2.10.11 Quality

2.10.11.1 Describe organizational commitment to quality improvement and its overall approach.

Humana's Organizational Commitment to Quality Improvement
At Humana, quality improvement is a core value that guides our day-to-day behaviors, decisions, and actions. Our performance in National Committee for Quality Assurance (NCQA) and Centers for Medicare and Medicaid Services (CMS) ratings demonstrates a comprehensive, organization-wide commitment to quality and continuous quality improvement. Our multidisciplinary program **integrates all business units** to promote enrollee safety, quality of care, and effective service.

> ***"Focusing on quality means taking an enterprise-wide view of whatever we do, going beyond our own areas of expertise to understand the effect of our decision-making on our organization and those we serve."***
>
> ***- Bruce Broussard, Humana President & CEO***

- Humana has NCQA-accredited Medicaid plans in Kentucky and Florida. Our Florida Medicaid plan, [redacted] has been NCQA-accredited for more than 15 years, is currently accredited as Commendable, and **ranks 2nd in quality among 12 participating Florida Medicaid plans**, according to the NCQA.[1] Our Florida Medicaid plan's current rating in is equal to the rating achieved by Louisiana's highest-rated Medicaid MCO.
- Humana operates NCQA-accredited health plans among its Medicaid, Medicare and Commercial lines of business across 14 states, with some states having multiple accredited plans. **Humana maintains 22 plans with a Commendable status, including our Medicare HMO in Louisiana**.
- **Humana leads all national Medicare Advantage plans with 84 percent of Humana Medicare Advantage enrollees are currently enrolled under contracts with 4-plus Stars for 2019**. Nationally, approximately [redacted] are in 5 Star (perfect rating) health plans. [redacted] These Quality Improvement (QI) associates will work in our Louisiana plan and across our national support organizations to develop, implement, maintain, and drive success through our program.

Humana deploys our current teams to drive quality improvement strategy across multiple populations in Louisiana, including Medicare Advantage, Dual Eligible Special Needs Plans (D-SNPs), Prescription Drug Plan (PDP), Commercial, and TRICARE. We have a **high-quality network in place and operational to support these lines of business, with** [redacted] which offer specific incentives for quality care. This existing infrastructure and momentum will allow us to quickly translate our deep commitment to quality in Louisiana to our Medicaid enrollees.

Our Alignment with Louisiana's Quality Strategy
Humana's long and diverse history in care delivery, health plan administration, provider engagement, and community integration gives us a unique set of perspectives which have supported and enabled industry progression towards new and exciting kinds of integrated care with the power to improve health and well-being and lower unnecessary costs. Humana's evolution has maintained a constant goal of driving better quality of life for our enrollees and communities at large and is closely aligned with Louisiana's Quality Strategy of *"Better Care; Healthier People, Healthier Communities; and Smarter Spending".*

Better Care
Humana's person-centered clinical delivery model is based on the concept of "right care, right place, right time" and is focused on interventions and strategies to improve access to high quality, high value care. Our case management model places the enrollee at the center of an expansive care team designed to support navigation through the healthcare system and social supports infrastructure for all physical health, behavioral health (BH), and social needs. **Our approach to improving health aligns with the incentive-based performance measures listed in Attachment G.** We use measures defined by the Healthcare Effectiveness Data and

[1] http://healthinsuranceratings.ncqa.org/2018/search/Medicaid/FL

Information Set (HEDIS), the National Quality Forum (NQF), the Ambulatory Care Quality Alliance (AQA), CMS, the Agency for Healthcare Research and Quality (AHRQ), and professional medical societies.

We monitor claims, encounter, and utilization data to track and identify gaps in care and develop interventions that not only help enrollees' access care and close care gaps, but also help influence behavior changes that lead to healthier habits and more self-management of chronic conditions.

As part of our approach to promote better care in Louisiana, we will implement the following quality initiatives during the first year of the Contract:

- School-based Immunization: [redacted]
  This partnership will increase access to, and compliance with, immunizations for our enrollees by:
  - Identifying and targeting eligible Humana enrollees in schools
  - Encouraging participation through school outreach and collecting parent/guardian consent
  - Delivering vaccinations in the school setting in a scheduled and non-disruptive manner

How Humana's QI Strategy Supports Better Care

- Ensure timely access to proactive medical, BH, and pharmacy services
- Facilitate innovative, person-centered, whole person, coordinated care
- Promote wellness and prevention
- Improve enrollee self-management of chronic physical and BH conditions

