



**Provider Relations Team:** Our most powerful communication resource is our Provider Relations Team,

## Our Provider Relations Team

Provider Advisory Council (PAC): Our Provider Advisory Council

Webinars: Humana offers interactive webinars throughout the year

Town Halls: [REDACTED] is essential to successful implementation of a new contract. During our recent

**Provider Website:** The Humana provider website allows providers to access Medicaid materials easily and submit complaints electronically.

[REDACTED]. We update our website frequently, so it is a convenient resource to engage and educate providers. We prominently display urgent updates (e.g., State of emergency notices) and information about quality initiatives for our providers (e.g., annual checkups or breast cancer screenings). In accordance with Section 2.10.5 of the Contract, our website includes the Provider Handbook, Provider Training Manual, Prescription Drug Guide, and Louisiana Medicaid preferred drug lists.

Provider Portal: Our [REDACTED] optimizes information

**Provider Hotline:** Our local Provider Hotline has highly trained associates available to address provider issues Monday through Friday from 7 a.m. to 7 p.m. Central Time. The hotline uses [REDACTED]

### Written Resources

Provider Handbook: At the start of the Contract period, all Humana network providers [REDACTED]

Newsletters: Humana's [REDACTED]

*Humana's award-winning Strategic Provider Communications team coordinates the delivery of communications such as newsletters and Provider Handbooks. This team was named the 2017 Stevie Awards for Communication Team of the Year and received the 2017 OpenText Elite Award for Health Insurance Innovation.*

### Proactive Communications

Our PR representatives review data from our provider interactions [REDACTED]

The PR representatives carefully track and analyze the data in order to inform and enable proactive communications with providers. This allows us to address issues before they escalate. We carefully examine provider performance in quality and patient experience to drive the Triple Aim of better health, better care, and lower costs.

### Provider Education Program

Our provider education strategy is designed to [REDACTED]

[REDACTED] We continuously enhance our provider education program, [REDACTED]. We incorporate Medicaid-specific education, including the topics described in Sections 2.10.7.3-2.10.7.7 of the Model Contract. To best accommodate providers, [REDACTED] Our education efforts are not static; [REDACTED]

The first step in our education program is to [REDACTED]

[REDACTED] Our PR representatives are key to our provider education model, acting as a [REDACTED] In Louisiana for example, our PR representatives [REDACTED]

[REDACTED] These tools are available after-hours and for new providers as they enter our network. Providers also have [REDACTED]

#### 2.10.9.1.3 The processes that the Proposer will put in place to support providers with high claims denials rates;

We have designed Humana's claims strategy with the ultimate goal to [REDACTED]

Our strategy has [REDACTED] dimensions: [REDACTED]

Tools to Support Claims Payment: To avoid denials, our provider portal contains several tools [REDACTED]

strategy also includes a [REDACTED]

Provider Education and Training: Our education strategy includes outreach [REDACTED]

[REDACTED] These are designed to engage providers and their staff on our claims payment tools [REDACTED] and common errors, as well as to improve the efficiency and accuracy of claims submission. We also offer [REDACTED]

Identifying Providers with High Denial Rates: Humana's Claims team identifies providers with high claims denials and conducts root cause analysis to monitor across all lines of business on [REDACTED] Providers with denial rates of [REDACTED] are flagged and automatically undergo [REDACTED]

Support for Providers with High Denial Rates: Our PR representatives reach out to providers through multiple means to offer assistance to those with high claims denial rates. These include [REDACTED]



[REDACTED] This team is available to conduct targeted training for providers and their staff in person, via telephone, or through other means (as required by the provider) to address high rates of claim denials or patterns of denied claims identified through their root cause analysis. [REDACTED]

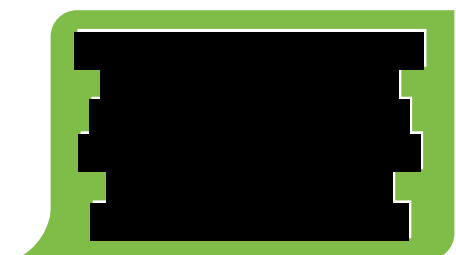
[REDACTED] We ask providers to evaluate the effectiveness of the training conducted and the delivery method so that we may continuously improve the process. PR representatives will continue to monitor providers following the training to ensure the issues causing the denials have been resolved successfully. PR representatives will [REDACTED]

[REDACTED] This allows them to evaluate whether we should conduct the training for other providers and ways we might improve the training.

