

2.10.1 Executive Summary

The Proposer should provide an executive summary which demonstrates its understanding of LDH's vision for the Contract. The executive summary should describe the Proposer's overall approach to providing access to covered services under the Contract for Louisiana Medicaid enrollees in a manner that will lead to better health, better care, and lower costs

Humana is pleased to submit our proposal to the Louisiana Department of Health (LDH) for the Louisiana Medicaid managed care program. We have deep roots in Louisiana, having served the State since 1985 and as its largest Medicare Advantage (MA) plan today. Through more than two decades of Medicaid contract experience, population expertise, a rich history of innovation, and strong provider and community relationships in Louisiana, Humana is ideally positioned to help LDH meet its "Triple Aim" of better health, better care, and lower costs.

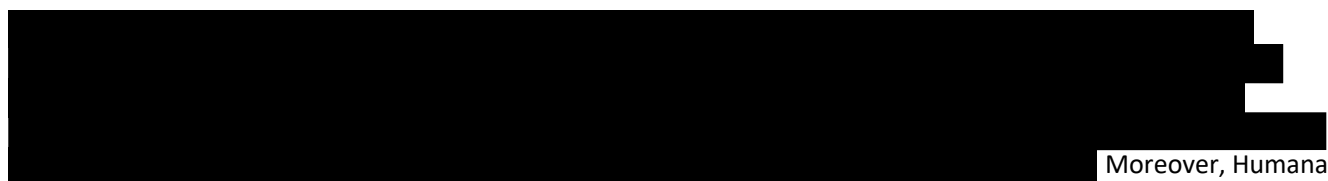
In addition to our longstanding Louisiana presence, we bring unique, high-quality Medicaid experience. **Humana has been covering capitated Medicaid benefits in Florida since 1997, ranking first or second in quality every year since 2011.** In April 2018, Humana was one of only two plans awarded a statewide Comprehensive Medicaid contract for the Florida Statewide Medicaid Managed Care program against 13 other bidders, and today we serve nearly 435,000 Florida Medicaid enrollees. Florida's Agency for Health Care Administration (AHCA) awarded these contracts to those managed care organizations (MCOs) most capable of: delivering a high-quality, innovative, cost-effective, and integrated healthcare delivery model; improving birth outcomes; enhancing enrollee and provider experiences; and reducing preventable events.

Humana recognizes that Louisiana faces some of the nation's most significant health challenges. We further understand the key determinants to health and well-being extend beyond traditional clinical factors. While many services may be delivered in clinical settings, individuals' health and well-being are largely driven by the influences present in their homes and in their communities. To that end, **Humana established an enterprise-wide initiative, our "Bold Goal," to improve the overall health and well-being of the communities we serve.** We work to pursue this goal through innovative partnerships, initiatives, and programs with local community-based organizations (CBOs), businesses, government agencies, and providers. Our Bold Goal efforts serve as the foundation to Humana's broader and expanding population health model. Baton Rouge and New Orleans are among the original seven markets nationwide where we first launched this program five years ago. Through our efforts, we have already developed extensive relationships with CBOs in Greater New Orleans and Baton Rouge and are expanding this population health strategy across the entire State. We are eager to further incorporate Medicaid enrollees and LDH into these efforts.



To further enable our ability to impact health and social outcomes,

Based on our experience across the State, we know provider shortages and other factors impacting access to primary and specialty care are critical issues in Louisiana. These shortages can also lead to long appointment wait times, which can discourage enrollees from seeking care and worsen health outcomes. We are dedicated to leveraging our deep provider relationships across the state to partner with LDH to overcome these challenges as they affect the Medicaid managed care program.



Moreover, Humana has designed value-based payment (VBP) arrangements to address access issues by rewarding providers that open their panels to Medicaid enrollees.

Humana's Longstanding Commitment to Louisiana

Since 1985, Humana has cultivated strong community and provider relationships in Louisiana and developed an intimate knowledge of the health and social needs of vulnerable citizens in the State. Humana deeply appreciates and understands the unique cultural and geographical dynamics at play. Humana currently serves Louisianans through our MA, MA Dual Eligible Special Needs Plan (D-SNP), Medicare Part D Prescription Drug Plan (PDP), and commercial programs. We also cover all of Louisiana's military service members and their families through the U.S. Department of Defense TRICARE program. **In total, Humana serves more than 433,000 enrollees in plans across all 64 Parishes in Louisiana.**

