2.10.8 Network Management

Over the past [redacted], Humana has contracted, credentialed, educated, and maintained culturally diverse provider networks throughout Louisiana. Our local Louisiana provider contracting team (which has more than [redacted] of combined contracting experience) will continue to work to expand our existing provider network to support the Louisiana Medicaid managed care program. We maintain many highly engaged provider relationships across Louisiana today, and we will continue to build new and increasingly engaged relationships with providers who are focused on serving the unique needs of the Medicaid population. Humana currently has more than [redacted] Louisiana-based associates dedicated to provider relations and network management and will add [redacted] additional provider relations associates (assuming 375,000 enrollees) upon Contract award.

Humana has served Louisiana through our Medicare Advantage and Commercial plans for [redacted] years, giving us a firm understanding of Louisiana's needs. Nearly [redacted] Humana associates live in the state, facilitating the delivery of high quality care to over [redacted] Louisiana residents. Our current Louisiana network includes more than [redacted] different provider entities.

Humana is strongly positioned to deliver high quality, clinically integrated, culturally competent, and timely care to Louisiana's Medicaid enrollees. We will continue to empower our network providers to transform their practices by offering the tools and support they need to engage fully and succeed in value-based payment (VBP) arrangements. This includes robust data analytics and frequent provider relations interaction to help providers engage in and progress along our value-based payment model continuum. Because access to care is critical to the health of our enrollees, our VBP programs include [redacted] The considerable experience we have gained from our existing Louisiana VBP arrangements, combined with learnings and best practices from managing VBP programs across the country, provide a strong foundation for administering our Louisiana Medicaid VBP programs successfully.

[redacted] These clinics will provide [redacted]

2.10.8.1 Identification of network gaps (time/distance standards, after-hours clinic availability, closed panels, etc.);

Humana measures and evaluates timely enrollee access to providers with a robust set of monitoring tools and comprehensive oversight mechanisms that allow for the quick identification and subsequent development of targeted resolutions of gaps. Our team is and will remain vigilant to ensure that our network meets or exceeds LDH requirements. We will continuously assess our network and analyze capacity in each Parish across all available provider types to exceed compliance with network adequacy standards and after-hours availability. Our process measures performance against contractual requirements, allowing us to identify and resolve network gaps, address potential barriers to care, and enhance preventive care.

Time/Distance Standards Measurement Tools

Geographic Mapping: Humana uses [redacted] to measure enrollee to provider adequacy access at the Parish and zip code levels. Our Network Management team runs and reviews reports [redacted] as deemed necessary. We analyze access for LDH required specialties by [redacted]

[redacted] and culturally competent care as indicated for the provider type. For example, we [redacted] This allows us to contract with additional providers and partner with physicians through our value-based incentive programs to encourage practicing in underserved areas and adding hours for appointment availability. [redacted]

Provider-to-Enrollee Ratios: Humana assesses provider-to-enrollee ratios across all of our lines of business [redacted] This provider capacity assessment is done by taking into account standards defined by LDH, [redacted] This ongoing tracking of the availability of network providers over time helps ensure that enrollees have access to care even as membership grows.

Out-of-Network Referrals: We examine out-of-network (OON) referrals [redacted] to identify potential areas where we have an opportunity to expand specialty provider capacity. Our contracting and provider relations teams will conduct outreach to the provider to offer a contract for network participation, leveraging relationships and our deep experience across the state.

Appointment Availability and After-Hours Care Measurement Tools

Secret Shopper Calls: We conduct systematic network improvement efforts related to appointment availability. Throughout the Contract period, Humana will implement secret shopper telephone surveys [redacted] We will do the same for all network specialists in the categories listed in Sections 2.10.8.3.1 through 2.10.8.3.10 of the RFP and [redacted] accessibility of appointments per Humana and LDH regulatory requirements and will validate after-hours access to a healthcare professional.