#### 2.10.9.1.4 The processes for evaluating and resolving provider disputes in a timely manner.

Humana has a well-established [REDACTED] that allows providers to submit a complaint in multiple ways [REDACTED] Our [REDACTED] is consistent with LDH requirements as described in Sections 2.10.9, 2.9.33.9, and 2.18.12 of the Model Contract and Sections 2.9.4, 2.9.11, 2.10.6, and 2.18.5 of the MCO Manual, as well as LA Admin Code Title 50, Chapter 37, Sub. B, Provider Grievance and Appeals.

Our Provider Resolution team is dedicated to resolving complaints accurately and expeditiously. The team includes associates with specific areas of expertise [REDACTED] and tracks and researches all complaints [REDACTED] to ensure we comply with all contractual and regulatory requirements concerning resolution. If the team is unable to resolve an [REDACTED]



unpaid or underpaid claim successfully, our PCU reaches out to the provider directly, [REDACTED]  
[REDACTED] The PCU, which includes a team of [REDACTED], logs cases in [REDACTED] to allow for  
tracking and trend analysis. The PCU can [REDACTED]

A

provider may also request binding arbitration in accordance with Section 2.18.12 of the Model Contract.

Disputes Specific to Automatic Assignments and the Assignment of an Individual Enrollee: The first step in addressing disputes related to enrollee assignment is to have processes in place to ensure effective assignment in the first place. Our Enrollment team has detailed procedures to match enrollees with the appropriate PCP in accordance with their preferences and [REDACTED], which accounts for the requirements described in Section 2.9.4 of the MCO Manual [REDACTED] Our Enrollee Services team quickly reassigns enrollees who request a change. Our Clinical Attribution team reassigns enrollees to another PCP if we learn there is an existing or established relationship with a PCP to whom they were not assigned (in accordance to LDH Information Bullet 19-6).

If a provider submits a complaint related to enrollee assignment, our associates [REDACTED]

he Provider Resolution team researches the complaint, including [REDACTED]

For Louisiana Medicaid, we will base this criteria upon the Model Contract, Section 2.9.4 of the MCO Manual, programmatic requirements, and our contract with the provider.

After the Provider Resolution team associate completes the research, [REDACTED]

We include data about these types of disputes both within the Provider Resolution team's monthly reports and send information to the Provider Resolution team managers, [REDACTED] Committee to identify trends and conduct root cause analysis and oversight.

#### 2.10.9.2.1 Strategies to support primary care providers;

Supporting true delivery system reform in Louisiana requires remedies to the barriers preventing the access to care that many Medicaid enrollees face. To address this challenge head-on, [REDACTED]

Building New Capacity: Building capacity requires an understanding of and commitment to the community. [REDACTED]

[REDACTED]

Telehealth: Telehealth and remote monitoring supports providers, particularly those in rural Parishes, in improving collaboration with enrollees who are difficult to connect to care. Our telehealth solutions include:

- *Provider-to-provider interactions*: We will leverage our longstanding relationship [REDACTED]
- *Tele-psychiatry*: We will use a virtual telemedicine platform that allows PCPs to connect enrollees with BH providers via telephone, website, or mobile application whenever the enrollee requires the services.
- *Diabetes mobile health application*: We have partnered with [REDACTED] access its [REDACTED] to address clinically proven dimensions of diabetes management. [REDACTED]

Value-Based Payment (VBP): Humana has designed a continuum of VBP programs to support providers' transition to value-based care with actionable data, care coordination, clinical programs, and predictive models. These programs improve access to care by incentivizing providers to accept larger panels of Medicaid enrollees. [REDACTED]

Whole Person Integration Model of Care: Louisiana faces significant health challenges. We understand that the determinants of health and well-being reach beyond traditional, clinical settings and are also largely driven by the influences present in enrollees' homes and in their communities. To that end, Humana established an enterprise-wide initiative, our "Bold Goal," to improve the health of the entire communities we serve. We work to accomplish this goal through innovative partnerships with local community-based organizations (CBO), businesses, government agencies, and providers. Humana also uses the Bold Goal as an SDOH model to address all factors influencing health. As 2 of Humana's initial 7 Bold Goal markets nationwide, we have developed extensive relationships [REDACTED] We are taking our learnings from these markets and expanding our population health strategy efforts across the entire State and nation.