- Sickle Cell Management: The goal of this initiative is to improve health outcomes and self-management for our enrollees with sickle cell disease. The initiative will include:
  - Participation in our sickle cell disease management (DM) program
  - Identification of enrollees for referral through welcome call, assessments, and claims analysis for targeted outreach to enrollees
  - Provider education on best practices in sickle cell DM, including the standards developed by the LSU Health Sciences Center in New Orleans and the Louisiana Sickle Cell Commission
- Asthma Medication Adherence: Compliance with the appropriate medication regimen leads to better condition maintenance and lowers the risk of a preventable emergency department (ED) or hospital admission. This initiative will include:
  - Pediatric and Adult Asthma DM programs
  - Monthly PCP educational sessions on the importance of asthma medication compliance
  - Medicaid HEDIS CAHPS Guide & Checklist delivery to providers
  - Enrollee letter campaign encouraging appropriate asthma medication(s) management
  - Voice activated technology (VAT) call to remind enrollees to refill medications
- Access to Preventive Care - Field-based Gap Closure: This in-person outreach pilot will supply non-clinical, field-based staff to perform home visits to assist with primary care provider (PCP) appointment scheduling as well as to provide a list of any needed screenings or other gaps in care (to take with them to the appointment). The field staff will also provide assistance arranging transportation, changing assigned PCP, and referring enrollees to community resources when unmet social needs, such as food insecurity, are identified.
- Depression Screening for Adolescents: The goal of this initiative is to increase universal screening and treatment for depression among adolescents. Components of this initiative will include:
  - [redacted]
  - Psychiatric consult line for PCPs and OB/GYNs
  - [redacted]
  - A screening in the welcome call that includes the PHQ2 depression screening instrument approved for use among adolescents.
  - Text message and social media awareness campaign

Healthier People, Healthier Communities
We are committed to improving the health of the communities and individuals we serve. In our Florida Medicaid program, we currently screen for unmet social needs through our Health Needs Assessment (HNA) to identify food insecurity, housing instability, and transportation issues. Once identified, we also work to connect enrollees with the appropriate resources.

Humana's **Office of Population Health** drive and execute our national population health strategy. The group helps improve the health of Louisiana residents by working with nonprofit organizations, government and business leaders, as well as physicians, clinicians, and hospital systems, to convene and co-create solutions that address outcomes at the population-level such as Social Determinants of Health (SDOH) and health disparities/health equity that are unique to their community. Humana piloted many of these solutions through our Bold Goal initiative to improve health in the communities we serve through local partnerships. We chose seven markets across the nation to participate in these pilots, two of which are New Orleans and Baton Rouge. In these communities **we have been collaborating to improve the health of Louisianans through initiatives such as:**

- Healthy Eating: [redacted]
- Health Literacy: The Health Literacy committee is working to improve health literacy across New Orleans using Humana's Health Literacy Toolkit, designed for community distribution.
- Clinical-led obesity education and screening: The Community-Clinical committee in Baton Rouge is working to assist physician practices in treating obesity. By simply asking, "Are you comfortable with your weight," a physician can open a dialogue about obesity, leading to conversations about weight loss and potentially improving clinical outcomes.

How Humana's QI Strategy Supports Healthier People, Healthier Communities

- Connect with physicians and community resources to address SDOH
- Work in partnership with local businesses, nonprofits, educators, and government organizations to improve the health of the communities we serve

Smarter Spending*:* Humana is deeply committed to improving outcomes and reducing unnecessary costs through provider engagement and value-based purchasing (VBP) arrangements. [redacted] We have observed that these providers deliver better performance when offered thoughtful incentives (with significant emphasis on preventive care), consultative provider guidance, and care gap alerts that are integrated with comparative metrics and benchmarks. [redacted]

We use data analytics to build multidimensional provider performance profiles that reward high-value, efficient care, and help providers improve health outcomes and the enrollee experience. We have developed a sophisticated suite of tools that profile the performance of providers against nationally recognized clinical standards and local peer performance. For our Louisiana Medicaid program, we will use tailored provider profiling approaches to address the differences in clinical scope and the role in the delivery of care for each provider type. Our practice of profiling is an avenue of engaging with the provider to discuss other issues such as barriers to access to care, coordination of care, and SDOH. We deploy **Quality Improvement Advisors (QIA)** to provider offices to educate on existing gaps in care for their Humana patients and specific utilization metrics such as potentially preventable admissions and readmissions that are affecting quality of care.

