

C. Technical Approach

1. Subcontracts (Sections 4.3 Delegations of Authority and 6.0 Subcontracts)

- a.** Describe the Vendor’s approach to subcontracting services for this Contract, and how the Vendor will ensure ongoing collaboration with Subcontractors for a streamlined and coordinated approach to serving Enrollees and Providers.

SUBCONTRACTING APPROACH

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.

Humana is committed to working with partners experienced in serving Medicaid Enrollees and delivering services effectively and efficiently on behalf of our organization, with a focus on quality goals and improving health outcomes. Prior to contracting, we carefully evaluate potential Subcontractors using a strategic and competitive six-step procurement process. This includes 1) internal and 2) external cost analysis to optimize savings opportunities; 3) a sourcing process that includes competitive bidding; 4) contract negotiations; 5) implementation to ensure every potential partner satisfies all commercial, legal, and compliance standards through a high frequency of collaboration and thorough testing; and 6) ongoing monitoring and oversight, which includes all assessments and audits required by both regulation and Contract at the time of functional delegation.

The six (6) step process employed by Humana to guide the selection of a Subcontractor is described below and in **Attachment I.C.1-1 Medicaid Relationship Management Six Step Process**:

1. Internal Analysis

- Spend Trend: Historic and anticipated spend, usage, and related transactions associated with the target purchase are evaluated
- Service Need: Key stakeholders are identified to clarify scope of services to be provided by the Subcontractor

2. External Analysis

- Potential Service Providers: Analysis is inclusive of incumbents (if deemed appropriate), those providing similar services across the Humana lines of business, and additional candidates identified via market research

3. Sourcing Process

- Assessment criteria, inclusive of price, capability, quality/compliance, customer service, and innovation, are established (criteria are weighted)
- Request for Proposal (RFP) or Request for Quote (RFQ): An RFP/RFQ is developed, describing Humana, the service need, State Contract references, service requirements, and the timeline for responding

4. Negotiations and Contracts

- Respondent Evaluations: Each respondent is assessed via a Financial Due Diligence (FDD) process. Please see **Attachment I.C.1-2** for an example of the Financial Due Diligence Summary, which is completed during the FDD process.
- References: References obtained from each respondent are contacted to collect additional information to evaluate historic Subcontractor performance. We seek to obtain three (3) references per potential Subcontractor.
- Selection: All respondents are evaluated based on the assessment criteria, feedback from references, best and final pricing, and the preference of the stakeholders

5. Implementation

- Pre-Delegation Audit: The Delegation Compliance department, consisting of the Delegation Council and Contract Approval Committee, will perform a pre-delegation audit (prior to any function being subcontracted to a prospective entity) upon receipt of the Request for Delegation form (please see **Attachment I.C.1-3** for the Request for Delegation Form) and the Pre-delegation Questionnaire (claims delegation only). The pre-delegation audit will include evaluation of a prospective Subcontractor's compliance and performance capacity against State, federal, accreditation, and Humana standards. A review and approval of the following applicable items of the prospective Subcontractor are conducted:
 - Delegation Council review of proposed clinical health services and claims delegation
 - Contract Approval Committee approval for claims delegation
 - Policies and procedures
 - Program descriptions and work plans
 - Forms, tools, and reports
 - Sub-delegation agreements
 - Downstream provider agreements
 - Letters of accreditation
 - Financial solvency
 - File audit
 - Federal/State exclusion screenings
 - OIG, SAM, Preclusion List
 - Offshore contracting

Results of the pre-delegation audit are recorded on a standardized audit tool and then scored to determine the prospective Subcontractor's ability to meet compliance requirements according to the following compliance thresholds:

- Prospective Subcontractors with a pre-delegation audit score of less than 70% must be referred to the appropriate committee, market leadership, compliance leadership, or business owner for additional evaluation and final determination on the entity's ability to meet Humana requirements to assume a subcontracted function

- Prospective Subcontractors with a pre-delegation audit score of 70%-94% or those missing critical elements as identified on the applicable functional audit tool may only be approved if a Corrective Action Plan (CAP) is implemented
- Prospective Subcontractors with pre-delegation audit score of 95% or higher may be approved without requiring a CAP, although potential opportunities for improvement are documented and communicated to the Subcontractor
- Business Continuity (BC) Planning and Disaster Recovery (DR): While standard BC and DR expectations are established by contract, the selected Subcontractor's BC and DR strength will be formally assessed via onsite and desk audits based on the criticality of this service relationship and the level of risk of an inadequate BC or DR program

Once the subcontractor passes the pre-delegation audit and BC and DR planning, Humana engages the Subcontractor in a series of meetings that mirror our overall implementation planning. The focus shifts to interconnectivity requirements and testing to ensure that we can securely pass data between the entities. Additional collaborative meetings ensure that business processes are established, escalation points of contact are shared, and implementation governance is established.

Issues, Risks, and Decision points are worked through the governance process and ultimately feed into the overall implementation planning. This ensures transparency across the organizations and ensures alignment on key contractual requirements.

Humana will conduct a business readiness validation and comprehensive end-to-end testing during the final months prior to the go-live date. This process is a critical validation step to identify potential risks, particularly related to Enrollees' continuity of services and care arrangements. We test these scenarios to identify problems and develop solutions to incorporate into our implementation processes and governance before they occur.

Implementation concludes with a Command Center, which is comprised of our Interim Operating Team (IOT), additional operational SMEs, and delegated Subcontractor partners to focus on critical and high risks issues discovered at go-live. The Command Center provides a platform for cross-functional teams to connect and collaborate on issues and develop resolutions. Our IOT triages and prioritizes issues based on impact to the Commonwealth and to our Enrollees by assessing the urgency of how much the incident affects Humana's operations or our Enrollee's ability to access care.

