2.10.4.5 [OPTIONAL] Respond to the following questions to be considered for piloting a Community Health Worker (CHW) demonstration project as described in the Louisiana Demonstration Community Health Worker Program Overview and the Blueprint for a Louisiana Demonstration Community Health Worker Program documents in the procurement library.

2.10.4.5.1 Why is the Proposer interested in this opportunity?

We are highly motivated by the opportunity to improve the lives of Louisiana’s most vulnerable enrollees and support the vision outlined in the Blueprint for a Louisiana Demonstration Community Health Worker Program. Humana, if selected, is willing and committed to partner to create an evidence-based, scalable, and sustainable community health worker (CHW) program.

Experience in advancing evidence-based, community-engaged solutions

Since 1985, Humana has cultivated strong relationships with community-based organizations (CBO) and providers in Louisiana and has 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. As described in our response above to Section 2.10.4, Bold Goal is Humana’s population health strategy, dedicated to helping the communities we serve be healthier. We track our progress using CDC Health-Related Quality of Life measures, including Healthy Days, and our initiatives have had positive outcomes. The spotlight below summarizes the impact of our Mayor’s Healthy City Initiative in Baton Rouge on our Healthy Days measure.

Humana’s Evidence-Based, Community-Engaged Solutions Spotlight: Baton Rouge, Louisiana

About 16% of the Baton Rouge population lives in areas with limited access to healthy foods and grocery stores, and one in seven people struggles with hunger. Humana and the Mayor’s Healthy City Initiative came together in 2016 to help unify the community around similar health goals. The community is focused on helping residents get active, eat healthy, and access preventive care. From 2015 to 2018, Humana Medicare Advantage (MA) enrollees in Baton Rouge had a 5.1% reduction in Unhealthy Days. MA enrollees with disabilities saw a 5.8% reduction, low-income enrollees saw a 4.9% reduction, and those living with diabetes saw a 3.7% reduction in Unhealthy Days. Baton Rouge exemplifies how strong community leadership and a locally-led coalition can provide a solid foundation for improved health and Healthy Days by supporting people where they are.

Improving population health is a long-term investment and journey to which Humana is fully committed. If selected to participate, we will leverage our local knowledge and proven expertise in advancing evidence-based, community-engaged solutions to ensure successful implementation of the CHW demonstration project and collaborate with key stakeholders to meet the overarching “Big Bet” goals of LDH.

Louisiana Medicaid CHW Program

In alignment with the longstanding efforts of Penn Center for Community Health Workers (PCCHW), we have adopted many of the concepts in the Louisiana Demonstration CHW Program to inform the design of our proposed local care management model for Louisiana. Per our responses to sections 2.10.4 Population Health and 2.10.5 Care Management of the RFP, Humana’s CHWs will serve an integral role within our Louisiana Medicaid Comprehensive Care Support (CCS) team (illustrated in Figure 2.10.4) as a foundational component of Humana’s population health strategy. Most importantly, our CHWs will build trusting and enduring relationships with enrollees, providers, and CBOs in person and will facilitate access to services and resources, particularly in the social determinants of health (SDOH) realm, to support health promotion and cultural competency.
2.10.4.5.2 How many CHWs does the Proposer currently employ? In what parts of the state?

Our Florida Medicaid CHW program is newly implemented; therefore, we are evaluating the rate at which enrollees access support resources to ensure our CHWs are appropriately used and to determine capacity to scale this program across the state. We are confident this CHW experience combined with our care management expertise (refined through years of providing case management services to almost Medicaid enrollees) will enable us to build a strong foundational program that can be leveraged to improve the lives of vulnerable Louisianans.

2.10.4.5.3 What is the Proposer’s CHW/member ratio?

Our current Florida CHW staffing is based upon regions with the highest membership density. We plan to quickly advance the existing program, and accordingly, we plan to hire additional CHWs. For Louisiana, we will uphold a 1:100 staffing ratio, which we have factored into our Louisiana Medicaid staffing model.