Humana Enrollment in Louisiana					
MA	MA Dual-Eligible	Dual-Eligible Special Needs Plan	Prescription Drug Plans	Commercial	TRICARE
174,765	36,072	17,661	57,049	73,100	123,500

Through these programs we have developed strong, value-based provider relationships aimed at improving the quality of care and driving positive health and social outcomes. We have substantial Louisiana-based market teams and operational infrastructures with a detailed understanding of local health issues and key stakeholders. Humana has 30 office locations throughout the State. We also have numerous Humana Neighborhood Locations, our health and well-being centers that provide access to fitness classes, health and wellness seminars, and disease-specific education classes for Humana enrollees and the broader community. In 2018, Humana employed 587 individuals and paid nearly \$55 million in wages and salaries across Louisiana.

In addition to our longstanding partnerships and programmatic involvement with CBOs, the Humana Foundation, a 501(c)(3) entity with a governing and grant-making body separate from Humana market leadership, has contributed more than \$2.5 million to Louisiana non-profits and organizations since 2013. Recently, the Humana Foundation made a \$720,000 grant to Healthy Baton Rouge's "Geaux Get Healthy" initiative, focused on increasing access to healthy foods in underserved areas and demonstrations on healthy cooking. Humana associates have also contributed nearly 14,000 volunteer hours in the State since 2014, demonstrating Humana's commitment to community development and our associates' dedication to the communities we serve. Humana supports and encourages this volunteerism through our Volunteer Time Off (VTO) benefit, which allows associates to volunteer during work hours without impacting vacation and leave benefits.

Humana's National Scale and Experience

Nationally, Humana serves Medicaid beneficiaries through Medicaid Managed Care, Medicaid Managed Long-Term Services and Supports programs, CMS Financial Alignment Initiative Dual Demonstrations, MA plans, D-SNPs, and PDPs. Humana has served Medicaid populations continuously for more than two decades and currently manages Medicaid benefits for nearly 600,000 enrollees. We have developed expertise providing care management, care planning, and specialized clinical management for the complex needs of Temporary Assistance for Needy Families (TANF); Children's Health Insurance Program (CHIP); Expansion; aged, blind, and disabled (ABD); and dual eligible populations within a social supports-based framework. Through these years of experience, we have also developed significant expertise in integrating physical and behavioral health (BH) services to positively impact health outcomes.

Over the past 30 years, Humana has become a national leader in MA and PDP in terms of both quality and scale, managing Medicare benefits for nearly 3.9 million enrollees through MA plans and more than 4.3 million through PDP plans. More than 545,000 of our MA enrollees are dual-eligible. We understand these individuals, their needs, and how to drive positive health and personal well-being outcomes. Humana also has broad experience with care coordination for the dual-eligible population through our D-SNPs, which we have operated since their inception in

2006. Today, we are a national leader in D-SNPs, with nearly 237,000 enrollees across 22 states and Puerto Rico. This experience has enhanced our expertise in managing care and impacting outcomes of complex populations.

Humana's organizational culture is emphasized daily in a way that aims to give associates a sense of security, purpose, and belonging. We aim to inspire our associates and empower them to help others, leading to an organization with world-class associate engagement. Humana is particularly proud to have earned the following honors: **#1 in Health Care Providers in Forbes' "The Just 100: America's Best Corporate Citizens" for three consecutive years; #2 in Health Care: Insurance and Managed Care in Fortune's "World's Most Admired Companies"; and 100 percent on Human Rights Campaign's Corporate Equality Index for six consecutive years.** Humana also pays a minimum wage of at least \$15 per hour across all associates, providing a sense of economic security and personal empowerment.

LDH Goals and Objectives – Triple Aim

Humana's unique program experience, population knowledge, and provider and community relationships inform our approach to meet LDH's goals and objectives for the Louisiana Medicaid managed care program. Humana's clinical model emphasizes preventive services to provide cost-effective care, provide care in appropriate settings, and improve enrollee health behaviors. Through our person-centered and VBP approach to health and well-being, Humana will support LDH in achieving its Triple Aim of improving the health of populations (**better health**), enhancing the experience of care for individuals (**better care**), and effectively managing Medicaid per capita care costs (**lower costs**).