During the 1/1/2020 transition of plan administration to Humana, we contracted with Avësis to administer our dental and vision benefits. Throughout the implementation, we met twice a week, with one session each week dedicated to IT development and connectivity, and one session dedicated to business process development, oversight, and issue resolution. Avësis was included in both end-to-end testing and business readiness validation to ensure that all requirements prior to go live were met and thoroughly tested. They've been actively engaged in the post transition date processes of Command Center. This collaboration has led to a successful and seamless transition to members accessing these benefits and services.

6. Relationship Management

- The Relationship Manager will monitor and influence Subcontractor performance in an ongoing manner in coordination with and support of, or led by, the Kentucky Market. The Relationship Manager is responsible for ensuring that the following actions and activities are accomplished:
 - **First Tier-Down Stream-Related Entity (FDR) Assessment**
 - Ensure the Consolidated Due Diligence Questionnaire is completed and submitted to the FDR Committee for review
 - Determine FDR status and follow the requirements for third parties determined to be FDRs
 - **Delegation Coordination**
 - Submit a completed Request for Delegation form to Delegation Compliance to initiate a pre-delegation audit
 - Confirm and follow the Subcontractor recommendation from Delegation Compliance (Go/No Go)
 - **Contracting**
 - Complete required due diligence (e.g., financial, business continuity, systems, and physical security, etc.) to identify and mitigate potential risk
 - Negotiate all required contract documents and related provisions, working with the Contract Drafting, Legal, and Compliance team to streamline the language, limit duplications, and eliminate conflicting language, to include, but not be limited to:
 - Performance Requirements [aka service level agreements (SLA)], reflecting relevant contract performance requirements and Humana operating standards, inclusive of penalties and incentives, as appropriate
 - For the specific subcontracted functions, a Delegation Addendum and attachments
 - A current state-specific Medicaid Addendum (aka Medicaid Omnibus Agreement)
 - A Business Associate Agreement (BAA), as applicable
 - An Information Technology Security Agreement (ITSA), as applicable
 - Facilitate final reviews and contract execution, internal-to-Humana, including the operational lead(s), and with the Subcontractor
 - In partnership with State-facing market lead(s), obtain State agency approval for the initial relationship and relationship changes, as required
 - **Ongoing Relationship Oversight**
 - Identify and engage the operational lead(s) associated with the Subcontractor to establish and maintain a shared understanding of expectations and accountability for compliance oversight
 - Hold Subcontractors accountable for compliance
 - In partnership with operational market lead(s), participate in regular operational pulse meetings
 - Assess and review the operational health of Subcontractors with Humana and Subcontractor leadership during formal periodic meetings. These meetings should be used to:
 - Align on compliance challenges/opportunities [e.g., Grievance and Appeals (G&A), Risk Management, Internal Audit Consulting Group (IACG), Delegation, FDR, Enterprise Information Protection (EIP), Privacy, Legal, Regulatory Compliance, related audit findings, and CAPs, etc.]
 - Pulse performance trend over time (e.g., SLAs, key compliance metrics)
 - Identify/address operational and performance barriers
 - Pursue opportunities to maximize business benefit
 - Explore cross-market translation opportunities
 - Document and publish notes and next actions from the formal periodic leadership meetings
 - Participate in all key audits associated with the third party to facilitate full performance transparency and coordinated follow up
 - Support escalation of performance issues, including penalty assessments, de-delegation evaluations, and breach investigations

- Engage the appropriate internal teams (e.g., Legal, Privacy, EIP, Regulatory Compliance, etc.) to assist in addressing issues or exploring opportunities to maximize relationship value
- **Assessment of Future Service Sources**
 - Participate in future service evaluations and competitive evaluations for the services provided, inclusive of insourcing assessments

Annual Delegation Audit

The Delegation Compliance department will perform an annual delegation audit to evaluate all Subcontractors' continued ability to meet delegation compliance and performance capacity against State and federal accreditation and Humana standards and requirements, which will include a review and an approval of the following applicable items of the Subcontractor:

- Policies and procedures
- Program descriptions and work plans
- Forms, tools, and reports
- Sub-delegation agreements
- Letters of accreditation
- Financial solvency
- File audit
- Enrollee and provider written communications applicable to the subcontracted function
- Confirming no offshore contracting

Results of the annual audit are recorded on a standardized audit tool and then scored to determine the Subcontractor's ability to meet compliance requirements according to the following compliance thresholds:

- Subcontractors with an annual delegation audit score of 70% or less must be referred to the appropriate committee, market leadership, compliance leadership, or business owner for additional evaluation and final determination on appropriate and necessary next steps, which may include additional corrective measures, cancellation of a particular subcontracted function by termination of a delegation attachment, or termination of the Delegation Services Addendum
- Subcontractors with an annual delegation audit score of 70%-94% may only be approved if a CAP is implemented.
- Subcontractors with an annual delegation audit score of 95% or higher may be approved without requiring a CAP, although potential opportunities for improvement are documented and communicated to the Subcontractor

Audit results are reported to the appropriate committee, market leadership, compliance leadership, or business owner. The Delegation Compliance department will continue to monitor all Subcontractors through the collection of periodic applicable reporting.

Corrective Action Plan

The Delegation Compliance department will issue a CAP when the Subcontractor fails to meet established compliance thresholds, contractual requirements, or other requirements. Please refer to **Attachment I.C.1-4** for a sample CAP template. Specific deficiencies resulting in a CAP include, but are not limited to:

- Failure to achieve an overall audit score of 95%
- Failure to achieve the required threshold for any single-item score
- Failure to meet compliance thresholds for critical elements as specified on the standardized audit tool, during a pre-delegation, annual delegation audit, or contractual review

A CAP should contain:

1. The identified issues and deficiencies
2. Root cause analysis
3. The corrective actions required
4. The timeframes for performance of the corrective actions and achieved results

The Subcontractor's performance under the CAP will be monitored by the Delegation Compliance department. Monitoring frequency is dependent upon the potential risks identified and will occur until the Subcontractor has achieved the required results.