2.10.4.5.4 What are the main activities in which the Proposer’s CHWs are currently engaged?

Our Florida CHWs are responsible for establishing and cultivating relationships with enrollees, community stakeholders, and providers; connecting enrollees with critical community support programs; and facilitating community events and education programs. Humana’s CHWs are hired from the communities they serve and demonstrate strong sensibilities to locate and engage enrollees in supportive care and provide culturally appropriate supports. They must have a close understanding of outreach strategies and the CBOs in their assigned region. Specifically, they:
- Perform feet-on-the-street functions to ensure Health Needs Assessment (HNA) completion, targeting difficult and unable to contact (UTC) enrollees
- Administer the HNA to identify enrollee risks and SDOH insecurities
- Connect enrollees to appropriate SDOH resources and encourage enrollees to become advocates for their health
- Improve engagement by building trusting relationships with enrollees in a culturally competent manner
- Engage community- and faith-based organizations, cities, health fairs, key providers, and other key stakeholders to partner on health-related initiatives and promote healthy behaviors through increased community visibility
- Liaise among Humana CMs, providers, and CBOs to coordinate referrals for enrollees to community-based services and programs and to foster integrated efforts among all parties
- Track and monitor gaps in social services, identify new community partners, and provide creative solutions to close gaps in care for Humana enrollees
- Facilitate engagement between enrollees and their primary care providers (PCP) and encourage the completion of health promotion activities, including but not limited to Health Effectiveness Data Information Set (HEDIS) gaps in care
- Attend conferences and coordinate public and provider educational events in compliance with Medicaid guidelines (our Florida CHWs have attended more than 240 events statewide in the past four months)
**Initial/Ongoing CHW Humana-Devised Training**: CHWs receive Humana-specific education and training on chronic conditions, BH conditions, behavior change theory, stages of change, and motivational interviewing. Across the enterprise, all Humana associates, including CHWs, partake in rigorous annual training courses that include HIPAA compliance; fraud, waste, and abuse; health promotion; and cultural competency. Cultural competency is such an integral component of our culture that Humana requires associates serving Medicaid enrollees to complete supplementary training tailored to this population, including topics such as Health Literacy and Numeracy, Cross-Cultural Negotiation, and Understanding Seniors and People with Disabilities. These training courses reflect Humana’s values of inspiring health, cultivating uniqueness, and thriving together, which echo the ethos of the Louisiana Blueprint.

**Additional Training Opportunities**: Humana supports self-guided ongoing education and development of all associates including CHWs. Through this, we offer a variety of computer-based courses that are instructor-led and self-paced. Humana’s Learning & Development teams collaborate with industry experts to develop a suite of cultural competency resources for enrollee-facing associates. Modules include “Closing the Gap,” which discusses resolving challenges and obstacles unique to Medicaid enrollees. In alignment with the direction of the Louisiana Community Health Worker Institute, we believe that continuing education opportunities are crucial to CHW success and retention. As Humana associates, our CHWs are also eligible for an annual tuition reimbursement to work toward their own academic endeavors.

**Developing a Louisiana CHW Certificate Program**: 2.10.4.5.6 Does the Proposer have a process to ensure that its CHWs are trusted by the communities they serve? If so, please describe.

Humana employs CHWs from the communities they serve and strives to match ethnic and cultural considerations. Our CHWs undergo extensive training on communication techniques such as active listening and motivational interviewing to effectively communicate with providers, key stakeholders, professionals in the community, and enrollees. In addition, Humana provides our CHWs with Humana identification cards and business cards for credibility and validation as Humana associates. Our CHWs work closely with CMs to connect them with CBOs and ensure CMs understand available SDOH supports. Our CHWs also attend Humana-sponsored community events; through this visibility, enrollees see them as valuable resources. Moreover, our CHWs build trusting relationships with providers so that providers can directly refer enrollees to CHWs, thus providing CHWs more legitimacy in the eyes of the enrollee.