We will use the following strategies to support PCPs in accomplishing this integration:

[REDACTED]

Patient-Centered Medical Homes (PCMH): We assist providers in attaining and maintaining National Committee for Quality Assurance (NCQA) PCMH accreditation. We will [REDACTED] for providers interested in

becoming a PCMH. The [REDACTED]

Practice Coaching to Support Delivery System Reform: Our [REDACTED] provider support model centers on our PR representatives and [REDACTED]

[REDACTED] They meet with PCPs

[REDACTED] to deliver and discuss

[REDACTED] PR representatives will also use

[REDACTED] Examples of the data PR representatives will share include:

- *Care Management Information:* [REDACTED] platform provides a consolidated view of enrollees and their healthcare services across providers. The [REDACTED] includes [REDACTED] associated with office visits and hospitalizations, [REDACTED] Use of the [REDACTED] can improve enrollee safety, eliminate duplicate or unnecessary procedures, and improve coordination and continuity of care. [REDACTED]
- *Referral Information:* Our [REDACTED] shares information with [REDACTED] provider groups as they incorporate cost and quality insights into their referral decisions. For PCP groups, [REDACTED] data may provide reassurance that the specialist to [REDACTED]

#### 2.10.9.2.2 Strategies to support behavioral health and other specialty providers

Humana uses a multi-pronged strategy to support BH and specialty providers in participating in delivery system reform. This strategy focuses on [REDACTED]. Access to critical BH services for children and adolescents is particularly challenging and requires unique specialization. [REDACTED]

Access to BH or specialty care is particularly challenging in rural areas such as Lincoln or Winn. To address this, we have enhanced our [REDACTED] PCPs can refer enrollees with mild to moderate BH conditions to a virtual visit with a licensed BH therapist. Therapists can virtually treat addiction, anxiety and panic attacks, ADD/ADHD, depression and mood disorders, eating disorders, insomnia, postpartum depression, and PTSD. BH information gathered from a telehealth visit is directly conveyed back to the PCP to create a plan of action, if necessary. Additionally, we will [REDACTED] Pregnant women can access [REDACTED]

We promote delivery system reform through direct investment intended to enhance access to care and improve quality. As with our PCPs, our specialty and BH partners may [REDACTED]

their telehealth capabilities or add physician extenders. Providers may also use the incentive to develop models to

Our care model is focused on improving clinical outcomes and the patient experience. One of the strategies we use to support this model and drive delivery system reform is our value-based care program. We have proposed several VBP programs to support providers'

We have to give providers access to tools to support this

. Our s

#### 2.10.9.2.3 Strategies to share provider performance data with providers in a timely, actionable manner.

Humana believes value-based care is

. The data-sharing tools for

Humana's

To support providers as they work to improve health outcomes and the overall enrollee experience, Humana uses



We have developed this to compare the performance of providers against both nationally recognized clinical standards and local peers. Our Population Health Management tool

Through these reports we seek to provide a fair and accurate representation of how providers are meeting evidence-based standards of care.

Our PR representatives and Humana's proprietary tool for complete program integration for our provider community. integrates enrollee data from a variety of sources to support the full range of clinical analytics. supplies enhanced capabilities to identify candidates for programs, document gaps in care, automate care planning, monitor plan compliance, and identify undesirable outcomes for further intervention. PR representatives will deliver provider-specific performance reports containing quality and utilization information to PCPs monthly and to specialists quarterly.

supports our provider network in the day-to-day clinical care and financial management of the practice. It allows



[REDACTED] Humana's [REDACTED] enables providers to view attributed enrollees' contact information, assessments, and care plans. Our [REDACTED] enables seamless real-time sharing of medical record information between our valued healthcare providers and our care management teams through our direct connection with [REDACTED]. Through our planned connections with the [REDACTED], we will expand [REDACTED]



PR representatives and [REDACTED] also work closely with our providers to understand and effectively communicate a wide range of additional reports. These include but are not limited to [REDACTED]

#### 2.10.9.3.1 The Proposer's staff that play a role in provider engagement

Although Humana's PR representatives act as the [REDACTED], our provider engagement strategy uses a team-based approach that reflects our holistic model of care. Our Louisiana provider management team leads local PR representatives who enlist Humana's [REDACTED] for provider support as needed.

Management and Oversight: Our Provider Services Manager, [REDACTED], is responsible for overseeing the operations of our Louisiana Provider Relations associates and provider engagement functions. Our Provider Network Manager and Provider Relations Manager [REDACTED], allowing them a view of the overall provider function. The Provider Relations Manager oversees the associates who support our [REDACTED]

Provider Relations Representatives: PR representatives are the frontline resource for educational initiatives, training, and claims resolution. Representatives are assigned to providers based on their specialized expertise, such as large practice support or BH integration. PR representatives meet at [REDACTED] to discuss [REDACTED]

Our PR representatives [REDACTED]  
[REDACTED] PR representatives [REDACTED]

Provider Call Center Associates: Our Louisiana-based associates manage our Provider Call Center. These associates receive extensive training on the specific programmatic requirements to address any and all provider questions. Provider Call Center associates are available Monday through Friday from 7 a.m. to 7 p.m. Central Time and will handle non-routine prior authorization requests 24 hours a day, 7 days per week.