After-Hours Accessibility Audit: Humana calls provider offices [redacted] to ensure enrollees have enhanced access to care during after-hours. The Provider Relations leadership team reviews after-hours availability results and assigns them to the appropriate PR representative for immediate outreach and education to the provider, if necessary. [redacted]

Open/Closed Panels Measurement Tools

Review of Open and Closed Panels: On a [redacted] basis, we will review the panel status of our PCPs by region and Parish. We use these data points to identify access barriers and implement additional targeted recruitment efforts. Upon identification of a closed panel, [redacted]

Inquiries Related to Provider Access or Availability: Our Provider Resolution team uses [redacted] to identify, track, and trend enrollee inquiries related to network access issues and non-compliant providers. Our state-of-the art [redacted] conducts real-time analysis of provider complaints to identify red flag issues. The Provider Resolution team notifies the Network Management team of urgent issues immediately and non-urgent issues on a

[redacted] The Provider Resolution team also reports [redacted]

Cultural Competency Measurement Tools

Cultural and Linguistic Needs: Humana strives to implement a culturally sensitive and diverse provider network. We conduct an [redacted] of the cultural and linguistic needs of our enrollees and their geographic concentration to ensure appropriate access to culturally competent care. To identify and address health disparities, we will [redacted] We will share these insights with our network providers to inform their approach to service delivery for their patient panel. Additionally, we monitor enrollee inquiries on an [redacted] to ensure we can respond in a timely manner to any provider issues related to cultural and linguistic needs. All of our provider contracts contain language requiring providers will treat enrollees without prejudice. [redacted] will monitor our adherence to the National Culturally and Linguistically Appropriate Services (CLAS) standards.

Additional Comprehensive Network Access Measurement Tools

Enrollee Surveys: Humana annually conducts and reviews the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to identify trends in barriers to care. We measure access to care results [redacted] We conduct CAHPS pulse surveys in addition to the annual surveys to gain insights into enrollee experience. These surveys are conducted [redacted] CAHPS surveys.

Provider Satisfaction Surveys: We [redacted] conduct provider satisfaction surveys and review the results to identify any issues related to network adequacy or to identify how providers are interacting with other network providers, such as specialist referral activities.

Member Services representatives (MSR): Our MSRs in our [redacted] call center will be trained to assist enrollees with accessing care. For example, these MSRs will [redacted] MSRs record enrollees' [redacted]

Subcontractor Review: Humana requires our subcontractors [redacted]. We analyze the data against [redacted] We are also closely integrated with our subcontractors through [redacted] meetings where we review a range of functions including claims, clinical management, compliance, and enrollee services, allowing us to assess network adequacy through a variety of avenues.

[redacted]

Associates, Enrollee, Provider, and Advisory Input: On an ongoing basis, Humana also examines anecdotal information from various internal and external sources such as Member Services, Utilization Management, and Enrollee and Provider Advisory Councils as it pertains to network adequacy. We review this information to identify and pursue contracts with providers who are needed to serve enrollees, even after the regulatory adequacy requirements are met. This includes information contributed by individuals and committees, such as the Provider Advisory Council, as well as recommendations from providers to Humana to contract with specific providers and provider types.

Oversight of Network Accessibility Measurement Tools: We have a [redacted] review process to monitor the reports from our network adequacy tools. This review process applies to all provider types as well as to our subcontracted entities. The process is conducted on an ongoing basis in order to ensure that we are proactively deploying network recruitment efforts and quickly responding to network gaps as they arise. Comprehensive provider network

monitoring helps us ensure our enrollees have access to the providers and services they need. Below we describe the oversight and monitoring of the data generated from the sources listed above.

- [redacted]

Summary – Measurement Tools for Identifying Network Gaps

All of the measurement tools described above are summarized and displayed here in Table 2.10.8.1–A.

[redacted]

Network Recruitment to Date and Ongoing Network Recruitment Ahead of Implementation

To meet the varying needs of the Louisiana Medicaid population, Humana has taken a comprehensive approach to build an adequate, accessible, and culturally competent provider network and will continue to do so upon award and on an ongoing basis. Our initial network development efforts are built upon our robust existing Medicare, TRICARE,

and Commercial networks. These providers are credentialed by Humana and have received training and education on our processes and technology. Through established relationships with these providers, we have insight into the quality of care they deliver. We [redacted] for their participation in Medicaid. Simultaneously we have recruited additional providers for our Medicaid network, including those who have historically treated Medicaid enrollees or have significant Medicaid utilization, including Federally Qualified Health Centers (FQHC), Community Health Centers, Rural Health Centers, and Human Services Districts.

Humana has also identified innovative opportunities to enhance access to BH in Louisiana. [redacted] Through our recruitment process, we focus on ensuring our network adequacy meets and, where possible, exceeds LDH requirements for the following provider types: [redacted]

To increase our local understanding of the healthcare needs of the Louisiana Medicaid population and provider landscape, we also [redacted] We value their feedback and have incorporated their recommendations into our Medicaid network development strategy.