2.10.11.2 The Proposer's approach should also include:

2.10.11.2.1 Description of Proposer's assessment of utilization rates and the potential for improvement;

Our Medicaid Trend Analytics team collated available Louisiana data (including the data books that accompanied this RFP) and used our in-house modeling capabilities to develop actionable data to interpret utilization trends and identify areas for improvement. We found several opportunities to improve care and outcomes:

How Humana's QI Strategy Supports Smarter Spending

- Support our providers with actionable data and feedback
- Reward value and quality through innovative provider partnerships

1. [redacted]

[redacted]

- Humana's experience: In our Florida Medicaid program, through our Mom's First prenatal and post-partum case management and specialized NAS management programs, we saw significant reduction in zero to two months cohorts' acute and NICU admissions from 2017 to 2018. In our Temporary Assistance for Needy Families (TANF) zero to two months population, [redacted]

2. The Capital Region has relatively high inpatient utilization and low ED utilization. This indicates that there could be a relatively high rate of ED-to-admissions.

[redacted]

- Humana's experience: In our Florida Medicaid program, we implemented a robust front-end review process to review ED admissions prior to approving a subsequent inpatient stay. If the enrollee meets the standards for observation level of care, we approve the lower level of care, rather than the inpatient stay. [redacted]

3. The South Central region has high ED and prescribed drugs utilization but low outpatient utilization. There may be an opportunity to increase outpatient utilization through urgent care centers to reduce potentially preventable ED visits and potentially inefficient prescription drug utilization, as well as to link enrollees to PCPs to promote primary and preventive care.

   - Humana's experience: In October 2017, Humana launched an urgent care strategy that included contracting with additional urgent care centers to expand access in Florida. [redacted] Humana is continuing this strategy by further expanding access to these centers and launching campaigns to communicate this to both PCPs and enrollees. We also implemented a **provider after-hours initiative to increase the number of network PCPs offering after-hours appointments**. [redacted] We expect

our providers to educate their enrollees on the additional hours and days they will be open, and have enrollees contact them before going to the ED for illnesses that can be treated in the office setting.

4. Overall Louisiana ED utilization appears to be high. According to the Louisiana Department of Health's Influenza Surveillance Report, flu-related visits made up almost 12 percent of the total visits at the peak of the 2017-2018 flu season.[2] A significant portion of the overall ED utilization could be driven by potentially preventable flu-related ED visits. There is an opportunity to better train PCPs in flu management and increase vaccinations to reduce ED visits, as well as inpatient stays.
   - Humana's experience: [redacted], increasing access for our Medicaid enrollees. [redacted] improves pediatric healthcare through innovative partnerships with school districts and is currently partnering with more than 5,300 schools nationwide, including in Louisiana. We also have a messaging campaign to physicians and our enrollees about the importance of getting a flu shot.

Upon Contract award, our Medicaid Trend Analytics team and our Louisiana-based Performance/Quality Improvement Coordinator (P/QIC) will conduct more in-depth analysis of available utilization data, including historical claims data provided by LDH and available demographic to determine potential drivers of utilization trends and additional areas for improvement.

2.10.11.2.2 Incentives for providers and enrollees to incentivize delivery of right care in right place at right time

Enrollee Incentives: In alignment with LDH's Quality Strategy and outcome measures, our enrollee incentives encourage access to preventive services (according to the appropriate periodicity schedules) and reduce the use of low-value care such as ED visits for ambulatory conditions. We appreciate that to drive behavior change among our enrollees we must educate them on the importance of preventive services, access to the appropriate level of care, and reward them for that behavior change.

For Louisiana Medicaid, our enrollee incentives will be deployed through **Go365, Humana's proprietary personalized wellness and rewards program.** Go365 is designed to help enrollees make healthier decisions and to guide them on their personal well-being journey. Go365 incorporates practices of behavioral economics that encourages and rewards enrollees to complete healthy activities. The custom Medicaid Go365 mobile application will be built by January 1, 2020 to provide an experience specific to the needs of Louisiana Medicaid enrollees. Go365 allows enrollees to earn gift cards (pursuant to Louisiana and Federal guidelines) for wellness activities such as exercise and health coaching. Enrollees can earn gift cards through health-related activities such as PCP visits and completion of the HNA, as well as 17 other health-related activities. Louisiana Medicaid enrollees can receive gift cards to places like Walmart, Shell, Amazon.com, and receive gift cards through mail or real-time via email. We will incentivize Louisiana enrollees for specific behaviors:

