shown in **Table I.B.3-.6 and Figure I.B.3-3 below**.

Table I.B.3-6 Veteran's Hiring Initiative Results

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

Figure I.B.3-2: 2019-2020 Veteran's Hiring Initiative Awards and Recognitions

VETERANS HIRING INITIATIVE PROGRAM RECOGNITION

Top Companies for Veterans Award from DiversityInc- 2018 and **2019**

Top Veteran-Friendly Company Award - *U.S. Veteran's Magazine's* Annual Best of the Best, 2016, 2017, 2018, and **2019**

Best For Vets Employer from Military Times – 2011, 2012, 2013, 2014, 2015, 2016, and 2017, 2018, and **2019**

Top 100 Military - Friendly Employer Award from Viqtory Media -2012, 2013, 2014, 2015, 2016, 2017, 2018, and **2019**

Military Friendly Top Ten Gold Award from Viqtory Media-2018, **2019**, and **2020**

Extraordinary Employer Support Award from the Employer Support of the Guard and Reserve (ESGR)- 2016

Top Veteran Employer from MilitaryHire.com 2018

Top 100 Military-Friendly Spouse Employer Award from Viqtory Media - 2012, 2013, 2014, 2015, 2016, 2017, 2018, and **2019**

Recruit Military Most Valuable Employers (MVE) for Military®- 2012, 2013, 2014, 2015, 2017

Secretary of Defense Distinguished Freedom Award
Finalist 2012
Winner 2013
2nd Time Nominee for Award 2016

TOTAL PROGRAM AWARDS TO DATE: 42

College Programs and Sources

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

- Healthcare Leader Rotation Program: Develop enterprise-thinking leaders through structured rotational program with an emphasis on strategy, finance, and operational experiences
- Actuarial, Information Technology and Accounting/Finance: Recruit actuarial talent to full-time roles at Humana

- Black Achievers: Partnership between Humana Foundation and Black Achievers program to award scholarships and internship opportunities to top diverse talent
- Graduate Program Recruitment: Recruit best talent across the country to full-time roles at Humana
- Management Leaders for Tomorrow (MLT) / Consortium for Graduate Study of Management (CGSM): Recruit African-American and Hispanic students from top schools
- University of Louisville: Recruit top MBA talent enrolled at the University of Louisville for various roles across the enterprise
  - While we have a partnership with the University of Louisville to recruit top Masters of Science of Social Work, Humana recruits from all colleges and universities but does not have an associate at the campus
- Specialized Internships: Determined by business area need, enables us to quickly fill roles

ASSOCIATE REFERRAL PROGRAM

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

CONTINGENCY PLAN

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

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

a.vi.	Overview of the Vendor's proposed training of staff to fulfill all requirements and responsibilities of **RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices,"** for all operational areas.

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

INITIAL ONBOARDING

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

- **Humana's Welcome Center**, which is responsible for organization-wide training for new hires on day one of onboarding. This system uses Computer-Based Training (CBT) modules extensively to ensure consistency, quality of training material, and overall efficiency. Since CBT training is readily available, Humana associates can complete training at their own pace within the required training timeframe.

- **The Humana Learning Center**, our learning management system (LMS), is a resource available to all associates throughout their employment and is responsible for delivering CBTs and tracking attendance in virtual or in-person instructor-led training (ILT).
- **ILT** provides in-person or virtual support using Skype or WebEx. Highly qualified facilitators who have previous experience performing the roles they now train conduct training via our specialized video conference training.
- **Self-study training** using materials specifically designed and developed for this format of learning. Some of this content may be standalone or requisite pre-work for an ILT or a CBT.

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

ONGOING TRAINING

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

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

Ethics and Compliance Training

Effective compliance and FWA training is a cornerstone of Humana's Compliance Plan, and is administered in our Ethics and Compliance Training curriculum. This required training is completed annually by all Humana associates, including the CEO, all senior leaders, the Board of Directors, and contingent labor, including all subcontractors. Additionally, our new associates, senior leaders, and members of the Board of Directors (including temporary and contracted workers) are required to complete Ethics and Compliance Training within 30 days of hire or start date, and are required to complete the "Ethics Every Day" training annually thereafter. Employees of entities we acquire are required to complete the Ethics and Compliance Training within 60 days of acquisition close date, and complete the "Ethics Every Day" training annually thereafter. **Table I.B.3-7** summarizes training modules within the Ethics and Compliance Training.

Table I.B.3-7: Ethics and Compliance Training Modules

Training	Description
Ethics & Compliance Core Training	• Familiarize or re-familiarize with Ethics Every Day, Humana's code of conduct, and Humana's policies and procedures. This includes using these resources at the point of need in daily activities. This will help create a perfect experience for our customers and help prevent future issues or misconduct • Recognize why a compliant culture is vital to our company success and ensure every business action contributes to an ethical and compliant culture • Recognize the importance of reporting ethical and compliance issues such as FWA

Table I.B.3-7: Ethics and Compliance Training Modules

Information Protection	• Describe and recognize threats to data and information security • Locate the Enterprise Information Protection (EIP) policies and standards • Cite applicable state and federal regulations that govern data and information • Evaluate how data is classified and identify potential risks • Apply rules to protect their passwords, computer, email, and workspace while in the office, at home, or traveling • Send and store data in alignment with the Humana polies and standards • Use available resources to assess potential risks and report issues
Medicare/ Medicaid (based upon role)	• Recognize how a compliance program operates • Recognize how to report compliance program violations • Distinguish between First-Tier, Downstream, and Related Entities • Define Medicare Advantage (MA) Program overview • Identify applicable MA marketing guidelines and risks for providers • Describe the key concepts and considerations related to Medicare Risk Adjustment, documentation, coding, billing, and claim submission • Explain the importance of Speaking Up, including how and where to report issues and/or suspected violations • Explain the duty to report as it generally relates to FWA in the healthcare setting

Cultural Competency Training

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

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

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

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

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

General and Program-Specific Medicaid Training

Humana is dedicated to continually training and developing our Medicaid leaders and associates. **Table I.B.3-8** details the general and Kentucky program-specific continued Medicaid training courses for our associates that align to each person's level of experience or tenure at Humana.

Table I.B.3-8: General and Program-Specific Medicaid Training

Training	Description
Medicaid: Kentucky Contract Training	• This course reviews the Kentucky Medicaid Plan and covers a plan summary, landscape, and benefit details for the plan • All associates who touch the Kentucky Medicaid Plan will be required to complete this course. The Course is a breakdown of the Draft Medicaid Contract • Includes definitions and abbreviations; Kentucky Medicaid; General Responsibilities of the Managed Care Plan; enrollment/disenrollment specifications; unborn/newborn enrollment; marketing and outreach; Enrollee educational materials; required Medicaid benefits; Humana expanded benefits; Humana Healthy Behavior Program; Incentive programs; Grievances and Appeals; written documents; provider programs; service level agreements (SLA); penalties and sanctions; state reports; etc.
Medicaid Basics (101, 103, 104)	Online Classes • 101: Explores basic framework of Medicaid; eligibility; benefits; Humana's involvement in the Medicaid program; Dual Demonstration; Long Term Care Services and Support; Non-Long Term Care Services and Support; additional resources • 103: Focus on Long Term Services and Supports; eligibility; Long Term Care; Home and Community Based Services; Participant Directed Option or Consumer Direction; printable infographics of listed topics • 104: Focus on Long Term Services and Supports; eligibility; Long Term Care; Home and Community Based Services; Participant Directed Option or Consumer Direction; printable infographics of listed topics
Medicaid 110: Medicaid Plan Product Training	• Industry overview of Medicaid Plans, including the program overview, population information, program principles, benefits, and the Humana landscape
Medicaid 111: Long Term Services and Supports Product Training	• Industry overview of LTSS including the program overview, population information, program principles, benefits, and the Humana landscape
Medicaid 112: Medicare-Medicaid Plan Product Training	• Industry overview of Dual-Eligible Plans including the program overview, population information, program principles, benefits, and the Humana landscape

Cybersecurity Training

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

We offer formal security training through four mechanisms:

- Online: We offer CBT and user guides for cybersecurity best practices and related projects (e.g., P-Synch User Guide, Secure Mail, File Transfer, Data Classification), including annual Ethics and Compliance training.

- Phishing: Humana measures our risk exposure from associates and contingent workforce by simulating real-world criminal phishing attacks and reports campaign metrics to management. We use feedback from metrics to drive training and awareness activities.
- Ladder: We manage this badging and rewards program to encourage associate engagement with cybersecurity topics. The Training and Awareness team supports Ladder platform through incentives, communications, application development, and administrative services.
- Get Lunched: We host a minimum of six Lunch & Learn sessions per year to educate associates on cybersecurity topics (e.g., smartphones, phishing, identity theft) across the entire organization. These sessions include security guest speakers, and we award participants Working on Well-being (WOW) Bucks.

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

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

Disaster Recovery and Business Continuity Training

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

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

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

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

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

- Introduction to the Enterprise Resiliency Office (four modules):
  - Business Impact Analysis
  - Strategy and Plan development
  - Crisis Management and communication
  - Plan Exercises

- Crisis Management Overview
- Humana Business Continuity Plan table top exercise – Severe Weather
- Humana – Pandemic BC exercise
- Humana – Network outage BC exercise
- Humana – Vendor outage BC exercise

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

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

Business Continuity (BC) Plan owners and Recovery team members participate in annual testing exercises of their Business Continuity Plan. These exercises include different loss types such as facility, people, technology, and subcontractors in test scenarios. The Crisis Management team and Enterprise Critical Incident Response Team (ECIRT) conduct other tests such as active shooter, hurricane response, and other natural or man-made disaster responses. The Enterprise Resiliency Office develops and makes BC training videos available for Business Continuity Plan Owners and Recovery to view annually as required training. The Enterprise Resiliency Office and Retail Operational Risk Management coordinate the timing and design of these tests. Refer to **Table I.B.3-9**.