We are prepared to implement our fully detailed network project plan upon Contract award to ensure we meet the deadlines to have a fully operational network prior to readiness review in anticipation of the operational start date of January 1, 2020. During implementation, our program oversight team meets [redacted] to remove barriers in the network adequacy, loading, and credentialing process. We also hold [redacted] network project team meetings to discuss progress and detail the goals for the following week, as well solutions for any barriers to achieving our goals.

2.10.8.2 Strategies that will be deployed to increase provider capacity and meet the needs of enrollees where network gaps have been identified;

Humana has proven that through our professional, dedicated network team and our provider partnerships, we will meet and exceed the given timelines to be ready prior to the first Readiness Review period. Humana was recently awarded a statewide contract in Florida in which we expanded from 5 regions to all 11 regions. [redacted]

Humana understands provider capacity is not static. The available network is continuously changing due to provider turnover, retirement, or moving to a new office location. Further, we recognize that sometimes the Medicaid enrollee population changes or increases in a certain area due to adverse local or environmental conditions, such as a large employer leaving the area, and this may cause a need for additional providers. Medicaid expansion in Louisiana has also necessitated increased rigor to ensure provider capacity to serve a higher number of residents with Medicaid health coverage. Our robust Medicare and Commercial provider networks currently serve more than 400,000 Louisiana residents, and we have significantly strengthened, adapted, and expanded that network in order to serve the Medicaid population. When network gaps are identified, we employ various tactics to increase provider capacity and ensure access to care. These strategies include [redacted]

Immediate Interventions to Address Access to Care Issues

Many network gaps can be resolved with immediate action. To ensure our enrollees can quickly access needed services, upon identifying a network gap we will:

[redacted]

Proactive Interventions to Address Access to Care Issues

In addition to our immediate responses to network gaps, we continuously analyze our network to identify and address potential access to care issues proactively. If an issue arises, [redacted]

Direct Investment in Provider Capacity

To increase provider capacity, we encourage and support innovative provider partnerships and invest in implementing sustainable provider capacity solutions. Two partnership examples below showcase Humana's commitment in Louisiana to enhance the delivery system and strengthen access for enrollees throughout the state, as well as Humana's increased presence as a leading healthcare organization in Louisiana.

[redacted]

In 2016, Humana identified a shortage of Allergy & Immunology physicians in Calcasieu Parish. We worked with a provider partner in a neighboring Parish to secure a clinic space and scheduling availability to deliver care to our enrollees in Calcasieu Parish. This out-of-the-box solution successfully closed a gap in specialty access.

[redacted]

Value-Based Payment Incentives

Humana's VBP model is designed with incentives aimed at promoting expanded primary care and BH access and capacity (in addition to core goals of driving greater provider engagement and improving clinical outcomes). Our model includes innovative incentive payments directly aligned with LDH's goals and consultative provider guidance to help providers to improve the quality of and access to care. These incentives also aim to encourage extended practice hours on weekdays, weekends, and holidays. Exhibit 2.10.8.2-A details the various access-to-care oriented incentives we will offer Louisiana providers.

Exhibit 2.10.8.2-A: Innovative VBP Incentives

Incentive	Brief Description of VBP Mechanism(s) and Provider Groups Eligible for the Incentive Compensation
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

Telemedicine

Humana also fully embraces the use of telemedicine as a way to enhance provider capacity. Our telehealth solutions include:

- Virtual Care: We will utilize [redacted]

- Provider-to-Provider Telepsychiatry Pilot: We will develop solutions for telepsychiatry in Louisiana to provide real-time [redacted]
- Remote Biometric Monitoring: [redacted]

Digital Health Solutions

Humana is employing digital health solutions (e.g., mobile applications) to support provider capacity by enhancing our remote monitoring and use of physician extenders to improve capacity to enrollees across Louisiana. The following details highlight how our mobile applications will address patient needs:

- Diabetes Management: Humana will utilize the [redacted] diabetes mobile application ([redacted] to promote self-management of critical behaviors such as diet and exercise among enrollees and to communicate lab results and other aspects of care management to enrollees and their clinical team. BlueStar connects enrollees and their care management teams through two-way chat functionality and supports clinicians through clinical decision support tools and a population management dashboard.
- Pregnancy: [redacted]

Bringing Care to Enrollees and Communities

Humana leverages partnerships with established organizations in Louisiana to bring PCPs to locations convenient to enrollees. For example, we host, [redacted]