Provider Claims Educator: Provider Claims Educators [REDACTED]

[REDACTED]

[REDACTED] may accompany PR representatives on provider visits to advise providers on [REDACTED]. These associates may include:

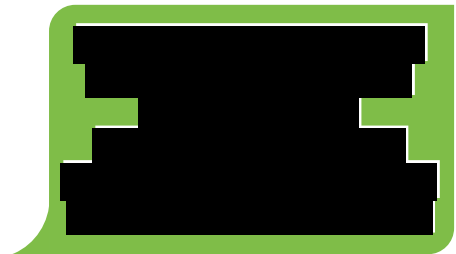
[REDACTED]

- *Comprehensive Care Support (CCS) Team:* Our CCS team, [REDACTED] is available to assist PR representatives in supporting provider practices. Our SDOH coordinators, [REDACTED] communicate with providers about available local CBOs to ensure knowledge and access to needed services for enrollees.
- *Provider Services leader (PSL):* Our PSL provides end-to-end oversight of the Medicaid provider experience, supporting the identification and implementation of best practices across our Medicaid provider organization.

[REDACTED]

#### 2.10.9.3.2 The presence of local provider field representatives and their role;

Our provider relations model is [REDACTED] Humana's current team of Louisiana PR representatives will [REDACTED]. Our PR representatives live near the providers they serve and build trusted relationships by acting as providers' [REDACTED]. We will also hire [REDACTED] Provider Claims Educators whom we will base in the field. Provider Claims Educators are one example of the experts that PR representatives access to support providers. Our Provider Call Center associates, [REDACTED] receive extensive [REDACTED].



#### 2.10.9.3.3 The mechanism to track interactions with providers (electronic, physical and telephonic);

Humana stores information related to provider interactions in [REDACTED]. From this repository, [REDACTED].

Electronic Interactions: We interact [REDACTED] providers in numerous ways. Providers may use [REDACTED] to submit [REDACTED].

[REDACTED] We track each of these interactions, [REDACTED].

Physical Interactions: We track all visits by our PR representatives, Provider Claims Educators and [REDACTED] including [REDACTED] in our [REDACTED], which allows our provider engagement team to log and track interactions with providers. The documentation field includes specific topics discussed and provider action plans to aid providers with enrollee health management. We also [REDACTED]. Our Provider Service Manager reviews this tool [REDACTED]. Each interaction with a provider, whether administrative or clinical, drives future interactions. If the Provider Service Manager sees negative trends in our reports or if we receive negative feedback, we arrange for a [REDACTED] with PR representatives. For example, if a provider is [REDACTED].

Telephonic Interactions: Our Provider Call Center and PR representatives log the call topic and outcomes of the call, routing and escalating (if needed) [REDACTED] to the appropriate associate for resolution. We identify, track,

and trend for root cause analysis to resolve concerns. [REDACTED]

Our Provider Relations Manager, Provider Services Manager, PSL, PAC, and [REDACTED] all review reports related to electronic, physical, and telephonic interactions to identify broad training needs. This could include training needed around a specific code edit or programmatic change as well as targeted training on topics specific to a provider type or geographic area.

#### 2.10.9.3.4 How the Proposer collects and analyzes utilization data and provider feedback;

Humana has established a logic-driven process to monitor, identify, and respond to utilization patterns. Our data system platforms proactively monitor for over-utilization of certain services and identify any outliers in the data that may indicate a utilization or quality of care issue. It does so by comparing the approved services and the enrollee's needs documented in the care plan with utilization parameters. We analyze data for medical, BH, and pharmacy utilization. [REDACTED]

Utilization data analysis allows us to determine training needs regarding improving care delivery and cost efficiencies. Our Quality Improvement Committee (QIC), PAC, and BH Subcommittee use these reports to identify and prioritize training needs. These are then coordinated and conducted by our Provider Relations associates or via our online tools. We also [REDACTED]

Our committees and associates also analyze [REDACTED]. We conduct multiple types of provider satisfaction surveys, [REDACTED]

[REDACTED]. Using these data analytics tools, the Provider Resolution team noted a [REDACTED]

Additionally, during [REDACTED], participants [REDACTED]. A representative from the Provider Relations Team attends the [REDACTED] and can directly access trend reports to ensure there is a feedback loop to the Provider Relations Team regarding areas that require additional [REDACTED]

#### 2.10.9.3.5 The metrics used to measure the overall satisfaction of network providers

We continually measure provider satisfaction using multiple channels to identify opportunities for improvement. These efforts measure metrics as broad as providers' likelihood to recommend us to a colleague (e.g., Net Promoter Score (NPS)) and [REDACTED] questions.