Table I.B.3-9 Business Continuity Plan Training

Training	Description
Health, Safety and Welfare	• Overview of health, safety, and welfare concepts, including how to recognize and report suspected events.
Fraud, Waste and Abuse and Business Ethics	• Overview of FWA concepts including how to recognize and report any suspected events.
Health, Safety and Welfare	• Overview of health, safety and welfare concepts including how to recognize and report suspected events.
Fraud, Waste and Abuse	• Overview of FWA concepts, including how to recognize and report any suspected events.
Information Protection	• Describe and recognize threats to data and information security • Locate the Enterprise Information Protection (EIP) policies and standards • Cite applicable state and federal regulations that govern data and information • Evaluate how data is classified and identify potential risks • Apply rules to protect their passwords, computer, email, and workspace while in the office, at home, or traveling • Send and store data in alignment with the Humana polies and standards • Use available resources to assess potential risks and report issues
Humana Learning Systems	• Locate and navigate the Humana Learning Center (HLC) • Enroll in a course • Launch a course • Mark a course Complete and add it to a personal Training History • Review the Training History • Track grades • Search for a course • Explain what a CBT is • Navigate through a CBT
Perfect Experience	• Describe what Perfect Experience means at Humana • Identify the characteristics of Perfect Experience
Health Insurance 101	• Define key insurance terms
Humana and Well-being	• Identify Humana's dream relating to well-being • Explain the elements for well-being and why they are important to Humana
Go365	• Explain Go365 and how it works • Explain how participants earn Vitality points and rewards • Locate the Go365 site and Vitality blog
Human Resources and Department Policies	• To provide guidance on Humana Corporate Human Resources (HR) and market departmental policies and procedures.

Table I.B.3-9 Business Continuity Plan Training

Training	Description
Emergency Management Plan Training	• Review of the Emergency Plan, the individual roles needed to implement the plan, updating emergency contact information, reviewing the Humana Medicaid BCP SharePoint site resources, printing needed emergency related documents, and registering for Humana notification alerts. A mock exercise will be conducted with selected associates to ensure the plan is functional and to test if changes are needed.
Quality Management & Risk Management System	• Explains what is considered quality and risk • Provide demonstration of how to access, create, and submit a quality and risk referral

Member Services Representatives (MSR) Training Curriculum

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

Humana's in-house National Education and Policy department, which has proven expertise in training our associates on Medicaid programs, developed our extensive and effective call center training curriculum. Our training program consists of initial onboarding training, annual compliance training, and additional ad-hoc training based on business needs or program updates. Ongoing training includes self-paced learning focused on knowledge gaps or process changes. Our learning platform, eModules, leverages game technology to increase engagement and knowledge transfer. Our audio and video tools include Adobe Captivate, which offers best-in-class screen captures, eLearning delivery, testing, and role plays to portray real-life situations. **Table I.B.3-3** provides an overview of the content of our curriculum.

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

- Phase One: Trainees learn how to serve the day-to-day needs of Enrollees by mastering all facets of the Kentucky Medicaid Managed Care program. The curriculum covers use of information systems, including our Customer Relationship Management (CRM) tool and Mentor, as well as step-by-step guidance.
- Phase Two: Trainees participate in hands-on practice sessions in the classroom, including simulations in test environments to learn and apply concepts. As a standard practice, role-playing is conducted with coaching and feedback supplied to the new MSR.
- Phase Three: Trainees initially listen to a seasoned mentor taking live calls, and after sufficient training, the trainee takes live calls with a supervisor at their side.

Table I.B.3-10: Overview of MSR Curriculum Content

Training	Description
Covered Services	Benefit packages, services covered vs. not covered, Non-Capitated Services for Kentucky Enrollees; Value-Added Services (VAS); confirming Enrollees with Special Healthcare Needs (ESHCN) status; eligibility for and scope of BH services; pharmacy, emergency pharmacy, and Durable Medical Equipment (DME) services
Kentucky Requirements	Prior authorization (PA); lock-in; Service Management processes; risk management; FWA; health, safety, and welfare; role of Primary Care Providers (PCP); PCP changes; Enrollee ID card requests; enrollments or disenrollments; grievances and appeals; and ethics
Cultural Competency	Interactive communication/Soft Skills, call fundamentals, call Quality, cultural competency training, ethics and compliance training, health literacy, web-based cross-cultural communication training program, quality interactions, cultural competency tools, SDOH, specialized training for Enrollee-facing associates

Table I.B.3-10: Overview of MSR Curriculum Content

Training	Description
Enrollees with Intellectual and Developmental Disabilities (IDD)	• Accessibility and accommodations for Enrollees with disabilities, including IDD; Teletypewriter (TTY) & video relay • Effective Verbal Communications Methods
Enrollees with Limited English Proficiency	• Language assistance programs for Enrollees, including interpretation services; the importance of clear communications, positive engagement, teach-back mechanism • This topic is covered for any learners speaking on behalf of Humana to Enrollees in a bilingual role
Locating Providers	Identifying the Enrollee's PCP and specialty physicians; Helping the Enrollee find in-network providers; Guiding Enrollees on accessing our online provider directory; Conducting a warm transfer to a provider's office; Validating services are covered and approved (for specialty care visits); Initiating a three-way call with the Enrollee and their provider's office
Appointment Scheduling for Enrollees	Ensuring the Enrollee receives needed information to schedule the appointment; Conducting warm transfers to the physician's offices; Scheduling appointments for Enrollees
Referrals to Nurse Advice or BH Crisis Line	Referring Enrollee requests to Medical advice line, Service Management teams and BH Crisis Hotline, as appropriate; understanding process flows; escalation processes
Privacy and Health Insurance Portability and Accountability Act (HIPAA)	All associates complete initial and annual training on ethics, HIPAA, and privacy; Managers complete 10 hours of business law training annually on privacy and HIPAA
Crisis	Handling Enrollees' urgent issues; Mock training where MSRs listen to recorded "real-life" examples of crisis situations; understanding process flows and escalation processes; maintaining Crisis Call desktop procedure; critical event or incident reporting
Warm Transfers and Escalations	Handling escalations of emergent situations; engaging in productive conversations with difficult callers; diffusing conflict and threatening remarks; transferring calls to a Supervisor, Manager, or Director
Enrollee Communication	• Calls Fundamentals • Interactive Communication
Call Quality	• Net Promoter Score (NPS) and Perfect Call Metric • Call Quality • Consumer Experience* • Identifying Impactful and Actionable Elements • Documentation • Raise the Bar

Table I.B.3-10: Overview of MSR Curriculum Content

Training	Description
Greeting a Caller	• Authentication Overview • Authenticating an Enrollee • Authenticating a Personal Representative • Authenticating an Agent • Authentication Call Situations • HIPAA
Calls 16259-Softphone-GDE	• Demonstrate how to log into Softphone • Choose a status using the Choose Status button • Log an authenticated call using Softphone • Log an un-authenticated call using Softphone • Transfer a call using Softphone • Conference a call using Softphone • Using SoftPhone in CRM • SoftPhone Refresher
Special Introduction to Calls	• Intro to Calls • Health Literacy
Introduction to Call Systems	• Customer Interface • DIG Toolbar • Claims Administration System (CAS) • Clinical Guidance eXchange (CGX) • Customer Care Portal 2 (CCP2) Swivel • Customer Relationship Management (CRM) • CRM Reminders and Misc. • System Access Check
Billing and Enrollment	• Medicaid Eligibility Statute • Identification (ID) Cards • Welcome Kit • Physician Finder • PCP Changes • Provider At A Glance (PAAG) • Demographic Changes • Enterprise Measurable Messaging Ecosystem (EMME) (Enrollee letters) • Order Management System (OMS)/Order Entry Systems (OES) (order Enrollee materials)
Grievance and Appeals	• Customer Service - Grievance and Appeals • Customer Service- Quality, Attitude & Access (QAA) Grievance and Appeals
Uninterrupted Care COC	• Uninterrupted Care • Continuity of Care • Provider Verification

Table I.B.3-10: Overview of MSR Curriculum Content

Training	Description
Pharmacy Role Overview	• Pharmacy Calls Role • Rx Basics • Pharmacy Supporting Systems and Tools • Eligibility • Verification of Benefits • Drugs • Prior Authorization • Access to Care • Coordination of Benefits (COB) • Complaints • Guidance
Benefits-Medicaid Plans	• Medicaid Benefits • Introduction to Medical Authorizations
Claim Introduction	• Introduction to Claims • CRM Claims • Claim Codes • Claim Forms • Provider Information • Application of Information • Claims Payment Information • Claims Resolution • Coordination of Benefits (COB) • Explanation of Benefits (EOB)
Workforce Optimization Agent Foundational	• Workforce Optimization
Mentor Favorites Checklist	• Live Call Readiness

Enrollment Staff Training

In addition to aforementioned trainings that all associates take, our Enrollment staff receives training on the contractual enrollment process detailed below. Their training includes Humana-specific education and training on the Contractual requirements and how the Medicaid program is different from our existing Plans. See **Table I.B.3-11** below for full detail.

Table I.B.3-11: Overview of Enrollment Staff Curriculum Content

Training	Description
Kentucky Medicaid Enrollment and Reconciliation Operational Readiness	• Includes any new processes adopted with the new Contract from an Enrollment and Reconciliation perspective • Provides a high-level overview of the Contract and estimated increase in work items. • Includes the overall Plan design and uniqueness of the Plan requirements

Table I.B.3-11: Overview of Enrollment Staff Curriculum Content

	• Operational expectations will be provided, and teams will regularly meet to discuss inventory and questions to ensure teams are appropriately prepared to meet operational goals

Provider Call Center Training

Our core training curriculum is developed by our National Education and Policy Development team, which works in consultation with leaders from our Provider Services Call Centers, Provider Relations, and Provider Network teams. We regularly refresh the training curriculum to address issues identified through our performance metrics, program updates, or areas such as grievances. During the first phase of the eight-week curriculum, we use a combination of technology-based and in-person training, including demonstrations of common situations. During the second phase, Provider Call Center Representatives (PCCR) are nested under the guidance of an experienced mentor. Refer to **Table I.B.3-12** and **Table I.B.3-13** for the PCCR training topics.

Table I.B.3-12: Provider Call Center Representative (PCCR) Training Topics

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

Table I.B.3-13 Provider Call Center Representative Training Topics

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

For the final phase of training, PCCRs take mock calls followed by live calls while paired with an experienced trainer or PCCR. We monitor at least 10 calls per month for all new PCCRs, and gradually reduce to five calls per PCCR per month. Managers assign additional training to address knowledge gaps related to contractual or

programmatic requirements, opportunities for improvements in communication, or call etiquette noted during these calls. We require all PCCRs to be retrained annually or more frequently (as needed) to address changes in operations, programs, or performance.