Advancing evidence-based practices, high-value care, and service excellence

At Humana, our commitment to high-quality, high-value care is a core driver that guides our day-to-day behaviors, decisions, and actions. Quality is more to us than meeting targets on performance measures. We employ more than 1,000 associates dedicated to enhancing quality throughout our organization. Humana draws upon the extensive expertise of our Clinical Practice Guideline (CPG) Committee, composed of Humana physicians with varying specialty expertise and backgrounds, to research and review CPGs annually. We are also able to tailor CPGs based on the population's needs and any areas of concerns we may identify through serving our enrollees. Finally, we place the priorities of our enrollees and providers above all. **Humana is proud to have been ranked first in Customer Service Among Health Insurance Companies by Newsweek in 2018.**

Supporting innovation and a culture of continuous quality improvement in Louisiana

At Humana, quality improvement is a core value that guides our day-to-day behaviors, decisions, and actions. Our multidisciplinary quality improvement program integrates all business units to promote enrollee safety, quality of care, and effective service. As stated above, **in each year since 2011, Humana has been the first- or second-ranked Florida Medicaid health plan**, according to the National Committee for Quality Assurance (NCQA). **Humana leads all national MA plans with 84 percent of enrollees enrolled in 4.0-Star plans or higher for 2019.** We were the first publicly-traded MA health plan with a perfect 5.0 Star rating and currently have 244,000 enrollees in 5.0-Star contracts.

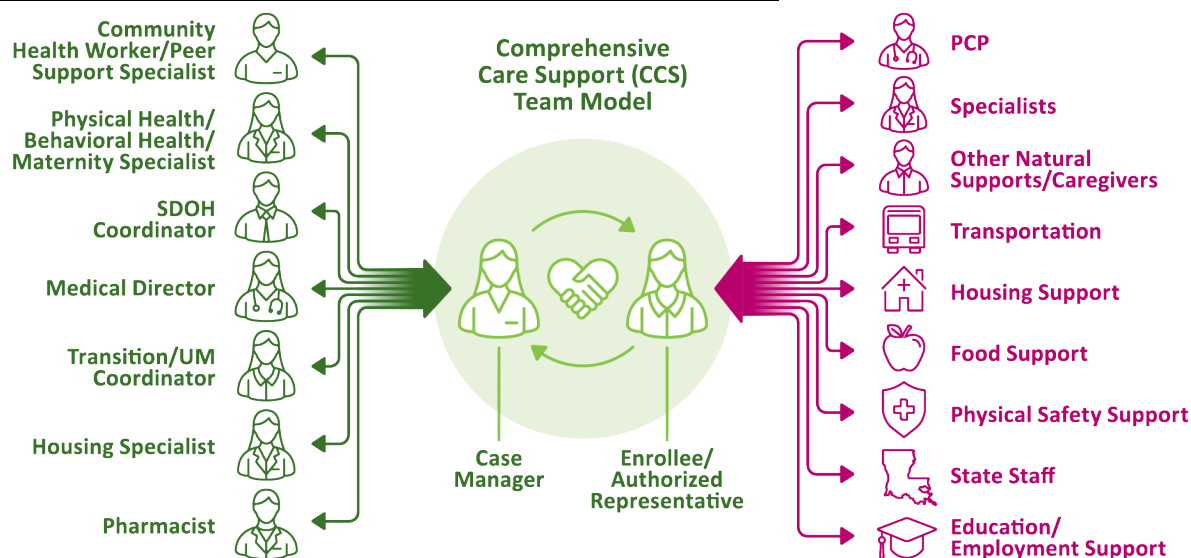
Ensuring enrollees ready access to care

Humana relies upon a comprehensive provider network and an enrollee-centric approach to care management to ensure enrollees receive appropriate care in the right setting.

Through our longstanding experience serving Louisianans, we have developed strong, quality-driven provider relationships. For the Louisiana Medicaid managed care program, we've contracted or signed letters of intent with roughly 25,000 providers across the State to date.

Improving enrollee health

We improve enrollee health using a person-centered, relationship-based approach that integrates medical and social models of care. Our care management program is dedicated to identifying, engaging, and managing our enrollees who require these services and tailoring those services to the specific needs of the enrollees. Humana's process for identifying and monitoring the highest-need and highest-risk enrollees integrates robust data analytics and predictive modeling with specialized care management strategies.