If a Subcontractor fails to achieve the required results within the timeframe provided, the Subcontractor's results will be referred to the appropriate committee, market leadership, compliance leadership, or business owner for additional evaluation and a final determination on appropriate and necessary next steps, which may include additional corrective measures, cancellation of a particular subcontracted function by termination of a delegation attachment, or termination of the Delegation Services Addendum.

Delegation Services Addendum and Delegation Attachments

Upon approval of delegation pursuant to the pre-delegation audit standard, Humana and the Subcontractor must execute Humana's Delegation Services Addendum and Delegation Attachments for each subcontracted function (please refer to **Attachment I.C.1-5** for the Delegation Services Addendum and Delegation Attachments). The written Delegation Services Addendum and Delegation Attachments must:

- Be mutually agreed upon
- Describe the activities and the responsibilities of Humana and the Subcontractor
- Requires at least semiannual reporting by the Subcontractor to Humana
- Describe the process by which Humana evaluates the Subcontractor's performance
- Describe the remedies available to Humana if the Subcontractor does not fulfill its obligations, including revocation of the Delegation Attachments
- Retain for Humana the right to approve, suspend, and terminate any subcontracted or sub-subcontracted function, including but not limited to the termination of individual practitioners, providers, and provider sites where credentialing decision-making is subcontracted
- Retain for Humana pre-approval rights for any proposed sub-delegation
- Contractually require that the Subcontractor shall provide sufficient oversight of the sub-Subcontractor to ensure that the Subcontractor shall comply with all of the terms and conditions of the Delegation Services Addendum and Attachments or allow Humana to perform direct oversight of the sub-Subcontractor
- Require the Subcontractor to comply with Humana, State, and federal law and accreditation organization requirements

The Delegation Compliance department will maintain the Delegation Services Addendum with applicable Delegation Attachments.

Provisions for Protected Health Information (PHI)

If a subcontracted arrangement involves the use of PHI, Humana and the Subcontractor must execute Humana's Business Associate Agreement (BAA) (please see **Attachment I.C.1-6** for a sample BAA). The BAA should be mutually agreed upon and describe the following information:

- A list of allowed uses of PHI
- A description of Subcontractor safeguards to protect the information from inappropriate use or further disclosure
- A stipulation that the Subcontractor will ensure that sub-Subcontractors have similar safeguards
- A stipulation that the Subcontractor will provide individuals with access to their PHI

- A stipulation that the Subcontractor will inform the organization if inappropriate use(s) of the information occurs
- A stipulation that the Subcontractor will ensure that PHI is returned destroyed or protected if the delegation agreement ends
 - All other requirements under Health Insurance Portability and Accountability Act (HIPAA)/ The Health Information Technology for Economic and Clinical Health (HITECH) Act statutes and regulations

The BAA template is maintained by Humana's Privacy Office, and a copy of the BAA is sent to the Delegation Compliance department.

Sub-Delegation

The Subcontractor will request Humana's approval to sub-subcontract any portion of the Subcontractor's functions or activities. The Subcontractor will demonstrate to Humana a plan for adequate oversight of the sub-Subcontractor or request oversight by the Delegation Compliance department prior to approval of the sub-Subcontractor.

If Humana approves the sub-delegation, the Subcontractor will provide Humana documentation of a written sub-delegation agreement (and, as applicable, a BAA) that:

- Is mutually agreed upon
- Describes the activities and the responsibilities of the Subcontractor and the sub-Subcontractor
- Requires at least semiannual reporting of the sub-Subcontractor to the Subcontractor
- Describes the process by which the Subcontractor evaluates the sub-Subcontractor's performance
- Describes the remedies available to the Subcontractor if the sub-Subcontractor does not fulfill its obligations, including revocation of the delegation agreement
- Allows the Delegation Compliance department access to all records and documentation pertaining to monitoring and oversight of the sub-Subcontractor's subcontracted activities

If it retains oversight responsibilities, the Subcontractor will provide evidence of annual oversight of the sub-Subcontractor.

Termination of Delegation

A Subcontractor's failure to perform or comply with the terms of the Delegation Services Addendum and Attachments will result in the Delegation Compliance department referring the Subcontractor's noncompliance or unacceptable performance status to the appropriate committee, market leadership, compliance leadership, or business owner recommending termination of delegation. Specific deficiencies that may lead to termination include, but are not limited to:

- Failure to comply with State and federal laws, rules, and regulations
- Failure to comply with Humana or accreditation organization standards
- Failure to cooperate with Humana's delegation audit process
- Failure to comply with any term of the Delegation Services Addendum or Delegation Attachments
- Failure to comply with the terms of any implemented CAP
- Failure to submit accurate and timely delegation reports as specified in the Delegation Services Addendum and Delegation Attachments
- Placement on any federal/State government programs exclusion lists

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.

Figure I.C.11-2: 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.C.1-7** for a sample Kentucky Medicaid Contract Subcontractor Training Attestation and **Attachment I.C.1-8** 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.

ONGOING COLLABORATION WITH SUBCONTRACTORS

The monitoring and oversight of the subcontracted functions entails coordination and ongoing collaboration with Subcontractors rendering services on behalf of Humana. A comprehensive monitoring approach incorporating market-based and corporate teams is utilized to ensure Subcontractors are in compliance with all provisions of Humana’s Medicaid contract with the Commonwealth and the Subcontractors’ own services agreements with Humana or affiliates (Agreement).

Monitoring and oversight of Subcontractors is primarily performed by the Relationship Manager. The Relationship Manager is assigned to each Subcontractor and is the key point of contact between the Subcontractor and Humana. The Relationship Manager oversees the performance of the Subcontractor via

regular joint operational meetings and the receipt of regular reporting as required in the Subcontractor’s agreement. Relationship Managers 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.