Network Contracting Professional and Provider Relations Team Training
All of the Network Contracting and Provider Relations staff will receive Humana-specific education and training on topics including (but not limited to) claims, Enrollee benefits, how to update provider contract information, value-based payment, referrals, and contract load processes. See **Table I.B.3-14** below for a comprehensive listing

Table I.B.3-14: Overview of Network Contracting Professionals and Provider Relations Team Curriculum Content

Training	Description
Cultural Competency Training	• Clear communication, subcultures and populations, and strategies for working with seniors and people w/disabilities
Screening, Brief Intervention and Referral to Treatment (SBIRT)	• Screening and early interventions for patients at risk of develop substance use disorders (SUD)
Provider Orientation	• Overview of working with claims, Enrollee ID cards, Plan participation, etc.
Portal Solutions	• One-pager on the Provider Portal's offerings
InstaMed Form	• InstaMed Order form sample
Provider Information Change	• One-pager on how to update address, phone number, addition of provider, etc.
Americans with Disabilities Act (ADA)	• One-pager on the ADA
Short-acting Opioid Limits	• Memo informing physicians of short-acting opioid limits
Value-Based Reimbursement and Provider Risk	• Define the concept of risk as it relates to provider contracting • Articulate the key implications of risk sharing for payers and providers • Describe the risk spectrum of provider payment options. • Recognize the core principles of "Accountable Care" • Identify the key elements of Humana's value-based reimbursement strategy
Referrals and Authorizations	• Referrals and authorizations • Referral Guidelines Inquiry (RGI) Rules
Groupers	• Focuses fundamentals of Groupers in Claims Adjudication System (CAS) Provider Contract Load • Fundamentals of Groupers in Service Fund
Medicaid 200375 – Medicaid Basics- eMOD	• Medicaid • Identify main differences between Medicare and Medicaid • Learn how Medicaid is financed, who is eligible, details for eligibility, and benefits of Medicaid (Mandatory and Optional)

Table I.B.3-14: Overview of Network Contracting Professionals and Provider Relations Team Curriculum Content

Training	Description
Provider Contract Load **Physician Value-Based Reimbursement and Provider Risk: Model Practice and Medical Home Contract and Amendments**	• Complete the module and assessment for Contract Loading module for Physician Value Based Reimbursement and Provider Risk: Model Practice and Medical Home Contract and Amendments • Module identifies the key elements of Humana's value-based reimbursement strategy
Service Fund Overview 2017	• Discuss Service Fund Operations (SFO) • Ways Service Fund is used • Four key responsibilities for Service Funds
Provider Contract Load Overview	• Overview of Provider Contract Load team to help understand their structure and how they function. Recognize key systems, databases, and research resources that support contract load operations. Recognize high level processes that will help facilitate improved collaboration between market and contract load associates
Service Fund Overview	• Define the core operational functions and key department roles of the Service Fund team. Identify the primary site locations of Service Fund team members. Recognize key systems, databases, and research resources that support service fund operations Identify Service Fund Service Load requirements
Credentialing Overview	• Overview of the credentialing team and their role in an APEX work case from a market perspective Recognize high levels processes that will help facilitate improved collaboration between market and credentialing load associates
Enrollment Overview	• Articulate the core functions of the Enrollment department. Define the mission and vision of the Enrollment Provider Term Notification Request (PTNR) Team. Identify from an APEX perspective, when a work case will interface with Enrollment. Describe the purpose, location, and completion requirements for the PTNR request form
Directory Configuration Overview	• Recognize the team's core purpose. Explain the team's responsibilities. List the systems they utilized • Identify the physical location. Recognize the teams they work with • Indicate how the team splits out work cross country
Contract Information System (CIS) Physician Introduction	• Describe the Contract Information System and Interpret three tabs for physician contracts: Contract Summary tab, Contract Payment Provision tab, and the Contract Service Categories tab
CIS Hospital Introduction	• Describe the Contract Information System and Interpret three tabs for hospital contracts: Contract Summary tab, Contract Payment Provision tab, and the Contract Service Categories tab
CIS Outpatient Reimbursement Methods	• The CIS Outpatient Reimbursement Methods module is for any associate who uses the Contract Information System, and is looking to learn about Outpatient Reimbursement Methods

Table I.B.3-14: Overview of Network Contracting Professionals and Provider Relations Team Curriculum Content

Training	Description
CIS Inpatient Reimbursement Methods	• The CIS Inpatient Reimbursement Methods module is for any associate who uses the Contract Information System, and is looking to learn about Inpatient Reimbursement Methods
W9 Form	• Identify the purpose of a W-9 form, why it is important, and the primary fields on the form. Recognize how a W-9 impacts 1099 distribution, IRS compliance, and TAX ID owner records.
Out of Network Claims Strategy	• The purpose of the out of network claims strategy. • Prerequisite for Traditional MAF Methods
Traditional MAF Methodologies	• To understand the purpose how each of the MAF methodologies are reimbursed.
Fee Schedule Management Overview	• An Overview of the Fee Schedule Management Department
Electronic Claim Forms Overview	• Define the term EDI 837 transaction set and identify the four types of electronic claim formats. Recognize the process for electronic claims submissions. Identify advantages that electronic claim submission has over paper claim submission. Explain how claim forms help drive how a provider record is set up in MTV and CAS
837P Claim Form	• Explain the purpose of the 837P claim form. Identify where electronic data is stored at Humana. Recognize the 837P screen views
837I Claim Form	• Explain the purpose of the 837I claim form. Identify where electronic data is stored at Humana. Recognize the 837I screen views
Paper Claim Forms Overview	• Explain the purpose of claim forms. Distinguish the difference between the CMS-1500 and UB-04. Identify how a provider record is set up in MTV and CAS
CMS-1500 Claim Form	• Explain the purpose of the CMS-1500 claim form. Identify how information is grouped on the CMS-1500 claim form. Recognize the fields located on the CMS-1500 claim form
UB-04 Claim Form	• Explain the purpose and the fields of a UB-04 claim form
Introduction to Claim Codes	• Explain the purpose of claim codes. Identify key code types used in medical billing Recognize how Mentor can be used to search code descriptions
ICD-10-CM Codes	• Describe the purpose of ID-10-CM codes. Recognize how Mentor can be used to search ICD-10-CM codes. Identify where ICD-10-CM codes are located on claim forms
ICD-10-PCS Codes	• Describe the purpose of ICD-10-PCS codes. Recognize how Mentor can be used to search ICD-10-PCS code descriptions. Identify where ICD-10-PCS codes are located on claim forms
CPT Codes	• Describe the purpose of CPT codes. Outline three categories of CPT codes. Explain CPT modifiers and bundling. Recognize how Mentor can be used to search CPT code descriptions. Identify where CPT codes are located on claim forms

Table I.B.3-14: Overview of Network Contracting Professionals and Provider Relations Team Curriculum Content

Training	Description
HCPCS Codes	• Explain the purpose of HCPCS codes. Outline the two levels of HCPCS codes. Recognize how Mentor can be used to search HCPCS code descriptions. Identify where HCPCS codes are located on form
Revenue Codes	• Explain the purpose and how Mentor can be used to search revenue code descriptions. Identify where revenue codes are located on claim forms
Participating Provider Code Overview	• Describe the purpose of participating provider codes, identify how to use the Participating Provider Codes document in Mentor, recognize how the facility and physician loading grids are used for par code selection
Searching for Par Codes in CAS	• Identify where to locate par codes in CAS, locate a par code using the CFI screen and the CSI screen
Voucher Codes Overview	• Explains the purpose of voucher codes and points out how to find descriptions of voucher codes in Mentor
Locating Voucher Codes in CAS	• Outlines information housed on the PDI, CFI, and CSI screens in CAS. As well as, identifies where voucher codes are located on each of those screens
Network Management Provider Contracting Policies	• Specific and established policies and procedures to ensure Humana does not violate state or federal law • Includes an overview of the top policies and procedures contractors need to apply in their daily role
Care Decision Insights and Bundled Payments	This recorded session will discuss: • What is Care Decision Insight • Bundled Payment Overview
Competitive Posture Unit and Strategic Concepts	• This recorded session will discuss what is Competitive Posture Unit (CPU) and Strategy concepts and how can assist
Future Cost Tool (FCT) and Provider Price Index (PPI)	This recorded session will discuss: • What is the Future Cost Tool (FCT) and Provider Price Index (PPI) and what used for and how to access
General Rules of Provider Contracting	• "Pencil" changes on contracts • Contract language reminders • Email reminders • Contract Language Frequently Asked Questions (FAQ)
Provider Contracting Process Workflows	• Contract Approval Committee • Network Language Review • Hospital Contract Approval Process (HCAP) • New/Replacement Contract • MERLIN Amendment • Legacy Amendment
Contract Reimbursement Templates	• Commercial and Medicare reimbursement language • Where to locate these reimbursement pages • Contracting strategies

Table I.B.3-14: Overview of Network Contracting Professionals and Provider Relations Team Curriculum Content

Training	Description
National Ancillary Benchmarks and Urine Drug Testing	• Who is National Ancillary Contracting • What does National Ancillary Contracting manage • Clinical Laboratories and Pathologists • DME • Skilled Nursing • Home Health • Hospice • Dialysis
Provider Intelligence Playbook Overview	• What is the Provider Intelligence Playbook • Where to locate • Tools available • Reports produce
Contract Calendar	• What is the Contract calendar • Where is Contract calendar located • How to use
Network Adequacy and Filing	• Network Adequacy and Filing • What is it, its components, reports, and who is involved • Adequacy and filings for Medicare and Commercial discussed
APEX 16046-APEX Overview-eMod	• APEX Overview
APEX 12926-Search for Work-eMod	• Designed to teach learners how to use the Search for Work functionality in APEX
APEX 16042-Create Work Case Screen- eMod	• Reviews the Create Case screen, has an activity that allows to virtually create a case in APEX
APEX 16042-Define Work Case Screen- eMod	• Define Work Case screen in the APEX system
APEX 16062-Add Remove Modify Documents Screen	• Teach the Add / Remove / Documents and the Link the Document to Providers screens in APEX
APEX 16067-Reassigning a Work Case	• How to re-assign a Work Case in the APEX system

Population Health Management (PHM) Staff Training

All of the PHM staff will receive Humana-specific education and training on chronic conditions, BH conditions, behavior change theory, stages of change, and motivational interviewing. This includes Community Engagement, Care Management, etc. Refer to **Table I.B.3-15**.

