2.10.12 Value-Based Payment

Humana has been a leader in establishing value-based payment (VBP) programs for more than 30 years and was one of the first health plans nationwide to partner with providers to develop these models. We are focused on evolving our programs to promote continuous improvement through stronger clinical models that deliver high quality, person-centered care to our enrollees and payment models that [redacted] We have developed and will implement a VBP Strategic Plan in Louisiana that will deliver similar, if not higher, attribution results for our Medicaid enrollees.

[redacted]

Humana understands that value-based care is essential to improving population health. We work closely with providers to transition their practices to an appropriate model based on the Healthcare Payment Learning & Action Network (HCP-LAN) Alternative Payment Model (APM) framework – with actionable data, care coordination, clinical programs, predictive modeling, and innovative solutions. The outcomes of our experience developing and implementing VBP programs demonstrate improvement in care for chronic conditions, reduction in medical costs, and higher enrollee satisfaction. Providers' success in our VBP programs depends on thoughtful incentives, consultative guidance, and care gap alerts that are integrated with and measured by comparative metrics and benchmarks.

We regularly analyze the performance of our VBP programs to identify best practices and opportunities for improvement. Recent program evaluation data show that Humana's VBP programs are improving quality and lowering costs. [redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]		[redacted]

Advancing achievement of the "Triple Aim" – better health, better care, and lower costs – through VBP is only possible when providers and health plans collaborate. Humana has developed our Louisiana Medicaid VBP strategy to foster this collaboration, and our longstanding provider relationships statewide will enable successful implementation of our Medicaid VBP programs.

2.10.12.1 The specific models and VBP arrangement the Proposer will implement to ensure that it meets the VBP thresholds, and the impact of the models on potential incentive earnings by providers.

As part of our commitment to improve health outcomes through holistic care, we developed a VBP Strategic Plan that includes models to address all facets of enrollees' determinants of health. We have tailored our VBP models and their underlying quality metrics to address LDH priorities, such as improving birth outcomes and integrating care. All of our VBP programs include substantial incentives to drive practice transformation and compensate providers for associated costs. We use flexible program design to meet providers where they are in VBP readiness, then support progress along a continuum of programs. Humana will offer VBP models in the following provider types:

- [redacted]

[redacted]

[redacted]						
[redacted]		[redacted]			[redacted]	
[redacted]			[redacted]			[redacted]
[redacted]						
[redacted]			[redacted]			[redacted]

VALUE-BASED PROGRAMS FOR PRIMARY CARE PROVIDERS

[redacted]

[redacted]

[redacted] meeting quality and outcomes goals across a set of pre-determined metrics are eligible to receive [redacted]. Humana makes this first step into VBP accessible for providers by using eligibility requirements that will enable nearly all practices to participate. [redacted] **and they will become eligible to earn reward incentives.**

Practices are measured according to metrics appropriate to the type of practice (e.g., adult, pediatric). The measure set includes incentive measures identified by the Louisiana Medicaid Quality Committee as well as additional access-to-care measures. [redacted]

[redacted] CPs meeting quality and outcomes goals across a set of pre-determined metrics are [redacted] We then determine program inclusion by the results of a formal assessment of the practice and its capacity to be successful in a shared savings model.

[redacted]

The third step on our [redacted]

The [redacted] program includes [redacted] and has the same quality measures as the [redacted]

The final step on [redacted] In this model, Humana [redacted]

To protect providers from excessive

> ***"Through our value-based partnership with Humana, we offer better care navigation across the patient journey, ranging from inpatient admissions, ED visits, prescription drugs, and social determinants of health - ultimately improving health outcomes and reducing costs."***

Humana is raising the bar – advancing VBP programs

Humana works with PCPs to determine the VBP arrangement that suits their current capabilities, experience, and readiness. We offer the necessary resources, including robust data analytics and touchpoints with Humana associates, to support the provider in progressing along the continuum.

VALUE-BASED PROGRAMS S

Humana's VBP Strategic Plan supports LDH's

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

12.10.12.2 The quantitative, measurable, clinical outcomes the Proposer seeks to improve

Each stage of our value-based continuum has quality measures and incentives designed to achieve specific outcomes related to the Triple Aim. Humana's value-based payment strategy was designed to align with LDH and the Louisiana Medicaid Quality Committee's priorities to improve outcomes across an array of clinical and efficiency metrics.

AIM 1: IMPROVE THE HEALTH OF POPULATIONS

[redacted]	
[redacted]	
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

AIM 2: ENHANCE THE EXPERIENCE OF CARE FOR INDIVIDUALS

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

AIM 3: EFFECTIVELY MANAGE MEDICAID PER CAPITA CARE COSTS

has successfully partnered with Humana Medicaid for more than a decade. Our Full Value global risk arrangement has reduced administrative burden, and it helps us improve health outcomes on Medicaid. The combination of Humana's systems, data reporting tools, focus on population health, and dedicated provider relations team are far and away the best."

12.10.12.3 How the Proposer proposes to expand VBP arrangements over the initial years of the contract, and specifically which preferred VBP models will be implemented in the first three (3) years of the contract

LDH has defined clear thresholds for expanding the proportion of Medicaid spending on VBP programs for years 2020 to 2022, including targets for the value of incentive payments to make during that period. [redacted]

[redacted]

12.10.12.4 How the Proposer will support providers in successful delivery system reform through these payment arrangements, including the types of technical assistance and data that the Proposer will offer to providers.

Building upon our existing network processes is consistent with Louisiana's goal to minimize administrative burden on the providers. For our existing network providers who will participate in our Medicaid network, the Provider Relations Team, data tools, and reporting formats will all be familiar. Quality metrics have been tailored to meet the needs and requirements of the Medicaid population, but they will be additions to familiar formats. Building on our existing provider support processes also helps drive positive change across the delivery system.

BUILDING COLLABORATIVE RELATIONSHIPS WITH PROVIDERS

Humana's provider support model is foundational to Humana's efforts to engage providers in VBP arrangements and then move them along

Provider Relations (PR) Representatives: Our PR representatives stand at the center of Humana's interactions with providers.

As practices move up the they take on greater responsibilities for patient management and care coordination. This is especially true as practices These broader patient care and financial responsibilities create more complex issues for practices to navigate, and the interactions between the practice and the provider relations representatives increase accordingly.

Recurring Meetings: [redacted]

SHARING CLINICAL AND FINANCIAL DATA

Moving into value-based care requires an increase in population health management capabilities and access to accurate, actionable data. We have tailored our value-based care models to meet providers where they are in this transition and support them with the tools they need to succeed. Using these tools, physician practices can continue focusing on prevention and improving health outcomes, quality, and cost while elevating the overall experience for their patients, physicians, and care staff.

[redacted] Humana's provider portal assists our providers in their efforts to achieve optimal performance under VBP [redacted]

The tool compiles utilization, financial, and clinical data that can be filtered to enable providers to identify patients or

ASSISTANCE FOR SHARED SAVINGS AND FULL RISK VBP:

Moving up the VBP continuum is not automatic [redacted]

[redacted]

[redacted]