Our care management approach has produced demonstrated improvement in patient outcomes, reduced costs, and supported self-management of chronic conditions among Medicaid enrollees. Our achievements include:

- A **36 percent** decrease in hospital level of care costs among enrollees with BH needs
- **100 percent enrollee satisfaction** with our CMs, among enrollees participating in our Florida Medicaid care management program
- Positive changes in utilization among enrollees with diabetes, hypertension, HIV/AIDS, congestive heart failure (CHF), asthma, and sickle cell disease engaged in our DM programs

Decreasing fragmentation and increasing integration across providers and care settings

In fact, we implemented Humana's predictive analytics capabilities in our Florida Medicaid program, reducing hospital readmission rates from 23 percent in 2015 to 16 percent in 2016. For enrollees with BH needs, Humana integrates medical, behavioral, and pharmacy services; proactively empowers enrollees to engage in their health; and drives innovative provider engagement models. We are also developing provider co-location models and data sharing to provide an additional level of care integration for enrollees with BH needs.

Using a population health approach to maximize enrollee health

Humana envisions the Bold Goal as one of our means to improve SDOH and population health. **By developing innovative, community-based, evidence-based initiatives with local stakeholders and providers, Humana's Bold Goal drives population health outcomes and quality of life within the community.** Addressing SDOH helps reduce barriers to making healthy choices and empowers individuals to focus on health promotion and disease prevention.

We place both elements at the forefront of our care model. [REDACTED]

Reducing complexity and administrative burden for providers and enrollees

We seek to **simplify healthcare**, making it easier for providers to **focus on care** and for enrollees to focus on **improving their health**. To do so, we understand that getting the basics right is critical. Humana brings significant experience paying medical, behavioral, and pharmacy claims in a timely and accurate manner, having processed more than 164 million claims across MA, Medicaid, and commercial programs in 2016. In 2017 in Florida Medicaid, Humana maintained a **98.9 percent clean claims rate, with more than 99 percent of clean claims paid within 20 days**. We have a local Provider Relations Team spread throughout the State to support provider education, communication, and issue remediation. Humana also views VBP as a means to free providers from administrative burdens by removing the strictures of prior authorization. Additionally, we make things easy for providers by **collaborating with other MCOs** to develop consistent programs and processes. For instance, in the Virginia Commonwealth Coordinated Care program, Humana led an initiative to standardize encounter forms used by MCOs across the program. To make achieving their best health an easier choice, Humana helps enrollees coordinate and manage services through the CCS team, removing the burden and pressure of navigating the health system on their own. Additionally, with Humana's mobile applications, myHumana and Go365, enrollees find it even easier to proactively engage in their care. This model empowers enrollees by making it simpler to focus on their well-being.

Aligning financial incentives for MCOs and providers

Humana offers a wide continuum of VBP models that incentivize providers to undertake initiatives to improve preventive care, reduce costs, and improve enrollee satisfaction. Our Louisiana Medicaid VBP programs will extend to a wide scope of provider types, including primary care providers (PCPs), BH providers, OB/GYNs, and hospitals. Today, Humana has nearly 130,000 Louisiana enrollees assigned to PCPs engaged in VBP models that align reimbursement with quality care. **For Humana providers in VBP arrangements, our models have resulted in higher Health Effectiveness Data Information Set (HEDIS) scores, more preventive care, lower hospital admission rates, and lower overall care costs.** Further, we support providers in achieving quality outcomes through robust data analytics, including care gap alerts that are integrated with comparative metrics and benchmarks.

Minimizing wasteful spending, abuse, and fraud

Detecting and preventing fraud, waste, and abuse (FWA) is essential to maintaining a trusted, cost-effective healthcare system that ensures enrollees receive the most appropriate care. In 2018, our FWA efforts prevented more than \$87 million in Medicaid waste and abuse in the Florida Medicaid program. We are also founding members of the Healthcare Fraud Prevention Partnership, an innovative public-private partnership with the Department of Health and Human Services. [REDACTED]

Looking Ahead

Through our diverse managed care experience, we have developed expertise providing service coordination, care planning, and specialized clinical management for the complex needs of TANF, CHIP, Expansion, ABD, and dual eligible populations within a social supports-based framework. This experience will help us effectively deliver an enhanced coordination and social support model for the Louisiana Medicaid managed care program. Humana's Medicaid managed care experience demonstrates a strong ability to manage complex populations in large numbers and at industry-leading levels of quality while continually improving health and well-being outcomes for enrollees. Humana is uniquely positioned to become a Louisiana Medicaid partner given our broad presence, operational infrastructure, and commitment to Louisiana's Medicaid enrollees. We look forward to working with LDH on supporting population health, value-based care, quality outcomes, and innovation in the Louisiana Medicaid managed care program.