In addition, joint operational committee (JOC) meetings are held on a regular basis based on the criticality of services and occur no less than annually. At the meetings, Humana and Subcontractor attendees will review the previous period’s performance as compared to performance standards, State Contract, and other agreement provisions. JOC meetings are attended by Humana key relationship and market leads; Subcontractor performance leads; and business, operations, and compliance representatives of both parties. A formal agenda is sent out prior to each meeting and attendance is taken. There must be formally documented meeting minutes containing issues, outcomes, opportunities, and any other items of mutual interest. Minutes will be placed on file in the Medicaid Governance SharePoint site.

The Subcontractor Oversight Committee (SOC) 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. Led by Humana’s Subcontractor Performance Oversight team, which is fully dedicated to the Medicaid line of business, the SOC is comprised of Relationship Managers, network contracting leaders, our Medical Director, Dr. Lisa Galloway, Regulatory Compliance, and representatives from operational areas within the Plan. The purpose of the SOC is to provide oversight of services provided by the Department for Medicaid Services (DMS)-approved Kentucky Subcontractors through a comprehensive, Plan-wide system of ongoing, objective, and systematic monitoring. The SOC ensures that subcontracted services meet the Plan standards for care and customer service, as well as the standards of the Department of Insurance (DOI), requirements of State and federal regulatory agencies, and applicable accrediting agencies such as the National Committee for Quality Assurance (NCQA). The SOC’s responsibilities also include but are not limited to:

- Establishing appropriate oversight of mechanisms, procedures, and tools
- Overseeing subcontracted 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 CAPs, as appropriate
- Performing annual evaluation of the monitoring and oversight program and recommending enhancements

The SOC monitors performance across all Kentucky Subcontractors through periodic Subcontractor Performance Summary reports (see **Attachment I.C.1-9** for a sample report) for all Kentucky Subcontractors. This report is used to assess:

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

b.

Describe how the Vendor will ensure responsiveness of its Subcontractors to all requests from DMS for reporting, data and information specific to operation of the Medicaid managed care program. How will Subcontractors be held accountable for a delay in or lack of response?

ALL SUBCONTRACTORS HELD TO THE COMMONWEALTH’S STANDARDS

Our Subcontractor oversight begins with a clear written agreement that defines Subcontractors’ obligations with respect to data and reporting requirements. Humana executes SLAs that fully describe all services to perform, all reporting and metrics to track, and all service levels to meet with each Subcontractor. Humana’s written performance standards with each Subcontractor address the requirements of the Draft Medicaid Contract, as

well as additional standards that Humana tracks to ensure the highest level of performance. These performance standards include responsiveness to information requests from the Commonwealth. Humana understands how critical it is to respond to any inquiry DMS sends and expresses that same urgency to the Subcontractors servicing the Enrollees. In an effort to ensure Humana meets or exceeds DMS response times, we hold our Subcontractors to an even higher standard in terms of their response time to DMS requests. This helps to ensure we are responding timely to DMS inquiries. Along with the Contract terms we negotiate with the Subcontractor, the operational oversight and collaboration that is owned by our Relationship Managers ensures they are meeting our and DMS's requirements with timely and accountable delivery of data and information per our requests.

During the Subcontractor onboarding process, each Subcontractor who delivers services as part of the Commonwealth's Contract must certify they have completed all necessary training and fully understand the requirements of the Draft Medicaid Contract, applicable State and federal laws, and all other applicable requirements. All Subcontractors are required to complete and sign an attestation indicating 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.C.1-7** for a sample Kentucky Medicaid Contract Subcontractor Training Attestation and **Attachment I.C.1-8** for the Kentucky Medicaid Contract Training (note: this training is based on the current Contract and will be updated for the new Contract).

Validating Data: We maintain all data from Subcontractors in our systems, including our Enterprise Data Warehouse (EDW), which allows us to validate the data in the same manner we would validate our own data. Data validation scenarios include, but are not limited to, claims data analysis, trending, and call center reporting metrics. We review data from Subcontractors using the same multi-level review process as our internal process, including the following checks:

- Review of correspondence of data to State-specified validation rules (if applicable)
- Trending against previous reporting submissions to identify inconsistencies or outliers
- Comparison to other reports with similar or overlapping elements that we would expect to align
- Review of completeness and appropriate formatting defined in the report template State guidelines

Tracking System: We use our ESP platform to track and monitor Subcontractor performance, including performance related to data submissions. ESP contains workflow software, including automated emails, automated escalation, automated notifications of upcoming due dates, and a repository for evidence storage and attestations. ESP contains multiple risk and compliance modules, allowing for an integrated risk and compliance view so that we can track submission, compliance, and overall performance in one place. All operational areas and teams across Humana use ESP. Utilizing this system ensures that data and processes are connected for true visibility and transparency into the operational performance as related to Contract and programmatic compliance. This tracking mechanism gives Humana the ability to quickly identify issues and address areas of concerns with Subcontractors.

Monitoring and Oversight Processes

The oversight of Subcontractors is performed by three entities:

1. Relationship Managers: They are the front line of Humana associates who work closely with their Subcontractors. They 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. Relationship Managers have the ability to connect multiple areas of the organization and the Subcontractors to address areas of concerns identified by the Commonwealth or through their monitoring and oversight activities. They perform due diligence of Subcontractors and consistent oversight of operational performance according to the State Contract and Agreements. Relationship Managers lead JOC meetings with the Subcontractors and

collect information and report performance status via the periodic Subcontractor Performance Summary reports.

2. Delegation Compliance department: This organization is responsible for pre-delegation, annual, and ad hoc audits of Subcontractors that have been formally subcontracted certain functions. The audits are performed in accordance with the State Contract requirements, NCQA Standards, and Agreement provisions. The audit results are captured in formal reports and presented to Relationship Managers for further review and reporting to Subcontractor Performance Oversight team where warranted.