Table I.B.3-15: Overview of PHM Staff Curriculum Content

Training	Description
Introduction to Care Management	• Explains the person-centered planning process • Identify who should be on a typical MDTICT • Explains what each level of member stratification levels, how Enrollees are assessed and arrive in the system. • Describes a typical welcome call and describe the timeline requirements for contacting Enrollees in each stratification
Cultural Competency	• Interactive communication/Soft Skills, call fundamentals, call quality, cultural competency training, Ethics and Compliance training, health literacy, Web-based cross-cultural communication training program, quality interactions, cultural competency tools; SDOH, specialized training for Enrollee-facing associates
Americans with Disabilities Act (ADA)	• Identify what is covered by Title III by ADA • Define what is meant by Individuals with disabilities • Explain requirements of ADA that apply to provision of goods and services
Continuing Education	• Identify where to access free Continuing Education (CE) courses through Humana's CE program
Advance Directives	• Discuss importance of advance directives and benefits to Enrollees. Discusses responsibility to educate about Five Wishes Tool
EPSDT Training	• To increase understanding of EPSDT
UM Nurse—UM Compliance Basics	• Covers topics such as rules and regulations required to remain in compliance, consequences for failing to comply, how UM compliance is evaluated, and internal and external UM compliance references
UM Nurse—UM Basics	• Covers key responsibilities of a UM Nurse, the purpose of evidence-based care, and how the nursing process and UM process align
Right Level of Care	• Explains appropriate levels of care to assist Enrollees in seeking the right level of care, at the right place, and at the right time
Care Management Process	• This training provides guidance, training, and hands-on-learning to new and existing associates about the care management process to facilitate Enrollee management and coordination of care as Enrollees navigate through the healthcare delivery system
UM Process	• The purpose of the UM program is to provide guidance to Enrollees and facilitate coordination of care as Enrollees navigate through the healthcare delivery system. As well as providing needed assistance to practitioners or Enrollees, in cooperation with other parties, to facilitate appropriate use of resources and appropriate settings of care for the Enrollee's condition
Inter-rater Reliability (IRR) Assessment	• Test to measure and identify any issues with the criteria application skills of the reviewer and provides a mechanism to identify opportunities to improve consistency
Clinical Documentation System Training	• Provides guidance on how to navigate and document all clinical activities pertaining to Enrollee management in the clinical documentation system

Table I.B.3-15: Overview of PHM Staff Curriculum Content

Training	Description
Mental Health First Aide Training	• Provides Humana associates with Mental Health First Aid (MHFA) Training. MHFA aims to both teach Enrollees and the public how to respond in a mental health emergency, and offer support to someone who appears to be in emotional distress
Abuse, neglect, and exploitation (ANE) training for Care Managers (CM)	• Defines ANE and the different types of each • Teaches the learner to identify risk factors, indicators and who reports ANE and when and how to report suspected cases • Requirements for identifying and reporting Critical Incidents are also reviewed
CM training—Enrollee rights and responsibilities	• The Enrollee Handbook containing the Enrollee Rights and Responsibilities is reviewed and discussed during face to face training
CM—Enrollee safety	• Provides a general overview of safety and risk scenarios
CM training—local resources	• Reviews exercise of locating local resources
CM training - general medication information	• Inform care coaches of the possible/common medications taken by Enrollees • Covers the various resources or "toolkits" available on the topics of medication adherence, high risk medication, and diabetes treatment measures
CM training—BH (Common Mental Health Diagnoses and Medication)	• Designed to help care managers meet the needs of our Enrollees who have been diagnosed with mental illness or substance abuse • Become more familiar with common mental health diagnoses that we see with our Enrollees, signs and symptoms, and medications used for treatment • Explanation of pathways to accessing service

Utilization Management (UM) Staff Training

All UM staff will receive Humana-specific education and training on receiving, processing, and reviewing an authorization to make adverse determination. Refer to **Table I.B.3-16** below.

Table I.B.3-16: Overview of Utilization Management Curriculum Content

Training	Description
Humana Overview for Clinical Intake Team (CIT) roles	• Define some of the Humana acronyms • Answer questions about Humana's history and current state • Describe how CIT fits within Clinical Care Services (CCS)
Clinical Care Services Overview	• Define the vision and scope of CCS • Explain the roles and responsibilities within CCS • Define terminology pertinent to CCS
Clinical Intake Team Overview	• List the roles within the CIT • Match the roles to the responsibilities of CIT • Define acronyms associated with CIT
Clinical Intake Specialist	• Define the role of a CIT Specialist • Define terms associated with the CIT Specialist
The Life of an Authorization	• Define the lifecycle of an authorization • Discuss the roles and responsibilities of those who participate in a preauthorization

Table I.B.3-16: Overview of Utilization Management Curriculum Content

Training	Description
Provider Types	• Define types of providers • Explain how each provider type impacts Humana Enrollees
Inpatient vs. Outpatient	• Define key words associated with inpatient and outpatient services • Identify whether a service is associated with inpatient, outpatient, or both
Levels of Care	• Define the levels of care • Distinguish between the different levels of care • Articulate how the levels of care impact Enrollees
Checkpoints for CIT Specialists	• Identify different Humana plans, how they appear in the system, and their characteristics • Characterize the different types of requests (authorization types, Transition of Care (TOC)/COC, Pre-Determination/ACD, Waiver/Network Exception) • Understand the different roles within Humana Clinical Services (HCS) • Understand the authorization process • Explain the types of providers
Intro to Medical Terms	• Interpret medical terms • Pronounce medical terms • Spell medical terms
Humana.com	• Navigate Humana.com • Access Find-a-Doctor, P-synch and Learning Opportunities • Redirect callers to appropriate portal for authorizations • Find a plan using the site
GCP for CIT Specialists	• Navigate Guidance Care Portal (GCP)/Customer Care Portal 2 (CCP2) (View Only) • Utilize the basic areas of GCP/CCP2 as they pertain to the CIT Role
Physician Finder Plus (PFP)	• Locate PFP • Navigate PFP to locate info and guide members • Conduct a search for a provider • Determine if a provider is participating in a member's network • Describe the significance of the Care Highlight rating
Mentor	• Find daily alerts and updates • Search for and open documents • Save documents in Favorites • Look up industry codes such as: ICD-9 and CPT. • Provide feedback to document owners
Medical Codes	• Define and search for CPT codes • Define and search for ICD 10 codes • Define and search for HCPC codes • Define and understand generic codes
Perfect Scenario - Master Prior Authorization List (PAL)	• Search services and procedures in PAL • Follow PAL instructions in processing authorization requests
Clinical Directory Overview	• Identify the tabs in the Clinical Directory • Explain when it is appropriate to utilize resources in Clinical Directory

Table I.B.3-16: Overview of Utilization Management Curriculum Content

Training	Description
CIT Intro to CGX	• Describe the purpose of the Clinical Guidance eXchange (CGX) software.
Medicaid 200375-Medicaid Basics-eMOD	• This module is designed to provide the learner with an introduction to Medicaid Basics information including eligibility and benefits. • Distinguishing the differences in Medicare and Medicaid • Describing how Medicaid is financed • Identifying the five main Medicaid population groups • Comparing and contrasting mandatory and optional Medicaid benefits • Describing the three main types of Medicaid programs
CGX 2.0 – Introduction to Training	• Introduction to Training Demo
CGX 2.0 – Navigating CGX 2.0	• This module is designed to provide the learner with detailed instruction on how to navigate in CGX 2.0
CGX 2.0 - Member Banner	• Modify the CGX Banner according to the guidelines in the CGX – Banner Customization document in Mentor
CGX 2.0 – My Work	• This module is designed to provide the learner with detailed instructions on utilizing "My Work" features within CGX 2.0 • Navigating "My Work" • Selecting and viewing work in a specific queue • Assigning a user(s) to a queue owned • Removing an owner from a queue managed • Practice session for assigning a member to someone in CGX 2.0
CGX 2.0 – Enrollee Search & Alerts	• This module is designed to provide the learner with detailed instruction on Member Searches and Alerts in CGX 2.0 • Successfully searching for a member according to the guidelines set in the CGX – Member • Search document in Mentor • Bringing a member into focus • Selecting a member to display in the banner
CGX 2.0 - Provider Search	• Conduct a provider search • Add a searched provider to an existing authorization
CGX 2.0 – View an Authorization	• This module is designed to provide the learner with detailed instruction on how to view prior authorizations in CGX 2.0. • Searching for an existing authorization • Searching for all authorizations under a specific member • Viewing authorization details • Viewing authorization history details
CGX 2.0 – Working with Medical Codes	• This module is designed to provide the learner with detailed instruction on how to work with medical codes in CGX 2.0 • Searching for diagnosis and procedure medical codes • Adding primary and secondary medical codes to a Member record

Table I.B.3-16: Overview of Utilization Management Curriculum Content

Training	Description
CGX 2.0 – Create and Modify an Inpatient Authorization	• This module is designed to provide the learner with detailed instructions on how to create and modify inpatient authorizations within CGX 2.0 • Creating an Inpatient Authorization • Modifying an Inpatient Authorization
CGX 2.0 – Create and Modify an Outpatient Authorization	• This module is designed to provide the learner with detailed instructions on how to create and modify outpatient authorizations within CGX 2.0 • Creating an Outpatient Authorization • Modifying an Outpatient Authorization
CGX 2.0 – Working with Communication Records	• This module is designed to provide the learner with detailed instructions on how to create communication records within CGX 2.0. • Instructions and steps to create a communication record • Best practices and required fields to save a communication record
CGX 2.0 – Working with Tasks	• Access tasks from My Work • Create a task • Filter Tasks • Rearrange columns with task details in My Work • Change Ownership of a task • Complete a task
Clinical Ops - Softphone Tool	• Demonstrate how to log into Softphone • Choose a status using the Choose Status button • Log an authenticated call using Softphone • Log an un-authenticated call using Softphone • Transfer a call using Softphone • Conference a call using Softphone
Humana Systems Review	• Demonstrate understanding of the following systems: • Humana Intranet (Hi!)/Humana Self-Service (HSS) • Mentor • Humana.com
Introduction to CIT Process Flows	• Identify the name and purpose of the shapes used in a process flow • Explain the difference between a Stage and a Decision • Identify the shapes that contain links to Mentor documents
Process Flows 101	• Identify symbols contained in the process flows • Explain the difference between a Step and a Decision • Identify the symbols that contain links to Mentor Documents
Perfect Scenario: Intake Sub process	• Complete task using validated best practices • Access the links in the process flow to reference documents and procedures
Perfect Scenario: HIPAA Authentication	• Identify the authentication and HIPAA requirements • Learn the impact to Humana associates and members • Save settings to perform searches in PMDM • Access and perform a basic search in PMDM
Perfect Scenario - Guiding vs. Quoting	• Differentiate between guiding and quoting
Building an Hyperbaric Oxygen Therapy (HBOT) Auth	• Explain what is Hyperbaric Oxygen Therapy (HBOT) • Locate the HBOT Procedure Guide • Use the HBOT Procedure Guide to create a HBOT authorization in CGX 2.0

Table I.B.3-16: Overview of Utilization Management Curriculum Content

Training	Description
Build Representative Authorizations Without POA or AOR	• Explain what is a Power of Attorney (POA) and Appointment of Representative (AOR) • Locate the CIT - Processing Member Representative Requests with no POA or ROA procedure. • Use the CIT - Processing Member Representative Requests with no POA or AOR procedure to create an authorization in CGX 2.0
Building a Hospice Authorization	• Explain what Hospice is • Locate the Hospice Procedural Guide • Use the Hospice Procedural Guide to create a Hospice authorization in CGX 2.0

Grievance and Appeals Staff Training

All of the Grievance and Appeals staff will receive Humana-specific education and training on the Contractual requirements and timeframes for processing grievance and appeals. Any grievances or appeals received directly from DMS are processed by our Critical Inquiry team. We have a dedicated team to process these to ensure they are completed expeditiously. See **Table I.B.3-17** below for full detail.