Provider Availability

If a network gap related to a provider failing to meet the contract standards for appointment availability, wait times, or after-hours coverage is identified, Humana's Provider Relations team promptly reaches out to notify and re-educate the provider. Our goal is to collaboratively work with providers to resolve issues. The Provider Relations team [redacted] If the provider remains out of compliance with required access standards, the Provider Relations team [redacted]

2.10.8.3 Strategies for monitoring compliance with network standards and supporting appointment scheduling;

Humana deploys a network monitoring and network standards compliance strategy driven by the goal to meet every enrollee's healthcare needs. Our robust suite of analytical tools and oversight processes measure and evaluate numerous factors that impact access and availability including:

[redacted]

At [redacted], our local Network Adequacy and Governance team monitors compliance with network standards for all provider types. The data sources used for ensuring compliance with network standards align with those used to identify network gaps. As described in more detail in our response to 2.10.8.1 of the RFP above, we analyze [redacted].

Along with these monitoring tools, we use several additional strategies across all provider types, including PCPs and specialists, to monitor compliance with network adequacy standards. On [redacted] we conduct secret shopper calls to network providers to ensure appointment availability. Our PR representatives also review appointment availability when they make visits to PCPs and specialists. Additionally, our PR representatives track provider accessibility through enrollee inquiries, our Call Center, and any other form of communication (e.g., informal conversations, email, etc.), which they track using our [redacted] While our strategies are consistent across provider types, there are certain, unique characteristics of each provider specialty that require nuanced strategies. For example, [redacted] necessitate additional attention from our PR representatives to maintain strong relationships and provide additional support to ensure we are able to retain their participation in our network. Our PR representatives and Provider Support and Provider Relations managers also closely monitor these specialists' participation to ensure that any changes are quickly addressed to avoid gaps in care. For the purposes of monitoring network compliance with the standards outlined in Attachment D of the Model Contract, the strategies and tools we have described here are consistent across all provider types.

The Provider Network Management team develops and implements network gap recruitment strategies based on adequacy reports [redacted].

Supporting Enrollees and Providers in Scheduling Appointments

Because scheduling appointments can be difficult for Medicaid enrollees Humana offers multi-faceted support to make scheduling easier. Our Member Services team is [redacted]. Upon contact, the MSR will document within [redacted]

[redacted]

If the enrollee seeks an appointment with a specialist, the MSR discusses with the enrollee whether they have consulted their PCP regarding this need, whether the enrollee's PCP has previously recommended a specific specialist, and whether the PCP provided a referral. If a referral exists or is not required (e.g., for OB/GYNs, BH providers, family planning providers, or FQHCs), the MSR uses our online Provider Directory to identify appropriate in-network specialty providers. With the enrollee's permission, [redacted]

We leverage our relationships with community organizations, providers, and our strategic partners to locate, educate, and engage enrollees who may benefit from case management. Our CMs are responsible for helping enrollees identify providers and schedule appointments as needed. The Comprehensive Care Support team (as described in Section 2.10.5 Care Management) will support CMs with their efforts. Additionally, Humana works with CHWs [redacted]

Using Out-of-Network Providers When Needed

If we cannot find an in-network specialty physician who meets the enrollee's needs within reasonable access standards and the enrollee consents to receiving care from an OON physician, [redacted]

2.10.8.4 Strategies for recruitment and retention efforts planned for each provider type, including quality and/or performance metrics that will be used to determine provider's success in making progress towards LDH goals for access and quality performance;

As a first approach to recruitment, we have obtained Medicaid contract amendments and Letters of Intent (LOI) with the vast majority of our existing Humana network providers in every provider type category. Humana has an extensive Louisiana network that includes each of the required provider types. Our experience has taught us that a large majority of our base network executes the Medicaid agreement promptly upon Humana being announced as a Contract awardee. Upon Contract award notification, we will prioritize securing Medicaid contract amendments with the provider types (those listed in 2.10.8.1 through 2.10.8.3.10 of the RFP). We will continuously track geographic accessibility to each of these provider types as our contracting efforts evolve and report our progress to LDH throughout the readiness review process. Geographic access holes for any given provider type will be met with enhanced and focused recruitment activity, systematically identifying and contacting each provider practicing in that area of the state in the targeted specialty areas.