3. Subcontractor Oversight Committee (SOC): The role of this committee is to maintain a comprehensive, collective view of performance across the approved Subcontractors with specific focus on oversight and monitoring activities, review operational performance of Subcontractors for adherence to State Contract and Agreement provisions, monitor progress of Subcontractors in addressing corrective action or remediation plans, and participate in joint operational meetings with Subcontractors with a specific focus on those with opportunities to maximize value or address outstanding issues. This committee gives Humana the ability to monitor Subcontractor performance and identify opportunities to improve or enhance performance by the Subcontractor.

As the Relationship Managers, the SOC, and/or other Humana compliance or functional teams identify failure of a Subcontractor to meet one or more critical performance targets or identify material deficiencies or areas for improvement, a CAP or remediation plan will be issued to the Subcontractor by one or more of the responsible Humana compliance or functional teams. CAPs are described in and issued from ESP, Humana's central partner repository. Humana and the Subcontractor must take the corrective actions as set forth in the CAP or remediation plan issued to the Subcontractor. Where DMS has imposed corrective actions on a Subcontractor related to Covered Services, Enrollees, or providers, Humana shall inform DMS of any corrective actions required of such Subcontractor in accordance with timing and frequency of required updates on progress of implementation of the corrective actions imposed by DMS. CAPs will additionally be reviewed during JOC meetings and tracked in the Subcontractor Performance Summary Reports.

Subcontractors will be required to report to Humana on the timing as indicated in the Subcontractor Performance Reports and formal reviews consistent with industry standards and the criticality of services but no less than annually. As requested, Humana will provide results of these formal reviews to DMS.

The comprehensive oversight program ensures that subcontracted services meet the Plan standards for care and customer service, as well as the standards of the DOI, requirements of State and federal regulatory agencies, and applicable accrediting agencies such as NCQA.

Corrective Action Plans (CAP): Humana will issue a CAP to any Subcontractor who fails to submit data on time, submits poor data or data that cannot be validated, or submits data in the wrong format. Humana will track CAPs in ESP, have regular touch points with the Subcontractor while the CAP is open, and our Regulatory Compliance team will also monitor the CAP until the Subcontractor can validate all elements of the failure are remediated.

Specific deficiencies resulting in a CAP include but are not limited to:

- Failure to achieve an overall audit score of 95%
- Failure to achieve the required threshold for any single-item score
- Failure to meet compliance thresholds for critical elements as specified on standardized audit tool, during a pre-delegation, annual delegation audit, or contractual review

A CAP should contain:

1. The identified issues and deficiencies
2. Root cause analysis
3. The corrective actions required
4. The timeframes for performance of the corrective actions and achieved results

The Subcontractor's performance under the CAP will be monitored by the Delegation Compliance department. Monitoring frequency is dependent upon the potential risks identified and will occur until the Subcontractor has achieved the required results.

If a Subcontractor fails to achieve the required results within the timeframe provided, the Subcontractor's results will be referred to the appropriate committee, market leadership, compliance leadership, or business owner for additional evaluation and a final determination on appropriate and necessary next steps, which may include additional corrective measures, cancellation of a particular subcontracted function by termination of a delegation attachment, or termination of the Delegation Services Addendum.

EXAMPLES OF CORRECTIVE ACTIONS IDENTIFIED THROUGH HUMANA'S ESP REPORTING SYSTEM

Timely Adjudication of Claims Following Receipt: In January 2019, our Compliance Oversight Committee identified a lag in adjudication of claims to out-of-network (OON) providers utilizing our Metrics/Evidence and Attestation solution in ESP. The root cause analysis demonstrated that there was a delay in conducting outreach to claims for these providers. There was also issue with the system over-capturing what needed to pend, which slowed down the process of sorting through claims. We put a CAP in place with the Subcontractor and entered the CAP into ESP. They then updated and implemented new logic to ensure claims pended accurately, dedicated additional resources to this function, and continued to monitor the issue through resolution.

Grievance and Appeals Dashboard: Our Grievance and Appeals (G&A) team noted that four of the 48 new Enrollee grievances they received were acknowledged in an untimely manner. Their root cause analysis indicated that one Enrollee had submitted three of the grievances and another Enrollee had submitted one and that all the late acknowledgements concerned a Medicaid transportation Subcontractor in that state. The G&A team determined that the delay resulted from the Subcontractor's failure to submit grievances in accordance with their subcontract and our policies and procedures. Our G&A team informed the Subcontractor's Relationship Manager of the issue. The Relationship Manager notified the Subcontractor of the corrective action, educated the Subcontractor about the importance of submitting grievances in a timely manner, and reminded the Subcontractor of our required process. Through the reporting required by the Subcontractor, the Relationship Manager was able monitor the Subcontractor's performance to ensure compliance with the contractual requirements.

Welcome Calls: Using the Call Center Metrics Report, our Outreach and Education team observed that our success rate for welcome calls was lower than the performance goal they had identified. The Outreach and Education team determined that the issue was a priority and that the solution would likely be complex, requiring the assistance of more than one team to address the problem successfully. The Medicaid Operations team convened a workshop to examine the Enrollee onboarding process and identify ways that we could improve. The workshop included associates from the following teams and functions: enrollment, clinical, quality, data analytics, marketing, education, and outreach. The participants identified opportunities for improvement along each step of our onboarding process and developed an Onboarding Strategy that describes specific steps to conduct outreach to Enrollees and assist them as they begin their relationship with Humana. It includes strategies for improving our Unable to Contact (UTC) procedures and reaching our Enrollees for welcome calls and other touchpoints.

These examples demonstrate that Humana's associates derive insights from our reporting system that lead to process improvement solutions. Beginning with our many industry-leading reporting tools, associates, leaders, and cross-functional teams and committees leverage the information to improve the Enrollee experience and maintain a strong, high quality network of highly satisfied providers.

