Humana has a significant community presence in Kentucky

**Those we serve:**

- **145,000** Medicaid plan members
  (statewide; July 2019)
- **918,100** plan members
  (statewide; Sept 2018)

**Those we employ:**

- **12,185** associates
  (statewide, Nov 2018)
- **101,686** Volunteer hours
  (Kentucky Associates, 2018)
- **462** Veteran associates
  (Kentucky Associates, 2018)
  (278 Disabled Veterans)

**Our associates are motivated by a common purpose to improve our members’ health**

- **89th Percentile**
  Compared to other companies, Humana is at the 89th percentile on associate engagement

- **88%**
  Company-wide retention rate

- **18%**
  Reduction in unhealthy days in associate population since 2012

**A diverse business profile**

Insurance products and health and wellness services for individuals, businesses of all sizes and public-sector entities – all of which make it easy for people to achieve their best health.

- Medicaid
- Medicare Advantage
- DSNP coverage for dual eligible beneficiaries
- Medicare prescription drug plans
Humana’s Integrated Platform

Humana’s integrated platform provides a **seamless** experience for **Members** and **Providers**. (Effective 1/1/2020)
Humana’s Comprehensive Care Support Model

1. Identification
2. Stratification
3. Outreach
4. Assessment
5. Engagement
6. Care Planning

Comprehensive Care Support (CCS) Team Model

- PCP / BH Provider
- Provider-led Care Coordinator / CHW / Peer Support Specialist
- Other Natural Supports / Caregivers
- Transportation Assistance
- Homelessness & Housing Assistance
- Food Insecurity Support
- Physical Safety Support
- State Staff & Agencies
- Education / Employment Assistance
- Legal Assistance
- Domestic Violence Support

- Care Manager
- Enrollee / Authorized Representative

- Community Health Worker / Peer Support Specialist
- Physical Health / Behavioral Health / Maternity Specialist
- SDOH Coordinator
- Medical Director
- Transition / UM Coordinator
- Housing Specialist
- Pharmacist
Care Management Team

Humana CareSource has maintained a consistent goal of driving improved quality of life for members and the communities we serve.

Our Approach

- Focus on assisting members with chronic illness and functional impairments, multiple co-morbidities, or at-risk pregnancies.
- Members are assessed to determine their physical, behavioral, and social needs.
  - High Risk: Includes those members with chronic illness, functional impairments, multiple co-morbidities, and at-risk pregnancies.
  - Rising Risk: Person or family centered approach to promote effective communication, coordination, and collaboration in a timely and proactive manner.
  - Self-Management: Members are provided with tools, resources, and education to enable them to navigate the health care system and proactively manage their health and well-being.
- A diverse team of Registered Nurses, Masters-Prepared Social Workers, and Community Health Workers are employed to support our members.
  - Seven (7) Community Health Workers have recently been hired to address needs in our vulnerable and underserved communities.
- Associates are assigned to members based on proximity to members to ensure they are familiar with local resources and are able to meet with members in-person.
- Members are engaged in a variety of settings which include, but are not limited to, hospitals, provider offices, community agencies, and the home to establish an effective, professional, and productive relationship.
Clinical Quality Performance Improvement
Humana CareSource has developed focused interventions and strategies to improve access to high-quality, high-value care.

Key Initiatives

- Telephonic Care Gap Campaign for Preventive Cancer Screening
  - Breast, Cervical, & Colorectal cancer
  - Targeted outreach to engage members in scheduling appointments
  - 23% reach rate
- Clinical Care Gaps
  - Clinical Practice Registry (CPR) report developed by HCS
  - CPR report identifies care gaps for chronic condition monitoring or preventive health screenings
  - CPR report delivered to Tier 1 providers by Provider Engagement Team

KY Medicaid HEDIS Measures 2013-2018 (% Increase)

<table>
<thead>
<tr>
<th>Measures</th>
<th>Beginning Year</th>
<th>Beginning Rates</th>
<th>2018 Rates</th>
<th>Change in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Access to Preventive Services</td>
<td>2013</td>
<td>78%</td>
<td>79%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>2015</td>
<td>32%</td>
<td>52%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Well Child Visits (3-6 years)*</td>
<td>2013</td>
<td>56%</td>
<td>60%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Well Child Visits (0-15 Months)*</td>
<td>2014</td>
<td>44%</td>
<td>57%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Weight Assessment/Counseling for Children--BMI*</td>
<td>2013</td>
<td>14%</td>
<td>41%</td>
<td>27.0%</td>
</tr>
<tr>
<td>Weight Assessment/Counseling for Children--Nutrition*</td>
<td>2013</td>
<td>9%</td>
<td>2%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Weight Assessment/Counseling for Children--Physical*</td>
<td>2013</td>
<td>8%</td>
<td>17%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care--Eye Exam*</td>
<td>2013</td>
<td>34%</td>
<td>44%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care--HbA1c &lt;7%*</td>
<td>2013</td>
<td>4%</td>
<td>06%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care--HbA1c &lt;8%*</td>
<td>2013</td>
<td>3%</td>
<td>08%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care--Nephropathy*</td>
<td>2013</td>
<td>65%</td>
<td>87%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Statin Therapy for Patients With Diabetes</td>
<td>2014</td>
<td>36%</td>
<td>61%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Pharmacotherapy Mgmt of COPD: Systemic Corticosteroids</td>
<td>2013</td>
<td>43%</td>
<td>71%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Pharmacotherapy Mgmt of COPD: Bronchodilators</td>
<td>2013</td>
<td>59%</td>
<td>83%</td>
<td>24.0%</td>
</tr>
</tbody>
</table>
Network Access
Humana CareSource has a **comprehensive** and **dependable** network of participating providers covering **all 120** Kentucky counties. Humana meets the KY Medicaid Adequacy Requirements.

Humana CareSource has assisted **1,358** providers obtain a Kentucky Medicaid ID.

- **OVER 2,800** primary care providers
- **OVER 22,000** specialist providers
- **OVER 900** dental providers
- **OVER 130** hospitals
- **OVER 2,600** behavioral health providers
- **OVER 1,150** pharmacies
• 900 members targeted through data analytics.

• Letter mailed to members identified as high utilizers (more than 4 ER visits in 12 months) referring them to a Nurse Advice Line.

• Brochure used to educate target members on appropriate use of Emergency Room, Urgent Care, and Retail Clinics. Members were also provided with magnets which included the contact information for the Nurse Advice Line.

• Care Management and Quality Improvement teams performed outreach as part of the ACSC PIP (Ambulatory Care Sensitive Conditions) to members with the following diagnoses, 3 or more ER visits in 4 months, and one or more care gap indicators for Diabetes, Asthma, and Heart Disease.
Medical and Pharmacy Trends
Humana CareSource is committed to improving outcomes and reducing unnecessary costs.

Key Insights

• No adjustment made for member mix or program changes.
• Medical costs are generally higher than Pharmacy costs, resulting in the total cost of care trend aligning more closely with Medical costs.
• Total cost of care increased 18.49% over three (3) years.
• Total Pharmacy cost increased 16.67% over three (3) years.
• GDR increased by 5.1%.
Humana's Population Health Management Approach

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Analyze KY data to identify population patterns, subpopulations, trends, and outliers</td>
</tr>
<tr>
<td></td>
<td>Identify population cohorts with health improvement opportunities</td>
</tr>
<tr>
<td>2</td>
<td>Prioritize improvement areas to address key population health drivers</td>
</tr>
<tr>
<td></td>
<td>Set meaningful, achievable improvement targets aligned with KDMS priorities</td>
</tr>
<tr>
<td></td>
<td>Align all operations: clinical, quality, payment models, and network partners to achieve goals</td>
</tr>
<tr>
<td>3</td>
<td>Apply evidence-based strategies</td>
</tr>
<tr>
<td></td>
<td>Design interventions to target unique characteristics of cohort</td>
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<tr>
<td></td>
<td>Share data, educate, and train providers on population health tactics while engaging providers where they are on a spectrum of value-based payment models</td>
</tr>
<tr>
<td>4</td>
<td>Use KDMS-mandated measures with the Triple-Aim Population Health Dashboard</td>
</tr>
<tr>
<td></td>
<td>Leverage process and outcome measures to implement continuous quality improvement in all steps</td>
</tr>
<tr>
<td></td>
<td>Track CDC Healthy Days and other SDOH &amp; Population Health metrics</td>
</tr>
</tbody>
</table>

Humana KY Medicaid Population Health Management Tools

**ANALYTICS**
- Market Health Scorecard
- Community Health Dashboard
- Identification of Subpopulations
- Advanced Analytics
- Predictive Models
- Centralized Data Mart

**METRICS**
- Healthy Days
- State Data
- Clinical Outcomes
- Service Utilization
- Social Determinants of Health
- Provider Quality and Efficiency
Women and Children’s Health Program

Target Populations and Eligibility Requirements

- Pregnant women up to 1 year after delivery, infants, children, adolescents and young adults up to 21, and Women of Child Bearing Age (WCBA) 14-45.
- All Pregnant women up to 1 year after delivery, infants, children, adolescents and young adults up to 21, and Women of Child Bearing Age (WCBA) 14-45.

Program Elements

- Babies First is available for all pregnant members. Financial incentives are provided for completing timely and ongoing prenatal, postpartum, and well-baby care, allowing the mother the opportunity to earn gift cards for completing doctor visits for both her infant and herself.
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provides comprehensive and preventative health care services for children under age 21; Babies First members may also receive incentives for completing EPSDT visits.
- Reproductive Life Plan: We encourage women of childbearing age to complete a reproductive health plan which educates members on long-acting reversible contraception as their contraception of choice.
- Progesterone Initiative: Program for pregnant members who have been identified as having a preterm delivery risk. Members may self-refer, be referred by a provider, or are identified by the state’s high risk file. Once identified, members are referred for weekly progesterone injections. All members identified for the progesterone initiative are referred to 1:1 case management.
## KY Medicaid Services

### An Annual Comprehensive Medication Review (CMR)
Interactive, person-to-person, or telehealth consultation performed by a pharmacist or other qualified provider for the beneficiary with an individualized, written summary

### Targeted Medication Reviews (TMRs)
With follow-up intervention when necessary

### Medication Reconciliation
With follow-up intervention when necessary

## 2020 Humana Services

### Method of Delivery:
Real-time consultation in-person, by telephone or telehealth

### Recipient:
Member and/or authorized individual (caregiver, prescriber etc.)

### Qualified Provider:
Pharmacist, Pharmacist Intern, Physician, Nurse Practitioner, Registered Nurse, Physician Assistant

### Objective:
Review and collect a member’s medications, including prescription, OTC, herbal and dietary supplements that is intended to aid in assessing medication therapy and optimizing patient outcomes

**Materials provided:** Individualized CMR summary in CMS’ standard format that includes: Personal Medication List and Medication Action Plan

### Execution of TMRs (Run Clinical Rules Engine):
Assess medication use for potential medication therapy problems

**Follow-up:** Qualified provider will follow-up with member and/or prescriber to resolve potential medication therapy problems

### Objective:
Contact member post-discharge and review/reconcile medication lists and follow up with prescribers for clarification to close gaps

**Materials provided:** written summary of medication list and action plan for the member
Self-Management Tools

myHealth
- Interactive health assessments, including HRA, which can be completed in 15 minutes or less.
- Provides personalized guidance and information related to:
  - Nutrition and exercise
  - Preventive health
  - Emotional health
  - Safety behaviors
  - Tobacco and drug cessation
  - Blood pressure, cholesterol, and body mass index (BMI)
- Online tools and dashboards to help members track their health and wellness goals.

myStrength
- Online resources covering topics such as depression, anxiety, and substance abuse.
- Provides empowering self-help tools and resources including parenting tips, mindfulness exercises, weight and stress management.
Population Health anchored by Humana’s Bold Goal

At Humana, Population Health is an enterprise-wide effort with a history in Kentucky.

- **Population health** is foundational to Humana’s mission that is advanced by our Bold Goal strategy.
- Bold Goal develops programs and partnerships to **improve health and well-being** in communities we serve.
- **Louisville** is one of our Bold Goal markets addressing Social Determinants of Health.
Community Engagement
Louisville Bold Goal Alignment

**AREAS OF FOCUS:**
Diabetes, Respiratory Health, Behavioral Health

**BARRIERS:**
Awareness of Resources, Food Insecurity, Transportation

**LOUISVILLE**

**WORK GROUPS:**
- Diabetes – Community Coordination of Care
- Behavioral Health – Cultural and Social Impact – Respiratory Health – Communications

**Louisville 2017 Healthy Days:** 12.97
**Goal:** 10.66 by 2020

**Key Partnerships & Sponsorships**
- Dare to Care
- March of Dimes
- National Association of Mental Illness (NAMI)
- The Hope Center, Lexington
- Family Resource & Youth Services Coalition of Kentucky
- Daniel Pitino Shelter
- Catholic Charities
- Lexington Rescue Missions
Improving the Health of the Communities We Serve

Questions?