Table I.B.3-17 Grievance and Appeals Staff Training

Training	Description
Contract Definitions and Acronyms	This course covers an Industry overview of Dual Eligible Plans including the program overview, population information, program principles, benefits, and the Humana landscape
Enrollment and Disenrollment Overview	Virtual team review of KY Medicaid Contract provisions
Enrollee Services requirements	Virtual team review of KY Medicaid Contract provisions
Coverage and Authorization of Services Overview	Virtual team review of KY Medicaid Contract provisions
Provider Services Overview	Virtual team review of KY Medicaid Contract provisions
Quality Overview	Virtual team review of KY Medicaid Contract provisions
Administration and Management Overview	Virtual team review of KY Medicaid Contract provisions
Sanctions and Liquidated Damages Overview	Virtual team review of KY Medicaid Contract provisions
Early Periodic Screening Diagnosis and Treatment (EPSDT) Overview	EPSDT overview
Letter Writing Training	Letter writing course focusing on readability, language, and empathy
Grievance and Appeal System Overview	Virtual team review of KY Medicaid Contract provisions
Grievance and Appeal Training	Humana Internal Systems (CAS, CI, CCP, RX Nova), Grievance and Appeals Policy, Procedures and Interactive Process Flows
Critical Inquiry DMS Interactive Flow	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Case Receipt Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Good Cause Inquiry Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Segment Update Inquiry Procedure	Critical Inquiry DMS Policies and Procedures

Table I.B.3-17 Grievance and Appeals Staff Training

Training	Description
Critical Inquiry DMS Follow Up Inquiry Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Complaint Acknowledgement Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS SME Assistance Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry Response to DMS Inquiry Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Extension Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Case Closure Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Close Out Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry Determining Head of Household (HOH) Procedures	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Member Complainant Acknowledgement Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry Member Response to DMS Day 1-2 Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Member Follow Up Inquiry Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Provider Complaint Acknowledgement Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Provider Follow Up Inquiry Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Provider Non-Claim Status Inquiry Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry Provider Response to DMS Inquiry Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry External Review Medicaid Provider Complaints Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry Claim Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Provider or Provider Related Claim Complaint Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS SIU Anti-Fraud Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS SME Assistance Procedure	Critical Inquiry DMS Policies and Procedures
Critical Inquiry DMS Completed Still Open Procedure	Critical Inquiry DMS Policies and Procedures
ACA 1557 Nondiscrimination Language	Critical Inquiry Research and Support Documents
Discrimination Grievance - Complaint Procedures - Resolution Team	Critical Inquiry Research and Support Documents
Critical Inquiry Quality, Attitude, & Access (QAA) guideline	Critical Inquiry Research and Support Documents
Critical Inquiry DMS Care Manager or Authorization Complaint Procedure	Critical Inquiry Research and Support Documents

Table I.B.3-17 Grievance and Appeals Staff Training

Training	Description
Critical Inquiry DMS MMA Claim Procedure	Critical Inquiry Research and Support Documents
Critical Inquiry DMS Provider or Provider Related Claim Complaint Procedure	Critical Inquiry Research and Support Documents
Critical Inquiry DMS SIU Anti-Fraud Procedure	Critical Inquiry Research and Support Documents
Critical Inquiry Confidential Proprietary and Privacy Violation Guideline	Critical Inquiry Research and Support Documents
Critical Inquiry Medicare/Medicaid Congressional, Senatorial, Media Relation and Compliance Guideline	Critical Inquiry Research and Support Documents
Critical Inquiry Medicare/Medicaid Medical Director Request Procedure	Critical Inquiry Research and Support Documents
Critical Inquiry Compliance Review Procedure	Critical Inquiry Research and Support Documents
Critical Inquiry Discretionary Overturn Procedures	Critical Inquiry Research and Support Documents
Critical Inquiry Feedback Form Procedures	Critical Inquiry Research and Support Documents
Annual KY Medicaid Contract Refresher Training	Annual training to review contract provisions and process requirements and timeframes.

Claims Processing Staff Training

All of the Claims Processing staff will receive Humana-specific education and training on the Contractual requirements and timeframes for processing claims for services. See **Table I.B.3-18** below for full detail.

Table I.B.3-18 Claims Processing Staff Training

Training	Description
Standard New Hire	Instruct learners to go to Learning Center, search for 1083, and enroll
Medicaid Basics	This course covers an Industry overview of Medicaid Plans, including the program overview, population information, program principles, benefits, and the Humana landscape
Claims Overview	Covers the overview of Medical Claims Processing and systems utilized
CMS 1500 Claim Form	Review of CMS 1500 Claim Form
UB-04 Claim Form	Review of UB-04 Claim Form
Claims Processing Screens	Review of all of the claim processing screens and how they are utilized
Authorization	Review of validating authorizations
Provider Overview	How to review, validate and check provider information
Provider Contract Screens	Review of all of the provider contract screens
DME	Review of DME processing
HIVS	Review of Humana Image View Station
eHUB	Overview of how to utilize the system that houses electronic claim images
Overrides	Review of overrides and when they are applicable to the claim adjudication
Macess or CRM Basics	Review of Macess and CRM Workflows
Claims overview of the various claim types	Will take a deeper look into each claim type (Physician Claims, DME, Labs, Skilled Nursing, etc.)

Table I.B.3-18 Claims Processing Staff Training

Training	Description
Live Processing in Class	Claim processing
NE-Mcare-Mcaid-Ancil-Initial	Nation Education Department will train the new hires on the following material: Medical Claims Overview, Hospital Form Overview and Codes, Physician verse Hospital claims, all claims adjudication system screens, claim adjudication overrides, authorization processes, and Medicaid processes

Enrollee Outreach and Education Staff Training

All of the Enrollee Outreach and Education staff will receive Humana-specific education and training on the Humana systems, how to make outbound calls, how to use the phone software, and document conversations with Enrollees. See **Table I.B.3-19** below for full detail.

Table I.B.3-19 Enrollee Outreach and Education Staff Training

Training	Description
Community Engagement Coordinator Training	• Contract Training • Campaign Training (Contract Updates) • Job Aids • Policy and Procedures • Health Risk Assessment (HRA) Process
New Associate Training	• Customer Interface (CI) • Customer Care Portal 2 (CCP2) • Clinical Guidance Exchange Systems (CGX) • EHDL • Physician Finder • Order Entry System (OES) • PAIG • Contract Training • Campaign Training • Job Aids • Policy and Procedures • Health Risk Assessment (HRA) Process • Medicaid - Dual Information Benefits • Customer Service Soft Skills
Avaya Phone Training • How to Login/Logout • How to Aux Appropriately	• Demonstrate how to log into Softphone • Choose a status using the Choose Status button • Log an authenticated call using Softphone • Log an un-authenticated call using Softphone • Transfer a call using Softphone • Conference a call using Softphone

Enrollment Staff Training

All of the Enrollment associates, which are part of Enrollee Services, receive Humana-specific education and training on the Contractual requirements and how the Kentucky Medicaid program is different from our existing Plans. See **Table I.B.3-20** below for full detail.

Table I.B.3-20: Overview of Retail Service Operations (RSO) Staff Curriculum Content

Training	Description	Frequency
Kentucky Medicaid Account Services Operational Readiness	• Training will include any new processes adopted with the new contract from an Account Services perspective • Includes a high-level overview of the estimated increase in work items • Training will cover the initial enrollment strategy	Upon hire and program updates

Regulatory Compliance Staff Training

All of the Regulatory Compliance associates, which includes the Chief Compliance Officer, receive Humana-specific education and training on the Contractual requirements and how the Kentucky Medicaid program is different from our existing Plans. See **Table I.B.3-21** below for full detail.

Table I.B.3.21: Overview of Retail Service Operations (RSO) Staff Curriculum Content

Training	Description	Frequency
Ethics and Compliance Training	• internal compliance responsibilities of associates, support safety and inclusion, protecting associates and data, applicable laws and compliance requirements, and compliance reporting/open door policy	Upon hire and program updates
State specific Medicaid Training	• Comprehensive state-specific training re: content of Humana's contract with the applicable state agency	Upon hire and program updates
IMO Overview	• Introduction to internal corporate review software for provider communications	Upon hire and program updates
IMO – Legal and Compliance Business Review	• Specific instruction for legal and compliance reviewers of provider communications	Upon hire and program updates
IOP Module 1 – Creator Training – How to Write a Fabulous IOP	• Training re: appropriate documentation of Issues in Humana's governance system, Enterprise Solution Point (ESP)	Upon hire and program updates
IOP Module 2 – Enterprise Risk Assessment	• Training re: conducting accurate risk assessments of identified deficiencies	Upon hire and program updates
IOP Module 3 – Learning to Risk Register	• Training re: linking identified deficiencies to appropriate enterprise risks	Upon hire and program updates
IOP Module 4 – Drafting the IOP	• Training re: appropriate level of detail and formatting for entering an Issue and Opportunity (IOP) into the ESP system	Upon hire and program updates
IOP Module 5 – Level 1/Level 2 Review of Draft IOP Through Publication	• Training re: internal processes for leader level review of the completed system IOP entry	Upon hire and program updates
IOP Module 6 – Development of a Draft Mitigation Plan	• Training re: expectations for remediation plans related to identified deficiencies	Upon hire and program updates
ESP 101	• General training re: Humana's governance system, Enterprise Solution Point (ESP)	Upon hire and program updates

a.vii.	Overview of Vendor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of **RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."**

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

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

Our Subcontractor onboarding process includes
- Sharing relevant documents (e.g., contracts, forms, etc.).
- Data exchange set up
- System testing
- Establishment of metrics and reporting requirements.
- Oversight of subcontractor staffing / hiring plan to ensure they are fully on boarded prior to the go-live date.

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

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

Local Oversight and Monitoring Structure

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

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

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

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

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

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

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

a.viii. Retention approach for key personnel.