EXAMPLES OF ACTIONS TAKEN WHEN A SUBCONTRACTOR IS NON-COMPLIANT

Timely Notification of Power Outage: One of our former Kentucky Medicaid Subcontractors, CareSource, notified Humana face-to-face and via email regarding a CareSource Contact Center phone system outage. As a result of the outage, inbound calls were dropped if they went to hold in queue. The issue was identified by

CareSource at 10 A.M. and corrected by 1 P.M., but Humana was not notified of the incident until two days later. This lack of notification prevented Humana from immediately reporting the issue to DMS. As a result, Humana issued a CAP that addressed notification and communication obligations. CareSource developed a process to ensure their business area knows whom to notify at CareSource to ensure timely notification to Humana. Once this was completed, no further issues occurred.

Contact Center Metrics: With regular review of performance metrics, the Relationship Manager and the SOC found that a Kentucky Medicaid Subcontractor was not meeting a call center metric for average speed of answer in accordance with the State Contract. Humana issued a CAP to the Subcontractor for failing to meet the State Contract requirements. The Subcontractor responded with the root cause of the failure and a remediation plan. Humana monitored the remediation until the metric was in compliance consistently and resolved. Constant and consistent monitoring of the Subcontractor performance metrics allows Humana to quickly identify and work with the Subcontractor to remediate gaps in their performance.

Health Risk Assessment (HRA) Attempts: With regular review of performance metrics, the Relationship Manager and the SOC found that one of our former Kentucky Medicaid Subcontractors, CareSource, was not meeting a contractual performance metric that requires Managed Care Organizations to attempt to contact Enrollees at least three times to complete their HRA. Humana issued a CAP to CareSource for failing to meet the performance requirement. Our Relationship Manager worked collaboratively with CareSource to identify root causes for the deficiency, including those related to failure to report the attempts rather than failure to make the attempts. The Relationship Manager and SOC monitored this metric on an ongoing basis.

EXAMPLES OF ACTIONS TAKEN WHEN THERE ARE PERFORMANCE IMPROVEMENT OPPORTUNITIES

Transportation Subcontractor Oversight: As a result of Enrollee grievance and appeals and provider complaints, along with grievance and appeals dashboards, the SOC noted an increase in disputes related to a Medicaid transportation Subcontractor. While the Subcontractor was within the State-mandated performance requirements, the increase in complaints and grievances, along with trend analysis using our data analytics platforms, indicated an opportunity for performance improvement. The Relationship Manager worked with the Subcontractor to implement a new monitoring system that included the following remedial actions:

- Daily calls for urgent and “red flag” issues
- Bi-weekly scheduling calls to review scheduling challenges, monitored cases, hot topics, and trends identified through our data analytics platforms (such as Mattersight, Clarabridge, or MHK) and spikes in provider or Enrollee grievances
- Monthly meetings to look at overall performance data, using a newly-created performance scorecard, to address trends and identify any specific service-related challenges

The Relationship Manager provides summaries of these meetings to the SOC for continued oversight.

Missing Information in Provider Files: During our Subcontractor oversight meetings with our former Kentucky Medicaid Subcontractor, CareSource, we collaboratively identified that certain provider files were missing a Humana-required datum point. We noted this as an opportunity for improvement because this missing datum could potentially result in a delay of claims payment, though such delays had not yet occurred. To resolve the issue, in the short term we identified a manual process to solve the problem while our information technology (IT) team developed new logic to resolve the issue. Our network management and IT teams tested this, and we instituted a quality management check to ensure resolution and compliance.

c.

Provide a listing, including roles and locations, of known Subcontractors that will support the Contract resulting from this RFP.

Table I.C.1-1: 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
MDLIVE, Inc.	Telemedicine	13630 NW 8 th 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

Table I.C.1-1: Non-Affiliated Subcontractors List

Subcontractor Name	Role	Address
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.C.1-2: 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

d.

Describe the relevant experience of each Subcontractor. Indicate whether the Vendor has subcontracted with the entity for prior contracts of similar size and scope.

Table I.C.1-3: Non-Affiliated Subcontractors Relevant Experience

Subcontractor Name	Relevant Experience	Prior Relationship
Arcadian Telepsychiatry Services LLC	Arcadian Telepsychiatry Services is a wholly owned subsidiary of Mynd Analytics (NASDAQ: MYND) acquired in November 2017. Arcadian manages the delivery of telebehavioral health services through a multi-state network of licensed and credentialed psychiatrists, psychologists, and other BH therapists (Providers). Although many companies provide broad telehealth services within the United States, only a few companies have a primary focus on telepsychiatry and telebehavioral health.	Since July 2015, Arcadian has been a telepsychiatry provider for Humana’s CMS demonstration pilot in Texas and Florida Primary Care Provider (PCP) clinics. The eligible population includes approximately 17,000 Humana Medicare and Commercial Enrollees attributed to the PCP clinics. Since March 2019, Arcadian has been a telebehavioral provider for Humana’s Retail Mandatory Supplemental Benefit. The eligible population includes approximately 88,000 Humana Medicare Enrollees attributed to the PCP clinics.