2.10.4.5.7 What data does the Proposer collect to know if its CHW program(s) is (are) working?

In our Florida Medicaid program, we gather data on the efficacy of community and support programs within our enrollee population through a customized Quickbase application. Specifically, we collect the number of referrals, catalog community partners and the programs and services they offer, and track enrollee referrals to those programs and their attendant outcomes. This data enables us to identify, track, and trend enrollee data and quantify successful service referrals that produce reports used to assess the effectiveness of our CHW program.
We are currently building a user-friendly CHW module within our integrated clinical platform, Clinical Guidance eXchange (CGX), which enables the direct management of BH, social, and physical health services and is the platform our CCS team uses. CHWs will input data on enrollee needs and their own activities, including contacts with enrollees and referrals to social services, into CGX. This data will be fed into our clinical rules engines and analytics to produce metrics and outcomes reporting for our CHW program in Louisiana. This functionality will yield meaningful data such as access to primary care, SDOH addressed, pre-term births and infant mortality, and quality as measured by Hospital Consumer Assessment of Healthcare Providers and Systems and Consumer Assessment of Healthcare Providers and Systems surveys. It will allow us to effectively evaluate our CHW program performance on an ongoing basis so that our CHWs continually contribute to the efficient delivery and coordination of care.

2.10.4.5.8 How are the Proposer’s CHWs or other care management staff integrated with providers?

Our CHWs and CMs advocate and assist with coordination of services; therefore, provider engagement within the community is a key requirement. CHWs integrate with providers through regular visits to provider offices and facilities in their community as well as participation in provider educational campaigns and community events. CHWs also work closely with our community-based Provider Relations associates and jointly attend scheduled provider meetings. Our CHWs also leverage our Humana Neighborhood locations in Florida, utilizing them to find, engage, and work with enrollees. We will leverage our five local Humana Neighborhood locations in Louisiana in a similar fashion.

Additionally, given that community mental health centers (CMHC) are valuable partners with which to integrate, our Florida CHWs engage with their social workers on staff who make referrals for community-based resources and help patients navigate these resources. These provider-based social workers leverage our CHWs to ensure enrollees connect with the organization to which they have been referred. For instance, our CHW may accompany an enrollee to a housing shelter or assist with finding a food pantry. Subsequent to a referral, a CHW may provide face-to-face follow-up to ensure services are being provided or may visit an enrollee’s home to check on a utility assistance program set up by a CMHC-based social worker. Consistent and effective supports that improve enrollee outcomes ensure that network providers see our CHWs as valuable resources.

The following spotlight illustrates how our CHWs work with local provider staff.

**Humana Florida Medicaid Spotlight: Enrollee Success Story**

A Federally Qualified Health Center (FQHC) staff member introduced a Humana enrollee to a certified CHW. The enrollee is wheelchair-bound and challenged with living on a limited income. Her home at the time was on the third floor of an apartment building where the elevator was frequently broken. Our CHW met with the enrollee and learned that she was missing her independence and mobility and faced several issues including feeling unsure of how to access services and gain reliable transportation. Our CHW, the enrollee, and the FQHC staff member connected with local resources that are often difficult for enrollees to navigate alone.

First, they connected the enrollee to the Broward County Housing Department leasing office, where they found an opening specifically designated for disabled seniors. They also linked the enrollee to Florida Power and Lighting’s payment assistance program and the Aging Disability Resource Center of Broward County for additional resources requested by the enrollee. These types of efforts allow us to place vulnerable and disabled enrollees both at home and in a community-based setting where they are happier and often have better outcomes than in institutional-based care.

2.10.4.5.9 Who is the contact person for this application?

Upon hire, our Louisiana Medicaid CHW Program Director will serve as the contact person for this application. In the interim, please contact our Louisiana Medicaid CEO, Tony Mollica.

2.10.4.5.10 Who is the lead team member who will oversee implementation?

Upon hire, our Louisiana Medicaid Chief Population Health Officer (CPHO) will be the lead team member and oversee implementation. In the interim, please contact our Louisiana Medicaid CEO, Tony Mollica.