KEY PERSONNEL RETENTION APPROACH

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

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

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

- **#4** on Robert Wood Johnson Foundation's **Top 100 Companies Supporting Healthy Communities and Families**
- **#1** in **Customer Service** among Health Insurance Companies by Newsweek for the second consecutive year in 2020
- **#1** Health Care Provider in Forbes's **"The Just 100: America's Best Corporate Citizens" for three consecutive years**
- **#2** in Health Care: Insurance and Managed Care in **Fortune's "World's Most Admired Companies"**
- **100%** on Human Rights Campaign's **Corporate Equality Index for six consecutive years**
- **5 Stars** in Employment and Philanthropy from the **Hispanic Association for Corporate Responsibility**

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

HUMANA AWARDS & RECOGNITIONS

#1 in Customer Service among Health Insurer Companies by Newsweek

Mogul's **"Top 100 Innovators in Diversity & Inclusion"**

Military Times Best for Vets: Employers **8th Consecutive Year**

#4 on JUST Capital & Robert Wood Johnson Foundation's Top 100 Companies Supporting Healthy Communities and Families List

JUST 100 List #1 in Health Care Providers industry and 11 overall

PROFESSIONAL DEVELOPMENT

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

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

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

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

BENEFITS PLAN

Humana offers a wide array of benefits to its full-time and part-time associates designed to enhance each associate's health, well-being, and financial security. **All associates are eligible for benefits on date of hire**. Please refer to **Table I.B.3-22** and **Table I.B.3-23** for a comprehensive view of Humana's well-being benefits.

Table I.B.3-22: Humana's Benefits Plan

Benefits	Description
Eligible Dependents	Eligible dependents: • Legal spouse or domestic partner (same or opposite sex) • Extended family adult (not of previous generation) • Children up to age 26
Medical Plans	• Humana offers associates two types of medical plans. Both full-time and part-time associates are eligible. The two types of plans include 1) Consumer-directed health plan (CDHP) with personal care account and 2) High-deductible health plan (HDHP) with health savings account (HSA). • Certain preventive services are covered at 100% before meeting a deductible when received from in-network providers (e.g., annual exams, well-child and well-woman exams, mammograms, colon care screenings)
Adoption	• Eligible after one year of service • Reimburses 100 percent of eligible expenses up to $5,000 for the legal adoption of a child
Bereavement (Sympathy Pay) **Business Travel Accident**	• Up to 3 days paid bereavement time to all FT associates when the death of a family member or member of the household occurs.

Table I.B.3-22: Humana's Benefits Plan

Benefits	Description
Basic Life Insurance/AD&D	• FT associates eligible; PT no benefit. • 2x annual salary (base plus targeted sales incentive for sales associates) • AD&D included at 2x life benefit. • Basic plus VTL not to exceed $3M
Business Travel Accident	• All associates eligible • 3x base salary ($100,000 minimum benefit, $600,000 maximum) if on Humana company business
Cobra Offered	Yes
Employee Assistance Program & Work-Life Program	• All associates eligible • Up to 5 face-to-face sessions per issue, telephonic counseling and • on-line resources • Lifework's: Telephonic services and online resources; free materials upon request; financial, legal and wellness counseling; Onsite seminars and webinars available.
Pretax Commuter Program	Offered in certain areas
Helping Hands	• Company-funded sum of money for associates facing unexpected hardship • Associate review panel awards dollars (Up to $5,000 total per associate in 12-month period)
Jury Duty	• Regular company base wage (based on regularly scheduled hours) while on jury duty
Short Turn Disability (STD)	• Administered by UNUM • 5-working day elimination period • STD Supplemental Bank can be used to supplement STD or meet the elimination period • Benefit continues for up to 6 months with UNUM Medical Case Management approval.
Long Term Disability (LTD)	• Benefit of 60% (66.67% pre-1/1/2018) of predisability earnings of base monthly salary (base plus targeted sales incentive for sales associates); maximum monthly benefit of $20,000.
Matching Gift Program	• The Giving Together program allows Humana associates to have eligible charitable contributions matched dollar for dollar – up to $100 – by The Humana Foundation
Healthcare Flexible Spending Account (FSA)	• A healthcare FSA is an optional financial account allowing the of use pretax dollars to pay for healthcare expenses
Dependent Care FSA	• This account allows for use of pretax dollars to pay for the care of dependent children under the age of 13, or for individuals who are physically or mentally unable to care for themselves and live with the associate at least eight hours a day, to allow you or a spouse to work or go to school full time
Biometrics Screening	• Associates enrolled in our company's medical plan who complete a biometric screening, can earn $300 by achieving or working toward healthy biometric numbers (body mass index (BMI), blood pressure, glucose, and total cholesterol). The reward can also be earned by expectant mothers who meet certain requirements

Table I.B.3-22: Humana's Benefits Plan

Benefits	Description
WOW! Working on Well-Being	• Associates can earn credits equal to up to $100 in their Go365 account by participating in well-being activities and can use the credits in the Go365 Mall (i.e. Amazon gift cards, exercise equipment)
Go365	• Go365 rewards Enrollees for making healthy choices and striving to achieve well-being activities—with rewards like brand-name merchandise, hotel stays, and more • All medical plan Enrollees are automatically enrolled in Go365. Associates who are not enrolled in a medical plan can also enroll in Go365 during the enrollment period and start earning rewards for well-being activities.
Dental Plans	• Humana offers three types of dental plans. These plans provide the freedom to visit any dentist for Covered Services.
Vision Plans	• Humana offers two types of vision plans
Life Insurance	• Basic Life and Accidental Death and Dismemberment (AD&D) • Business Travel Accident (BTA) • Voluntary Term Life (VTL)
Voluntary Benefits	• Accident (AD&D, Emergency department (ED), ambulance, and bone fractures) • Critical Illness and Cancer (cancer, vascular diseases) and other chronic illnesses • Supplemental Health—inpatient hospitalization benefit
Caregiver Leave	• Paid caregiver leave of up to two weeks per rolling 12 months to help associates care for a loved one facing a serious illness. Approved caregiver leave may be taken continuously or intermittently in periods of at least one day
Family and Medical Leave (FMLA)	• Humana provides up to 12 weeks of leave in a rolling 12-month period for eligible associates with certain family or medical circumstances
Well-being Time	• At least 30 minutes per week for all associates; benefit is in addition to required lunch/break times for non-exempts
Disability	• Short-term and long-term disability
Leaves of Absence	• All regular, full-time, and part-time associates are eligible, with approval, to take a leave of absence for certain family or medical circumstances, and personal, educational, or military
Service Awards	• Choice of gift from a catalog based on tenure - 1, 3, 5 and forward in increments of 5 years of service.
Scholarship Program	• $3,000 scholarships to selected children of associates with 3 or more years of service
Paid Time Off (PTO)	• Humana believes a healthy lifestyle includes a good work-life balance. PTO can be used for vacation, sick time for associates and their family members, and personal time. • Accrues biweekly beginning on date of hire • May use for vacation, personal, or illness (you or a family member). Can also be used for STD qualifying days (first 5 days of illness) or to supplement STD pay to 100%. • PT benefit is prorated
Parental Leave	• Six weeks paid 100% for birth parents (father or mother) or for both parents case of adoption.

Table I.B.3-22: Humana's Benefits Plan

Benefits	Description
Holidays and Personal Holidays	• In addition to Humana's seven standard holidays, two personal holidays per year are available to recognize Humana's diversity and provide associates with increased flexibility to observe and honor additional holidays and special days of the associate's choice.
Volunteer Time Off (VTO)	• VTO provides paid time away from work to volunteer for activities that positively impact the health and well-being of the communities we serve, in direct support of our Bold Goal
Humana Retirement Savings Plan	• Humana offers the Humana Retirement Savings Plan, administered by Charles Schwab. The Plan is designed to provide associates with an opportunity to save for retirement, plus receive company matching contributions
Fitness Centers	• Onsite locations include Louisville, Green Bay, and Miramar • Rates vary by location • GlobalFit (fitness centers) and other wellness discounts will be available to all associates
Tuition Assistance	• Tuition reimbursement on qualified expenses that relate to company objectives and role or attainable role within the company

Table I.B.3-23: Humana's Voluntary Benefits Plan

Benefits	Description
Auto & Homeowner's Insurance	• Administered by Marsh, Inc. • Discount program called "PersonalPlans Services" • Includes Auto and homeowner's insurance offered through Liberty Mutual, Travels and MetLife
Legal Service	• Administered by Marsh, Inc. • Discount program called "PersonalPlans Services" • Includes prepaid legal services
Long Term Care	• FT and PT associates are eligible; spouses/domestic partners, adult children, siblings, parents (in-laws), Grandparents (in-laws) age 18-80 • Covers care received at home or in a facility other than a hospital • when you need assistance with the activities of daily living--bathing, dressing, eating, etc.
Vision	• EyeMed Vision Discount Plan • All associates are eligible • A complementary vision discount program available to all associates through EyeMed, which provides discounts on glasses, contact lenses and Lasik/PKR services.
Voluntary Term Life Insurance	• FT and PT associates are eligible • Associates: Can purchase up to 6x annual salary of coverage in amounts of $50,000 to $500,000; Guarantee issue is $100,000 for new hires • Spouse/Domestic Partner: up to 1/2 of EE coverage in amounts of $25,000 to $250,000 Guarantee issue is $25,000. • Children: $10,000 coverage, applies to all of your unmarried children under age 19, or up to age 25 if a full-time student, children of Extended Family Members or Domestic Partners.
Accident	• Supplemental accident coverage for associate, spouse/partner & children.

Table I.B.3-23: Humana's Voluntary Benefits Plan

Benefits	Description
Critical Illness & Cancer	• Supplemental coverage for cancer, vascular disease & other chronic illnesses.
Student Loan Refinancing	• 3 different services offered to save money on student loans
Survivor Support Financial Counseling	• Financial guidance in the event of death of an associate of associate's spouse/partner

FINANCIAL INCENTIVE/RECOGNITION PROGRAM

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

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

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

ORGANIZATIONAL CULTURE

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

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

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

b.	Provide a detailed description of the Vendor's organizational structure for this Contract, including an organizational chart that clearly displays the following:

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

Please see **Attachment I.B.3-3** for Humana's Kentucky Medicaid organizational chart.

MANAGEMENT AND ORGANIZATIONAL STRUCTURE

Humana's organizational structure comprises our established **local Kentucky-based market resources, supported by our local Executive team, and overseen by our national leadership**, bringing together best practices, infrastructure, and feedback from multiple sources (e.g., providers, Enrollees, associates, subcontractors) that drive our programmatic goals, enable the delivery of high-quality care to improve health outcomes, and allow our local team to respond quickly to emerging Enrollee and provider needs. We base our organizational structure upon our **more than 50 years of experience** from multiple lines of business, industry best practices, organizational values, Commonwealth and federal regulations, DMS Draft Medicaid Contract requirements, and national healthcare agency guidelines. Through our aligned corporate and local organizational structure, Humana's Kentucky Medicaid program will combine the breadth and scale of Humana's national experience with our strong, long-standing local presence in Kentucky.