Additionally, Humana has developed several overarching strategies to recruit and retain qualified providers who will positively impact the health and well-being of our enrollees. [redacted]

Payment Support and Value-Based Arrangements: Our experience developing our continuum of value-based programs has demonstrated that the healthcare system delivers better outcomes when providers are offered thoughtful incentives, consultative guidance, and care gap alerts that are integrated with and measured by relevant comparative metrics and benchmarks. Among those providers engaged in VBP arrangements, we have repeatedly observed more rapid identification of high-risk enrollees, stronger delivery of care for chronic conditions, reduction of medical costs, and greater enrollee satisfaction. Our analysis of our [redacted]

Our current VBP designs for Louisiana Medicaid include [redacted]. We will [redacted] The positive health outcomes and meaningful incentives help us forge and maintain strong partnerships with providers who will be serving our enrollees.

Our VBP strategy also includes [redacted]

For our OB/GYNs, we focus on payment support through our VBP programs as our [redacted] Our VBP strategy for OB/GYN focuses, in part, on pertinent issues such as prenatal and postpartum care. Also, because of our emphasis on physical and BH integration, payment support is in place for both our PCPs (pediatric and adult) and BH (Licensed Mental Health Professionals, Psychiatrists). PCPs have access to the [redacted] which they may use to add staff to service the BH needs of enrollees. For BH providers, our VBP program includes a referral bonus for successfully encouraging their patients to see their PCP.

Administrative Simplification: Reducing administrative burdens on providers is essential to recruiting and retaining high quality providers. We have taken several steps to minimize providers' administrative requirements and give them additional support when needed. For example, we have invested significant resources in our provider portal to give providers the mechanisms they need to support their practices including up-to-date financial information, enrollee data, and access to tools such as our [redacted] so that providers may test and amend claims prior to submission. We have also implemented additional strategies to reduce the number of post-payment recoveries, reducing providers' frustration [redacted]

Humana's [redacted] is also aimed at reducing providers' administrative obligations. Our [redacted] uses a blend of quality and performance measures to identify the highest performing providers. Through reviewing a provider's quality (HEDIS) and utilization (percent of authorizations approved), we can identify those providers who deliver high value care, close care gaps, and refer enrollees for appropriate services and follows-ups. When high performing providers meet specific targets for certain measures, they will have the ability to [redacted] This program helps us achieve mutual quality and access goals while reducing the administrative burden on providers.

For our network specialists, including cardiologists, dermatologists, endocrinologists, neurologists, orthopedics, and pulmonologists, we emphasize administrative simplification and [redacted] as our primary recruitment and retention strategy. OB/GYNs also have access to our administrative simplification strategies, including our [redacted]

Along with these recruitment and retention strategies, we have additional tools to evaluate providers' success in making progress towards LDH goals for access and quality performance, as well as to measure performance and quality outcomes with meaningful metrics. These tools include:

Value-Based Payment Measurements: Each VBP payment incentive is tied to measurable data. This allows us to evaluate provider performance against meaningful quality metrics, which have been selected in alignment with LDH priorities and objectives. [redacted]

Care Decision Insights (CDI): The CDI platform provides in-depth reviews of performance measures for efficiency and effectiveness of specialist groups based on claims data. These data can assist PCPs in determining where to refer enrollees and also give specialists an in-depth view of their performance. [redacted]

Educating Enrollees about Accessing High-Performing Providers: Once we have identified providers as delivering high quality, high value care, we will note them as a [redacted] in the Humana Provider Directory, allowing enrollees to see which providers are delivering the best quality of care. We will also refer enrollees to [redacted]

2.10.8.5 Strategies to ensure that its provider network is able to meet the multi-lingual, multi-cultural and disability needs of its enrollees

Our efforts to avoid disparities in the delivery of services to our diverse membership begin with our network development strategy. When we develop and expand our network, we build relationships with providers who reflect the communities they serve. We also ensure that all of our providers are in compliance with the Americans with Disabilities Act (ADA), and we use thorough data capturing and monitoring tools to ensure our network meets the disability needs of enrollees.

Humana prominently displays the languages spoken in provider offices in our web-based Provider Directory, available in English and Spanish.

Humana has processes in place to measure the ethnic composition of our membership, assess the linguistic and cultural needs of the population, and to make adjustments to the provider network to meet those needs. For example, we translate our member materials into the predominant languages spoken to address the linguistic needs of the Louisiana population. We measure ethnic composition via Social and Economic Characteristics of the estimated Census Population and The Modern Language Association Language Map to gain baseline knowledge of the population. As new enrollees are added, we take the enrollee growth and the geographic enrollment shifts into account to ensure adequate access to care, including linguistic and cultural needs to mitigate barriers to care. [redacted], we analyze the cultural and linguistic needs of our enrollees and their geographic concentration to ensure appropriate access. We also monitor enrollee inquiries on an ongoing basis. [redacted]

As enrollee needs are identified, Humana analyzes the adequacy of the provider network in addressing the cultural and linguistic needs of enrollees by conducting the following:

- [redacted]

- [redacted]

Once a provider becomes part of our network they participate in orientation and annual educational training that includes mandatory cultural competency training. This training focuses on educating providers on the influences culture has on how enrollees view providers and care as well as:

- [redacted]

The training also includes methods providers may use to improve communication with enrollees, including a [redacted] Additional information about our expectations for providers, tools and resources available, and how to access them are included in our Provider Training Manual, which is available online and in paper format. Providers may access cultural competency training materials and tools through our [redacted] at any time.