Table I.C.1-3: Non-Affiliated Subcontractors Relevant Experience

Subcontractor Name	Relevant Experience	Prior Relationship
Avēsis	<p>Avēsis and its parent company, Guardian, administer dental and eye care benefits for nearly 17 million individuals across the United States. Most of these individuals (approximately 10 million) have employer-sponsored vision or dental plans administered by Guardian. Nearly seven million are covered through government healthcare programs managed by Avēsis, including 35 active Contracts with two State governments and 22 national and regional health plans. Avēsis currently operates in 14 states and the District of Columbia. A majority of the membership (95%) is Medicaid Enrollees, while a much smaller percentage are MA/Medicare-Medicaid (MMP) Enrollees.</p>	<p>Since January 2016, Humana has subcontracted the following dental administration functions to Avēsis:</p> <ul style="list-style-type: none"> • Claims adjudication • Prior authorization • Provider grievances and appeals • Network and provider management, including Provider Services Call Center support • Network recruitment, including credentialing • Quality assurance and performance improvement • Comprehensive weekly, monthly, quarterly, and annual DMS-compliant reporting <p>In January 2020, Humana subcontracted comprehensive eye care benefits management to Avēsis. Avēsis is providing all of the stated above operational services to help Humana support optimal eye care for our Medicaid Enrollees in Kentucky.</p>
Braillet, Inc.	<p>Braillet has more than 30 years of experience working with or for healthcare organizations from Medicare, Medicaid, TRICARE, and Veteran Affairs to ensure compliance to federal and State regulations for disabled and non-English-speaking Enrollees.</p>	<p>Braillet Corporation has partnered with Humana over the last 14 months to ensure compliance with federal and State regulations.</p>
Centauri Health Solutions, Inc.	<p>In 2017, Centauri Health Solutions purchased Human Arc as a wholly owned subsidiary. Human Arc brought disability and eligibility services to Centauri's service lines. Centauri supports more than 25 million individuals nationwide, including the Humana KY Medicaid plan, since 2018. Centauri's state-of-the-art analytics tools provide the most up-to-date technology to analyze large volumes of data and gain essential project insights. For more than 30 years, Centauri's vision and mission have been central to its efforts to deliver outstanding revenue enhancement solutions for health plans throughout the country.</p>	<p>Centauri is a recently approved Humana Subcontractor for the Kentucky Medicaid Contract.</p>

Table I.C.1-3: Non-Affiliated Subcontractors Relevant Experience

Subcontractor Name	Relevant Experience	Prior Relationship
DST Pharmacy Solutions, Inc. (dba SS&C Health)	SS&C Health is the marketing brand of DST Pharmacy Solutions, Inc., a privately held company, wholly owned subsidiary of its ultimate parent, SS&C Technologies Holdings, Inc. (SS&C), which is a publicly traded company. SS&C Health has an independent corporate structure. SS&C Health (then Argus) was established in 1983 as a subsidiary of Kansas City Southern Industries (KCSI) and began providing pharmacy claims processing services in 1986.	SS&C has provided claims processing services for Humana Pharmacy Solutions, Inc. since 2006.
Equian, LLC	Equian manages more than \$500 billion in claims data annually through its innovative platform designed to assist clients by avoiding, identifying, pricing, analyzing clinical codes, and ultimately recovering inaccurate transactions in the complex environments of healthcare, workers compensation, and property and casualty markets. Equian acts upon data to pay the right party, the right amount, at the right time while delivering more than \$2.5 billion annually in actionable savings throughout the payment spectrum.	Humana and Equian have worked together since the inception of Equian’s subrogation services in 1988, growing the relationship to all major lines of business.
FOCUS Health, Inc.	FOCUS Health, Inc. has been providing Independent Peer Review services since 2004. FOCUS Health has more than 40 credentialed, qualified Peer Reviewers on staff.	FOCUS Health has contracted with and provided services for Humana’s books of business since 2012.
Infomedia Group, Inc. (dba Carenet Healthcare Services)	As a leading provider of next-level engagement services, including 24 hours a day, seven days a week access to virtual care, Carenet delivers value for all stakeholders. Carenet’s clients trust it to act on their behalf, understand their organization, and empower their Enrollees—providing exactly the information needed when and how it is needed. Founded in 1988 as a telephonic nurse triage service within a large Texas-based hospital system, Carenet provides one of the industry’s highest-quality telehealth solutions. Carenet’s team delivers evidence-based, 4 hours a day, seven days a week, 365 days a year access to care and information—so Enrollees receive the on-demand care they need, when they need it, while avoiding unnecessary emergency, urgent, and primary care visits and their significant costs.	As a long-term partner, Carenet has provided Humana’s Medical advice line since 2005. Carenet has scaled along with Humana’s business and currently supports more than 65 million Enrollees, including Humana’s Medicaid business.

Table I.C.1-3: Non-Affiliated Subcontractors Relevant Experience

Subcontractor Name	Relevant Experience	Prior Relationship
LanguageSpeak, Inc.	LanguageSpeak provides translation services in a number of languages (Spanish being the most prevalent) to a multitude of clients in the areas of financial services, healthcare, insurance, and MA. The size and scope of the work with many of these clients is very similar to its work with Humana.	LanguageSpeak, established in 1995, has provided translation services to Humana for more than 10 years.
MDLIVE, Inc.	MDLIVE is a leading provider of telehealth services, including online and on-demand healthcare that benefits consumers, employers, payers, hospitals, physician practice groups, and accountable care organizations. MDLIVE has been partnering with Medicaid plans for almost half a decade. Its current book of business includes approximately 3.5 million Medicaid covered lives.	Since 2016, MDLIVE and Humana have been partnering to deliver low-acuity medical telehealth to the MA population across the United States. In 2019, MDLIVE expanded services to include telebehavioral health. Today, MDLIVE’s low-acuity medical telehealth service is available to 2.4 million Humana MA Enrollees, and telebehavioral health services are available to 1.8 million Humana MA Enrollees.
NCH Management (dba New Century Health)	The Oncology Quality Management (OQM) program with web-based pre-service review logic supports evidence-based care plans for cancer treatment and supportive medications. The program includes opportunity for peer-to-peer counseling by Medical Oncologist Medical Directors. The OQM program includes preauthorization management for chemotherapy agents, supportive drugs, and symptom management drugs.	Humana’s relationship with NCH began in 2011 with a pilot program in Cincinnati. The New Century program grew to be national in scope by 2013.
Offset Paperback Manufacturer (OPM)	OPM is a leading printing company owned and structured as part of the Bertelsmann worldwide group of companies.	OPM has been working with Humana for 11 years and has a great understanding of Humana’s processes.
Outcomes, Inc. (dba OutcomesMTM)	Established in 1999, OutcomesMTM was one of the first Medication Therapy Management (MTM) companies. OutcomesMTM currently serves 45 different MTM program plan sponsors under a variety of program designs. OutcomesMTM has worked with Medicare, Medicaid, Commercial, employer groups, and other payers.	OutcomesMTM began working with Humana in 2009 and currently administers the MTM program for Humana through its interactive Connect platform at the local retail pharmacy and physician clinic network.