Jeb Duke

Chief Executive Officer (CEO)

We have proudly served Kentucky for nearly 60 years within our multiple lines of business, including within Medicaid since 2013.We employ more than 12,000 Kentucky associates today to support effective care delivery across all lines of business. We offer a unique opportunity to transform the delivery of care to Medicaid Enrollees from the foundation of a strong, highly functioning health plan. Our CEO, Jeb Duke, leads our Executive Leadership team and is accountable for the operational and financial success of the health plan. Our Executive team includes the key personnel positions called out in the Kentucky Draft Medicaid Contract as well as an added COO, Samantha Harrison. Our Executive Team meets weekly to review the Plan's performance metrics and governance committee reports, review Enrollee and provider feedback, identify any red flags that arise, and discuss any communications to or from DMS.

We maintain our key functions in the Commonwealth, including our Member Services Call Center and Provider Services Call Center, Provider Relations and Network Operations, Physical and BH management, Enrollee and community engagement, care management, and quality operations. Our enterprise operations teams, which include many nationally recognized experts (e.g., program integrity, information systems, and data analysis), collaborate with our local team to continuously improve service delivery. We support their work with significant investments in data analytics and state of-the-art information technology (IT) systems.

As plan CEO, Mr. Duke leads our Kentucky-based team; is the face of our Health Plan to local providers, consumers, and the wider community; and is a key link to our national supports infrastructure and corporate leadership. Our COO, Ms. Harrison, reports to Mr. Duke and oversees the day-to-day operations of our Enrollee Services and Provider Management Services units, including the Member Services Call Center, Provider Hotline, and Provider Relations Team. Ms. Harris connects local operations with Corporate Operations resources, such as IT, encounter processing, and grievance management.

Our Kentucky-based clinical team is led by our Medical Director, Lisa Galloway, MD, who reports to Mr. Duke and oversees our PHM, Quality Improvement, and UM teams. In recognition of the important role of SDOH needs in our care delivery model, our PHM Director, Adrienne McFadden, MD, JD, reports directly to Dr.

Galloway and collaborates with our BH Director, Liz Stearman, CSW, MSSW, to improve the health of Enrollees through innovative, person-centered approaches that address physical health, BH, functional, and social needs. Our Culture and Community Engagement Director, who reports to our PHM Director, is responsible for forging partnerships with social service providers and assisting our Medical Director in the integration of these key supportive services in our clinical care delivery model.

Reporting to Dr. Galloway, our Pharmacy Director, Joseph Vennari, PharmD., collaborates with her on the integration of pharmacy services with physical health and BH, particularly with respect to complex, multi-faceted problems such as the management of Enrollees with SUD.

Our Health Plan managers participate in our Kentucky Local Market Operating Committee (LMOC), which meets monthly. The LMOC, headed by our CEO, provides a forum for structured information-sharing and identification of opportunities for ongoing improvement. The LMOC reviews operational dashboards containing performance reporting in areas such as quality improvement, call center performance, Enrollee grievances and appeals, along with provider grievances and appeals. The LMOC also receives reports from our Member 360 and Provider 360 Committees, which are cross-market Medicaid committees that share data and exercise performance oversight. Mr. Duke represents the LMOC on our corporate Operations Steering Committee. The Operations Steering Committee, which consists of leaders from across our national Medicaid program, identifies cross-market synergies, strategic opportunities, and plan-wide Medicaid changes.

Humana maintains our health plan's key functions in the Commonwealth, including our Member Services Call Center, Provider Services Call Center, Provider Relations and Network Operations, Enrollee and Community Engagement, Care Management associates, and Quality Operations. Our Enterprise Operations teams, which include many nationally recognized experts (e.g., program integrity, information systems, and data analysis), collaborate with our local team to continuously improve service delivery. We support their work with significant investments in data analytics and state of-the-art IT systems.

b.ii. How the **RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices"** fits into the overall organizational structure of the Parent Company.

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

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

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

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

Please refer to **Attachment I.B.3-4** for the organizational chart depicting how the Draft Medicaid Contract fits into the overall organizational structure of Humana, Inc.

b.iii. Where subcontractors will be incorporated.

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

Please refer to **Attachment I.B.3-3** for an organizational chart, which indicates how our subcontractors are incorporated into Kentucky Medicaid management structure. **Table I.B.3-24** and **Table I.B.3-25** below also lists each subcontractor with their role and address.

Table I.B.3-24: Non-Affiliated Subcontractors List

Subcontractor Name	Role	Address
Arcadian Telepsychiatry Services LLC	Telepsychiatry	1300 Virginia Drive, Suite 110, Fort Washington, PA 19034
Avēsis Third Party Administrators, Inc. (Avēsis)	Dental/Vision Administrative Services	10324 S. Dolfield Road, Owings Mills, MD 21117
Braillet, Inc.	Face-to-Face and American Sign Language Interpretation Services	2831 Saint Rose Pkwy, Suite 254, Henderson, NV 89052
Centauri Health Solutions, Inc.	Identify, assess and assist members with disability application in order to obtain Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefit for the member	16260 N. 71st Street, Suite 350, Scottsdale, AZ 85254
DST Pharmacy Solutions, Inc. (dba SS&C Health)	Pharmacy Claims Processing	210 West 10th Street Kansas City, MO 64105
Equian, LLC	Subrogation Services	9390 Bunsen Parkway, Louisville, KY 40220
FOCUS Health, Inc.	Peer Reviews for Behavioral Health (BH) Utilization Management	10801 Starkey Road, Suite 104-101, Seminole, FL 33777
Infomedia Group, Inc. (dba Carenet Healthcare Services)	Medical advice line	11845 IH West, Suite 499, San Antonio, TX 78230
LanguageSpeak, Inc.	Written Translation Services	5975 Sunset Drive, Suite 803, Miami, FL 33143

Table I.B.3-24: Non-Affiliated Subcontractors List

Subcontractor Name	Role	Address
MDLIVE, Inc.	Telemedicine	13630 NW 8th St., Suite 205, Sunrise, FL 33325
NCH Management Systems, Inc. (dba New Century Health)	Consultative Review of Part B injectable drugs	675 Placentia Avenue, Suite 300, Brea, CA 92821
Offset Paperback Manufacturer, Inc.	Printing/Fulfillment Services	2211 Memorial Hwy, Dallas, PA 18612
Outcomes, Inc. (dba OutcomesMTM)	Pharmacy Medication Therapy Management	505 Market Street Suite 200, West Des Moines, IA 50266
Relias LLC	Provider and Care Manager Training	1010 Sync Street, Suite 100, Morrisville, NC 27560
Revel Health, LLC	Spanish/English Enrollee Welcome Calls (VAT) and Quality Campaigns (VAT)	123 North 3rd Street, Suite 300, Minneapolis, MN 55401
SPH Analytics	Enrollee and Provider Satisfaction Survey, CAHPS Survey	4150 International Plaza, Suite 900, Fort Worth, TX 76109
United Language Group, Inc.	Written Translation Services	1600 Utica Avenue South, Suite 750, Minneapolis, MN 55416
VIA LINK, Inc.	BH Crisis Line	2645 Toulouse Street, Suite A, New Orleans, LA 70119
Voiance Language Services, LLC	Over-the-Phone Interpretation Services	5780 North Swan Road, Tucson, AZ 85718
WholeHealth Networks, Inc.	Chiropractor Network Management	701 Cool Springs Blvd., Franklin, TN 37067

Table I.B.3-25: Affiliated Subcontractors List

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

b.iv.	A summary of how each Subcontractor will be integrated into the Offeror's proposal performance of their obligations under **RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices,"** to ensure a streamlined experience for the Members, providers and the Department.

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

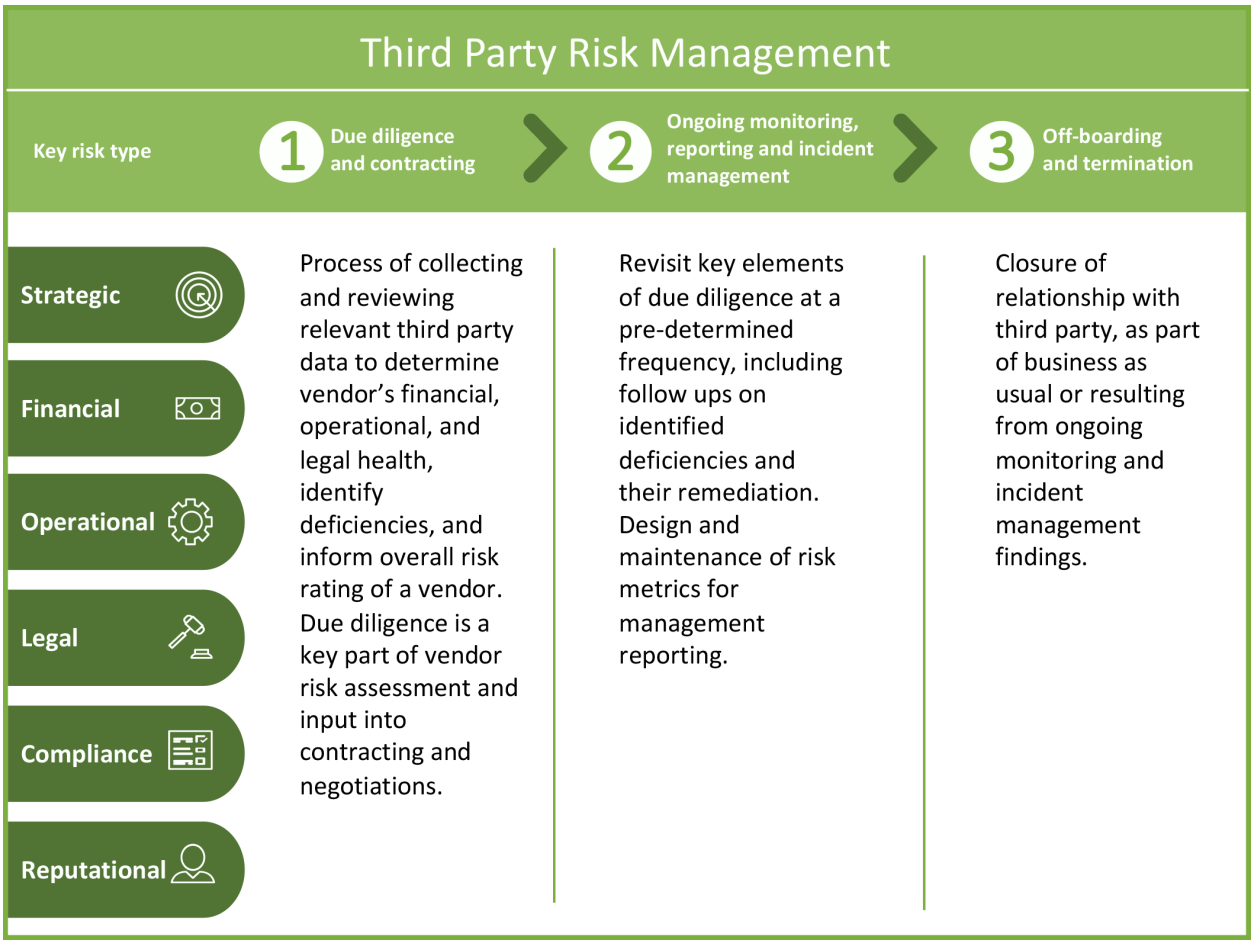
For any deficiencies found during onboarding or ongoing monitoring, our RMs develop a remediation plan to mitigate the risks. This plan may include issuance of a Corrective Action Plan (CAP), Issue and Opportunities Plan (IOP), more frequent meeting, increased oversight, and a path for escalation. Continuous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