Provider Satisfaction Surveys: Our local market teams conduct annual provider satisfaction surveys in accordance with contractual obligations and State-approved sample methodology and metrics. The survey measures satisfaction across the following service metric areas: provider relations and communication, clinical management processes, authorization processes including denials and appeals, timeliness of claims payment and assistance with claims processing, complaint resolution process, and care coordination/case management support. It also incorporates State-specific questions. Our Louisiana survey will include the topics listed in Section 2.10.5 of the MCO Manual. Our PR representatives disseminate the surveys [REDACTED]; they are also available [REDACTED]. We evaluate the survey results to identify improvement initiatives and develop training and education plans.

[REDACTED]

Office of the Chief Medical Officer (OCMO) Surveys: Our Office of the Chief Medical Officer conducts national surveys annually of [REDACTED] measure satisfaction. These telephone surveys include NPS questions that ask providers whether they would recommend Humana to their colleagues and other providers. The OCMO conducts a similar survey of provider practices' office managers. The OCMO then reports these results to 2 teams: [REDACTED] These 2 teams recommend opportunities for improvement across all lines of business and provider types.

Voice of the Customer (VOC) Surveys: In March 2019, [REDACTED] These surveys [REDACTED] with our Provider Hotline and [REDACTED] They measure providers' likelihood to recommend Humana to a friend or colleague, associates' ability to assist the provider, ease of communication, and the overall call experience. The [REDACTED] analyzes the survey results. These surveys have led to several process improvements, [REDACTED]

Provider Complaints: We actively measure and trend our provider complaints to identify areas of improvement. Our data analytics tool, [REDACTED]

#### 2.10.9.3.6 The approach and frequency of provider training;

Our trainings involve a combination of w [REDACTED]

To promote maximum attendance and convenience for our providers, training is available through [REDACTED] Trainings includes a wide range of topics (including those described in Section 2.10.7 of the Model Contract and 2.10.4 of the MCO Manual) such as [REDACTED]

[REDACTED] We require targeted training by our PR representatives that addresses [REDACTED]

We include all training materials from [REDACTED] Providers and their office staff can access training modules online 24 hours a day, 7 days a week on both [REDACTED] Our Provider Education [REDACTED] also allows providers to [REDACTED] to their practice. We are currently [REDACTED] The CBT modules allow us to embed reference material as well as include a mandatory survey used to capture provider completion data. We track all providers' completion

of trainings, [REDACTED] PR representatives follow up [REDACTED]

#### 2.10.9.4 The Proposer should provide the results of any provider satisfaction survey.

Humana uses Provider Satisfaction Surveys as a window into our provider engagement strategy and to identify specific steps to improve our providers' [REDACTED]

[REDACTED] Numerous teams, committees, and managers view and analyze these surveys including our PSL, PAC, BH Subcommittee, and [REDACTED]. These committees and individuals also monitor improvements we put in place to address the surveys. The results of the last 3 years of the Provider Satisfaction Surveys from our Florida Medicaid Managed Care program are included in Exhibit 2.10.9-AA.

We have made several process improvements as a result of our overall analysis of our provider satisfaction surveys. For example, we established a [REDACTED] program for our Florida Medicaid providers that waives [REDACTED]

[REDACTED] The following Exhibit 2.10.9-A describes other specific actions we have taken as a result of our provider satisfaction surveys.

Exhibit 2.10.9-A.	
Disagree/Strongly Disagree Responses	Solutions Identified
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

**Exhibit 2.10.9-AA: Provider Satisfaction Survey Results 2016 – 2018**

Category	Sub-category	Value
A	A1	10
	A2	20
B	B1	30
	B2	40
C	C1	50
	C2	60
D	D1	70
	D2	80
E	E1	90
	E2	100
F	F1	110
	F2	120
G	G1	130
	G2	140
H	H1	150
	H2	160
I	I1	170
	I2	180
J	J1	190
	J2	200
K	K1	210
	K2	220
L	L1	230
	L2	240
M	M1	250
	M2	260
N	N1	270
	N2	280
O	O1	290
	O2	300
P	P1	310
	P2	320
Q	Q1	330
	Q2	340
R	R1	350
	R2	360
S	S1	370
	S2	380
T	T1	390
	T2	400
U	U1	410
	U2	420
V	V1	430
	V2	440
W	W1	450
	W2	460
X	X1	470
	X2	480
Y	Y1	490
	Y2	500
Z	Z1	510
	Z2	520