Table I.C.1-3: Non-Affiliated Subcontractors Relevant Experience

Subcontractor Name	Relevant Experience	Prior Relationship
Relias LLC	Relias has contracts that cover similar Medicaid health plans comparable in size and score in more than 20 states. Relias has worked with health plans in both the Medicaid and Commercial space since 2008.	Relias has been a Subcontractor with Humana since 2016, making online accredited courses available for approximately 8,000 nurses and BH professionals.
Revel Health, LLC	Since 2006, Revel Health, LLC has been centered on the individual, creating health action programs that use advanced analytics and Artificial Intelligence to move people to do things that are good for them. Revel Health partners with health plans and providers to run health action programs with the goal of creating better outcomes and healthier humans.	Revel Health is a recently approved Humana Subcontractor for the Kentucky Medicaid Contract.
SPH Analytics	SPH Analytics is a recognized leader in healthcare analytics and population health management. SPH Analytics empowers clients to analyze and interpret their clinical, financial, and consumer experience data to maximize their performance. SPH Analytics partners with more than 500 Health Plans throughout the country.	SPH Analytics has been a Humana survey vendor partner since 2014. SPH Analytics has maintained a long-term, successful partnership with Humana and has supported their survey research objectives with the application of SPH Analytics' professional services and accurate deliverables, all in the most cost-efficient, quality controlled manner possible.
United Language Group, Inc.	United Language Group supports the on-demand translation of numerous initiatives pertaining to Medicare and Medicaid plans. United Language Group, Inc. is certified to ISO 27001 and HITRUST protocols and ensures the secure handling of any material containing PHI. United Language Group has successfully completed similar Medicaid work for at least two other states.	United Language Group has been an approved partner of Humana since 2015.
VIA LINK, Inc.	VIA LINK has operated as a crisis intervention center for 20 years and has been part of the National Suicide Prevention LIFELINE for 17 years.	VIA LINK is a recently approved Humana Subcontractor for the Kentucky Medicaid Contract.
Voiance Language Services, LLC	Voiance's language services are available 24 hours a day, seven days a week and in hundreds of languages. All Voiance's employees are qualified phone and video interpreters. Voiance is a nationwide company that services eight of the top 10 health plan providers. They meet CMS, HIPAA, Affordable Care Act (ACA), and ISO regulations.	Humana uses Voiance for all over-the-phone interpretation in non-English languages. 100% of Humana's over-the-phone interpretations are handled by Voiance.

Table I.C.1-3: Non-Affiliated Subcontractors Relevant Experience

Subcontractor Name	Relevant Experience	Prior Relationship
WholeHealth Networks, Inc.	WholeHealth Networks, Inc. (WHN), a Tivity Health, Inc. company, provides physical medicine benefit management to health plans and employer groups throughout the country, including chiropractic, physical therapy, occupational therapy, and complementary alternative medicine (CAM).	Since January 1, 2013, WHN has been subcontracted for contracting, credentialing, and managing the network of chiropractors for Kentucky Medicaid Enrollees. WHN provides a network of 459 providers with locations in the Commonwealth for Humana Medicaid Enrollees.

Table I.C.1-4: Affiliated Subcontractors Relevant Experience

Subcontractor Name	Relevant Experience
Humana Inc.	<p>Headquartered in Louisville, Kentucky, Humana Inc. is committed to helping millions of medical and specialty Enrollees achieve their best health. Our successful history in care delivery and health plan administration helps us create a new kind of integrated care with the power to improve health and well-being, as well as lower costs.</p> <p>For more than 50 years, we have maintained our corporate principles of productivity, quality, collaboration, and most importantly, Enrollee-oriented focus. Today, we are a multi-dimensional health services corporation offering a wide variety of healthcare solutions that provide data-driven, personalized guidance to empower Enrollees to take better care of their health, leading to lower costs. We are the nation’s premier health benefits innovator, leveraging new products, processes, and technology that are helping solve the fiscal crisis in American healthcare.</p>
Humana Insurance Company	Humana Insurance Company (formerly known as Employers Health Insurance Company), a Wisconsin corporation, was incorporated on December 18, 1968 and was issued a Life and Health license on December 30, 1968. In October 1995, a subsidiary of Humana Inc. acquired EMPHESYS Financial Group, Inc., parent of Employers Health Insurance Company. Humana Insurance Company, a Missouri insurance company, merged into Employers Health Insurance Company on December 31, 2001, and the surviving entity, Employers Health Insurance Company, changed its name to Humana Insurance Company.
Humana Pharmacy, Inc.	<p>Humana Pharmacy, Inc. is a wholly owned subsidiary of Humana Inc., which is the direct and ultimate owner of Humana Health Plan, Inc.</p> <p>Humana Pharmacy, Inc. has provided pharmacy mail order services to Humana Medicare and Commercial lines of business since 2006. Humana Pharmacy, Inc. began offering specialty pharmacy services to all Humana lines of business, including Medicaid, beginning in 2010 and has provided retail services for all Humana lines of business, including Medicaid, since 2006.</p>
Humana Pharmacy Solutions, Inc.	<p>Humana Pharmacy Solutions, Inc. is a wholly owned subsidiary of Humana Inc., which is the direct and ultimate owner of Humana Health Plan, Inc.</p> <p>Humana Pharmacy Solutions, Inc. has provided PBM services for all Humana lines of business since 1985.</p>