While Humana has responsibility for and will continue to perform a large majority of the core functions required by our Contract with the Commonwealth, we also understand the importance of choosing and maintaining high-quality Subcontractor relationships where valuable and appropriate. In the unique circumstances that Humana determines that a Subcontractor relationship would enhance our plan operations, we focus on creating a level of integration that create a seamless experience for our members and providers. The decision to employ a Subcontractor is carefully considered via a defined process as described below. Such decisions are only made when we feel that they are in the best interest of our members and providers. Our rigorous Governance and Implementation procedures ensure that this partnership is not a barrier to our member or provider experience. We manage this through bid integration and sourcing, implementation governance, and end-to-end testing prior to go-live. Leading up to the contract effective and in the time following, we partner with the Subcontractors and include them in a go-live command center to ensure that any risk or issue is quickly identified and swiftly mitigated by the appropriate experts. As operations normalize, we continue to collaborate and focus on oversight and continuous improvement opportunities. Humana will have a Relationship Manager assigned to each Subcontractor that will lead Joint Operating Committees and provide continued operational oversight. Along with the Contract terms we negotiate with the Subcontractor, this operational oversight and collaboration ensures they are meeting our and DMS's requirements with timely and accountable delivery of data and information per our requests.

Lifecycle of a Subcontractor Relationship

Our monitoring and oversight of Subcontractors begins before we have established a formal relationship through our due diligence process, and it continues through off-boarding and termination.
Refer to **Figure I.B.3-3**.

Figure I.B.3-3: Third Party Risk Management Lifecycle



- Due diligence: Prior to contracting with an organization, we have in place a standardized process to ensure compliance with our contracting protocols, as well as applicable legal and risk management requirements. Our Operational Risk Management (ORM) team records all new relationships in a centralized repository that details Subcontractors' relevant information and any risk ratings.
- Screening: Our screening process includes an extensive review of Subcontractors' financial viability and eligibility to participate in federal and State healthcare benefit programs. Specifically, our associates check all relevant databases to ensure Subcontractors have a license to provide services (if applicable) and that they or their owners and executives have not been suspended, excluded, or debarred from participating in a Kentucky or federal healthcare program.
- Onboarding: During onboarding, Humana assigns each Subcontractor a Relationship Manager. Our Subcontractor onboarding process includes sharing relevant documents (e.g., contracts, forms, etc.), data exchange set up, system testing, and establishment of metrics and reporting requirements. We also require that the Subcontractors' staff complete the same mandatory training within 30 days (and annually thereafter) as our associates related to applicable Centers for Medicare and Medicaid Services (CMS) and/or Medicaid requirements. This training includes information about our Standards of Conduct, program integrity requirements, and cultural competency, among many other topics. Humana automatically terminates access to Humana systems if this training is not completed. In addition to the mandatory associate training, each Subcontractor is required to complete and sign an attestation indicating that they have reviewed and will comply with the Kentucky Medicaid Managed Care Contract Training and will train their current employees on the Kentucky Contract-specific training within 30 days of notification and any new hires within 30 days of contract or hire. Please refer to **Attachment I.B.3-5** for a sample Kentucky

Medicaid Contract Subcontractor Training Attestation and **Attachment I.B.3-6** for the Kentucky Medicaid Contract Training (note: this training is based on the current Contract and will be updated for the new Contract).

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

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

- Encounter Data File Timeliness: Failure to deliver an encounter file meeting agreed-upon specifications within the times specified. $1,000 per late submission per calendar day
- Encounter Data Accuracy: Error rate > 5% in encounter data received from subcontractor based on a Humana encounter response file. $1,000 per file that exceeds the standard of more than 5% errors.
- Encounter Data Completeness: Completeness rate of at least 90% in encounter data received from subcontractor based on a Humana encounter response file. $1,000 per file that does not meet the standard for Completeness rate.
- Encounter Data File Transfers: No later than Friday 12:00 a.m. midnight Eastern Standard Time. $100 per late file per calendar day.
- Encounter Data Corrections: Within 30 calendar days after notice by Humana of encounters/claims failing X12 (EDI) or Humana edits, correct all encounter/claim records for which errors should be remedied and resubmit to Humana. $1,000 per late resubmission per calendar day after 30 days. A resubmitted file with uncorrected errors is not considered to be timely resubmitted.

b.v. Number of proposed FTEs dedicated to **RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices,"** by position type and operational area and how the Vendor determined the appropriateness of these ratios.

Please note: it is somewhat unclear whether the term "dedicated" in this context is meant to indicate we are to show only those *individuals for whom 100% of their time is **dedicated** to this Contract*, or if we are to show an *aggregate allocation of **dedicated** hours*. For the purposes of this response, Humana has assumed the latter, such that it more clearly comports with our interpretation of the RFP's intent and more fully demonstrates to DMS the range of functions needed to carry out the scope of services. Additionally, we have assumed that DMS intends for us to provide this information comprehensively across our enterprise (both local and shared national/corporate resources/functions). We have made this assumption to provide DMS with as comprehensive and transparent a view as possible, as well as to demonstrate the thoroughness with which we manage these considerations and the seriousness with which we take our responsibility to efficient and effective financial management of this program. Refer to **Table I.B.3-26** below. Our numbers are based on 150,000 Enrollees.

Table I.B.3-26: Fulltime Equivalents (FTE) by Operational Area

Staffing Role	Fulltime Equivalents (FTEs)
Key Personnel Executive Team (listed in order of Draft Medicaid Contract)	• Chief Executive Officer (CEO): 1 • Chief Operating Officer (COO): 1 • Chief Financial Officer: 1 • Chief Compliance Officer: 1 • Medical Director: 1 • Pharmacy Director: 1 • Dental Director: Subcontractor • Behavioral Health Director: 1 • Provider Network Director: 1 • Quality Improvement Director: 1 • Population Health Management Director: 1 **TOTAL: 10**
Key Personnel Additional Staff (listed in order of the Draft Medicaid Contract)	• Management Information Systems Director: 1 • Enrollee Services Manager: 1 • Provider Services Manager: 1 • Utilization Management Director: 1 • Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Coordinator: 1 • Guardianship Liaison: 1 • Program Integrity Coordinator: 1 • QAPI Coordinator: 0.25 • Enrollee & Provider Complaints, Grievances & Appeals Coordinator(s): 0.25 **TOTAL: 7.50**
Key Personnel Listed Staff • Claims Processing Staff	• Claims Processors: 21 • Leadership: 4.25 • Support: 48.55 **TOTAL: 73.8**
Market Support	**TOTAL: 10.25**
Legal, Privacy, & Ethics	**TOTAL: 0.70**

Table I.B.3-26: Fulltime Equivalents (FTE) by Operational Area

Staffing Role	Fulltime Equivalents (FTEs)
Subcontractor Oversight	**TOTAL: 2.35**
Population Health Management staff	• Tier 1 Health and Wellness Promotion: self-managed • Tier 2 Chronic Conditions (1:300): 10 • Tier 3 Intensive Care Management (1:150): 27 • Tier 4 Complex Care Management (1:75): 6.5 • Telephonic Care Managers: 5 • Community Health Workers: 11 • Housing Specialists: 2 • Transplant: 1.33 • NICU: 1.5 • MomsFirst: 5 • Prenatal Lead: 1 • SDOH Coordinators: 6 • Clinical Intake team: 33 **TOTAL: 109.33**
Utilization Management	**TOTAL: 61.75**
Clinical Oversight/Quality	**TOTAL: 27.35**
Pharmacy	• Pharmacy Claims: 2 • Utilization Management: 1.5 • Formulary: .5 • Pharmacy Call Center: 2.12 • Pharmacist: .5 • Leadership: .5 • Support: .95 **TOTAL: 8.07**
Enrollee Services	• Member Services Representatives (MSR): 47.4 • Leadership and Support: 1.0 **TOTAL: 48.4**
	• Enrollment Specialists: 10 • Leadership: 1 • Support: 1 **TOTAL: 12**
	• Welcome Call/Member Outreach Specialists: 8.7 • Leadership: 4.5 **TOTAL: 13.2**
	• Enrollment Material Support: 4.8
	• Support: 3.05
	TOTAL Enrollee Services: 81.45

Table I.B.3-26: Fulltime Equivalents (FTE) by Operational Area

Staffing Role	Fulltime Equivalents (FTEs)
Provider Services	• Provider Call Center Representatives (PCCR): 58 • Leadership and Support: 1 • **TOTAL: 59**
	Provider Relations • Provider Relations Representatives: 20 • Practice Innovation Advisor (PIA): 1 • Quality Improvement Advisors (QIA): 2 • Provider Claims Educators: 2 **TOTAL: 25**
	Provider Network Team • Network Contracting Professionals: 7 • Provider Communications: 1 • Network Support: 26.4 **TOTAL: 34.4**
	TOTAL Provider Services: 118.4
Community Engagement team	• Culture and Community Engagement Director: 1 • Coordinators: 8 • **TOTAL: 9**
Member Grievance and Appeals	**TOTAL: 17.7**
Program Integrity	**TOTAL: 5**
Encounters	• Encounter Data Quality Coordinator: 0.25 • Specialists: 3.5 • Leadership: 0.50 **TOTAL: 4.25**
Digital	**TOTAL: 4.25**
Product Development	**TOTAL: 0.95**
Medicaid Engagement and Outreach (marketing)	**TOTAL: 7.20**
Financial Operations	**TOTAL: 4.5**
Reporting	**TOTAL: 7.75**
Enterprise Shared Services (training, policy and procedure management)	**TOTAL: 1**
Information Technology	• Support: 25 • Business Continuity Disaster Recovery: 1 **TOTAL: 26**
Human Resources	**TOTAL: 0.85**
TOTAL FTEs (RAW)	**600.2**
After Estimated Vacancy Rate of 3%	**582.1**

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

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

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

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