Cultural Competency Interventions: Teaching Cultural Fluency

Our Director of Multicultural Consumer Experience leads efforts to develop cultural competency interventions by designing and implementing platforms to support our providers. For example, we have an ongoing partnership with the [redacted] to conduct Continuing Medical Education (CME) classes on Cultural Fluency for providers. This CME class teaches providers about acculturation (the process for assimilating into a different culture) as well as how to build empathy for cultural and communication differences among ethnic groups. Sample topics include the cultural role of physical touch and how to affect behavior change while recognizing cultural differences. This class will be available to Louisiana providers.

In addition to contracting with and training a culturally diverse network of providers that reflects our enrollee population and prioritizing recruitment of bilingual or multilingual providers, we have strategies underway to strengthen culturally appropriate communication between our enrollees and providers. Humana employs the following initiatives to support the provision of culturally and linguistically appropriate care:

- [redacted]

Addressing Accessibility Needs of Enrollees

As part of our credentialing process, we have a stringent procedure in place to review our network providers based on CMS, federal, and state regulations regarding accessibility. Every provider goes through a credentialing process and ADA review to ensure the offices are physically accessible and provide effective communication services. Our providers are contractually required to be ADA compliant. Additionally, our PR representatives identify any [redacted] We also provide training to our providers on an ongoing basis.

Humana's [redacted] works proactively with our enrollees who have a disability, are non-English speaking, or have another barrier to accessing care by providing auxiliary aids to ensure effective communication occurs. Our [redacted] identifies challenges enrollees may have in accessing services and works to resolve them before they become a barrier. For example, [redacted]

2.10.8.6 Details regarding planned protocol for terminating network providers for no cause, including how to minimize negative impact on enrollees.

Humana is committed to successful, longstanding partnerships with providers, and we have vast experience in working constructively through contractual or operational issues with providers as they arise. Humana's scale across all of our lines of business gives our organization more balanced leverage in our relationships with providers, thereby lessening the risk of major contract terminations.

Humana works hard to prevent provider terminations, particularly given the need to preserve continuity of care for our enrollees. Our dedicated provider contracting and support teams have established relationships with the Louisiana provider community and experience in addressing contractual and provider issues such that escalation to contract termination is a rare occurrence. For more [redacted], Humana has maintained seamless network participation with all of the major health systems in Louisiana. However, when a need for a termination does arise, we will follow the process below to minimize the negative impact on enrollees and to ensure the successful transition of care of our enrollees. We will notify LDH and begin the notification of enrollees within LDH-specified timelines. [redacted]

Upon recognition of a no-cause network termination, [redacted].

Continuity of Care to Minimize Negative Impact on Enrollees

In an effort to minimize disruption, when care being received at the time of termination is deemed medically necessary, Humana allows enrollees in active treatment to continue care with a terminated treating provider through completion of a treatment or until the successful transition to another provider. Treatment, as described, can last [redacted] after the termination of the provider's contract (or for as long as required by any applicable law and regulation). [redacted]

Ensuring Provider Access is Minimally Impacted

In many underserved geographic areas, the loss of a provider can create a new gap in that community. **Prior to any significant Humana or provider-initiated terminations, including hospitals, large provider groups, or subcontractors, Humana's Provider Relations team conducts a formal network termination impact analysis**. This includes using access analysis, open and closed panels, and provider-enrollee ratios to avoid any enrollee access issues. In the event that the termination does occur, this analysis serves as the basis to initiate efforts to fill identified gaps caused. In the

event of a loss of a specific provider type in a geographic area, we will offer transportation services to the nearest provider for our enrollees to ensure they are able to access needed services.

Our approach to addressing the gaps is similar to how we approach network gaps and access concerns as described in our response to Section 2.10.8.2 of the RFP above. In situations where we have a gap in our geographic access standards for a given provider type, we address it through the following mechanisms: