

Humana CareSource Health and Welfare Committee

January 23, 2019

Humana®

CareSource®



Humana has a significant community presence in Kentucky

Those we serve:

918,100
plan members

(statewide; Sept 2018)

Those we employ:

12,185
associates

(statewide, Nov 2018)

\$1.3 billion
In wages and salary paid

(statewide, Jan. 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

Strong associate retention and engagement

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
- Medicare supplement plans
- TRICARE coverage for military, military retirees, and their families
- Commercial insurance coverage for small employers

 <p>Fortune World's Most Admired Companies Humana ranked No. 2 in its industry and No. 1 in the category of Social Responsibility</p>	 <p>National Business Group on Health's Best Employers for Healthy Lifestyles Humana selected as winner for the fifth consecutive year and one of only 16 companies to receive the Platinum award in 2017</p>
 <p>American Heart Association's Workplace Health Achievement 99th Percentile Recognized for promoting a Culture of Health and Well-Being in the Workplace</p>	 <p>Healthiest Employers National Survey Humana was selected among the top-ranked Large Employer category and ranked No. 3 nationally</p>
 <p>Forbes and Just Capital - Most Just Companies Humana named among America's most "JUST" companies ranking No. 1 in healthcare and No. 17 out of across all sectors</p>	 <p>DiversityInc's Top 25 Most Noteworthy Humana recognized in Top 25 Most Noteworthy Companies list for Diversity Recognition in 2017</p>
 <p>US Veteran's Magazine Best of The Best Humana earned in 2017 the Top Veteran-Friendly Company award in U.S. Veteran's Magazine's Annual Best of the Best</p>	 <p>Military Friendly Top 10 Employer Humana was named a Top 10 Gold-level Military Friendly Employer by Victory Media placing 4th overall of 200 companies</p>
 <p>CR Magazine 100 Best Corporate Citizens Humana ranked 40 in 2017 moving up from No. 65 the previous year</p>	

BOLD GOAL LOUISVILLE



Humana's Bold Goal is a business and health strategy to help improve the health of the communities we serve 20 percent by 2020 and beyond, by making it easier for people to achieve their best health. We are tracking progress using the CDC tool, Healthy Days, which measures self-reported mental and physical unhealthy days of an individual over a 30-day period. As our work evolves to include additional geographic locations and populations, collaboration with communities and physician practices remains vital to the success of our mission. Together, we can achieve long-term reduction in costs and population health improvements, one person and one community at a time.

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

- Lowest Unhealthy Days figures in all of the Bold Goal communities in 2015, 2016, 2017

In 2015, Humana convened nearly 200 local stakeholders for a Clinical Town Hall, launching the formation of the Louisville Health Advisory Board. We have representatives from across the community, including **more than 70 businesses, government, schools, civic and nonprofit organizations**. Our mission is to improve the physical, mental and social well-being of Louisville and the surrounding neighborhoods, with the goal of **increasing the number of Healthy Days – your quality of life**.

We do this by focusing on the following areas:

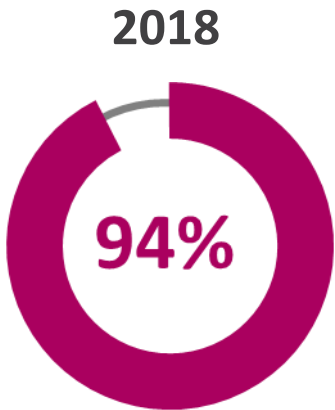
- Behavioral Health
- Communications
- Community Coordination of Care
- Cultural and Social Impact
- Diabetes
- Respiratory Health



Humana associates and community partners participate in a service project at the Louisville Bold Goal Clinical Town Hall

Humana CareSource focus on quality has delivered on improved member outcomes and experience

Humana CareSource MCO Performance



Percent of Measures 3 Star or Above

Clinical Program Impact

4.3% Reduction in member emergency room visits per thousand

15% Increase in diabetic members receiving an annual eye exam

18.6% Increase in overall member initiation of alcohol and other drug treatment

19.6% Increase in diabetic member compliance of BP control of <140/90

30% Increase in members receiving influenza vaccinations

Kentucky MCO Decision Guide*

Rating of Health Plan



Access to Specialist Appointments



Ease of Getting Care, Test, Treatment



Received care as soon needed



Humana Medicaid claims payment model built to improve provider experience

Our Claims Process Vision is to “Pay It Right the First Time,” which means we aim to adjudicate and reimburse claims correctly at or near the point of service. In 2017, Humana launched a claims adjudication process to further enhance capabilities and promote real-time adjudication.



First Pass

Humana strives to achieve successful “first pass” claims processing and payment by educating and listening to providers. **In 2017 Humana Program maintained 98.9% first pass rate for clean claims**



Automatic Adjudication

We strive to increase automatically adjudicated claims, saving both time & money for the health system. Our automatically adjudicated (without intervention) **Medicaid claims had an auto adjudicated rate of 75% in 2018**



Enhanced Approach

The Claims Code Editor is a tool allowing user to test real time the feedback and guidance given for claims scenarios. In 2017, **under 4% of all claims were pended for manual intervention.**



Timely Payment

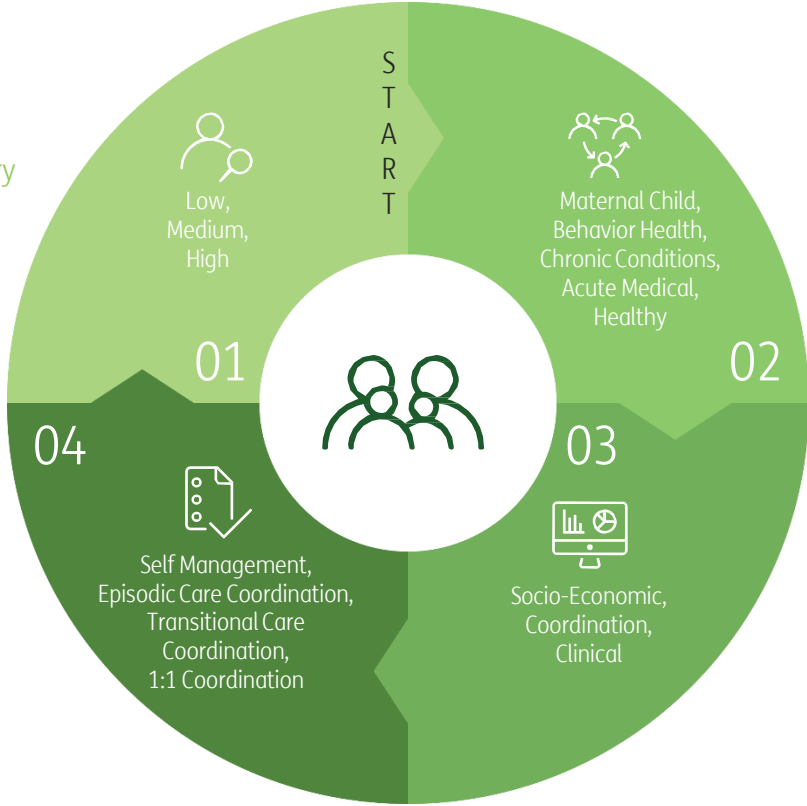
Humana has built its own tools to improve claims performance. Claims Adjudication System (CAS), verifies information against multiple data sources and contract parameters to ensure timely payment. **In 2018 over 99% of clean claims were paid within 20 days**

Population Health Engagement Model

CLINICAL AND OPERATIONAL – KEY AREAS OF FOCUS

01
 Population Risk Identification
 We assign members a health risk category based on available data.

04
 Level of Care
 We support members with appropriate levels of care based on their needs.



02
 Population Stream + Social Deprivation & Vulnerability
 We group members by population streams + we assign a social deprivation and vulnerability score.

03
 Triggers
 We monitor data for triggers/events that may identify additional risks, needs or challenges for members.

Case Management and Care Coordination Process

- Multidisciplinary Teams located throughout Kentucky consist of:
- + RN Care Managers
 - + SW Care Coordinators
 - + Community Health Workers

- Support & Collaboration from our:
- + Medical Directors
 - + Pharmacy Director

Population Health Engagement Model

Care Journey

Mission-driven approach to improve the health and well-being of our members.



01 EARLY IDENTIFICATION



02 TARGETED OUTREACH



03 TRANSFORMATIONAL CARE DELIVERY



SELF MANAGEMENT
Member Engagement Specialists
Wellness Advocates

SUPPORTING SERVICES

- MyHealth Self-Management Online Platform
- MyStrength Self-Management Online Platform
- Transportation
- Telehealth
- Health Partners
- Community Partners
- Condition-specific Coaching
- Wellness Screenings

**RISING RISK
EPISODIC / TRANSITIONAL OUTREACH**
Health Coaches
Episodic Care Coordinators
Transitional Care Coordinators

SUPPORTING SERVICES

- Comprehensive Disease Management
- Community Partners
- Health Partners
- Targeted Outreach for Gaps in Care
- Transitional Support

HIGH RISK
Care Coordinators
Complex Care Managers

SUPPORTING SERVICES

- Behavioral Health
- Home Health
- Transportation
- Health Partners
- Telehealth
- Community Partners
- Comprehensive Disease Management
- Care Coordination

Program Highlights

Foster Care Management

- Engage all Foster Care children in care coordination/case management
- Conduct regular reviews of all foster care cases to identify upcoming and outstanding care gaps, such as preventive services & immunization
- Actively work with DCBS to eliminate barriers around Foster Parent Communication to support member placement needs and clinical services
 - *This work benefited all MCOs to decrease the communication barriers*
- Through a collaborative group provide Manager Care process overview trainings to Foster Parents & DCBS workers
- Routinely maintain minimal to no foster care children on the DCBS Decertification list

Gaps In Care Closure

- Quality Health Care gaps in care are identified on HCS provider portal
- Provider Engagement Representatives have been trained to retrieve individual and group health care gap report
- Provider Engagement Representatives deliver individual or group reports to the provider during their onsite visits to aid in identifying and improving clinical outcomes.
- Quality Specialists are assigned to Provider Engagement regions to assist with any clinical questions or concerns.

Provider Services

- Offers a Proactive Full-Service Model to service our providers –
 - face to face visits
 - seminars and webinars to service and educate providers throughout the year
- Provider Engagement Representatives are assigned to a provider
 - proactively visit providers
 - respond to their inquiries
- Representatives visit providers based upon number of members assigned as follows:
 - Tier 1 – Providers with greater than 200 members assigned receive (8) face to face visits annually
 - Tier 2 – Providers with 56-199 members assigned receive (6) face to face visits annually
 - Tier 3 – Providers with 1-55 members assigned receive (4) face to face visits annually