- Prenatal exams
- Well-child visits
- Completing education on when to access the ED (level of care education)
- Tobacco cessation
- Weight loss/control

Additionally, Go365 will be used to promote:

- Health management: Go365 will award Medicaid enrollees for engaging with certain health coaching programs. Coaching will address health topics like weight and stress management, smoking cessation, and healthy eating habits.
- Education & community engagement: Go365 will promote Medicaid-specific wellness initiatives and maximize Medicaid enrollee participation. It will also include educational

Go365's Success
Enrollees engaged with Go365 over a 3-year period had:

- [redacted]

[2] Louisiana Department of Health. 2018-2019 Season – Influenza Surveillance Reports. September 2018 (Final Report for 2017-2018 Season). Ldh.la.gov/index.cfm/page/3181.

materials and webinars all in one place for enrollees to access, as well as encourage participation in community events, such as low-impact workouts and nutrition classes at a Humana Neighborhood Location or in the community.

- Quality: Go365 aligns activities and incentives to support quality initiatives for Medicaid focused on preventive care and adherence. Enrollees receive gap-in-care alerts and supporting health promotion and education materials.
- Real-time rewards: For certain services, like the flu shot, Go365 enables enrollees to self-report through verified document completion of an activity to receive a reward versus waiting on a claim to be processed.

[redacted]

Provider Incentives:
Humana's provider incentives are focused on encouraging providers to close gaps in care, reduce potentially preventable events (PPEs), and identify and connect enrollees with community resources to address SDOH. Provider incentives for Louisiana Medicaid will include:

- Value-based arrangements: We will incentivize provider performance for measures relating to:
  - Reduction of PPEs
  - Access to primary care and wellness visits for pediatric and adult enrollees
  - Prenatal and postpartum visits
  - Physical and BH integration
  - Preventive care: immunizations, screenings, diagnostics, and adherence
  - Referrals to community resources to address SDOH needs
- Gold Card Program: Humana's Gold Card program uses a blend of quality and performance measures to identify the highest performing providers. Through review of a provider's quality (HEDIS) score and utilization metrics, we can identify those providers who are delivering high-value care, closing care gaps, referring enrollees for appropriate services, and conducting follows-ups. When high-performing providers meet specific targets for certain measures, they can bypass the standard outpatient prior authorization process on referrals for specialty care, surgical procedures, and high-tech imaging (e.g., MRI, SPECT).
- [redacted]

2.10.11.2.3 Interventions and strategies to target super-utilizers and reduce potentially preventable events.

Humana's clinical approach, predictive modeling, and data analytics have the capability to address enrollee needs that can lead to PPEs and target super-utilizers. We use utilization, encounter, claims, and quality data to identify enrollees who are super-utilizers and those at high risk for PPEs. We currently track and report on 3M measures associated with PPEs.

[redacted]

We integrate data analytics with specialized care coordination protocols to identify and monitor high-risk enrollees. Our proactive approach allows us to preventively address emerging health issues and contact enrollees identified as accessing care that may have been provided effectively and safely at a lower level of care. **Humana's Medicaid Severity Score Predictive Model**, a predictor of future costs over the next 12 months, is the primary predictive model used across our entire Medicaid population. Using this proprietary model, we incorporate a severity score generated from

medical, BH, and pharmacy claims into monthly reports identifying enrollees with high costs and clinically complex health conditions over a rolling 12-month period. This data helps us identify enrollees with changing care needs and intervene appropriately, including enrollment in care management, linking to a primary care provider, moving them between acuity levels, or otherwise altering their level of intervention. We use additional quantitative and qualitative sources to identify complex enrollees with high utilization patterns, including but not limited to: Utilization and cost data, caregiver and enrollee self-identification, assessments and survey tools, clinical assessments, multi-disciplinary care team (MDT) meetings, and identification by PCPs and specialist physicians.

We produce operational dashboards and reports (Table 2.10.11.2.3-A) that aggregate data in a usable format to help us identify enrollees who are high risk for high-cost utilizations.

Table 2.10.11.2.3-A: Operational Dashboard Reports

Report	Description
Inpatient Census Report	Daily detailed account of acute and sub-acute inpatient facility admission cases, including BH admissions.
Inpatient Clinical Dashboard	Weekly reporting of key operational metrics, such as time from receipt of authorization to nurse receipt, time for clinical decisions, discharge plan documentation, enrollees contacted for post-discharge follow up, clinical program reach and engagement rate.
Early Indicator Report (EIR)	Monthly reporting of key utilization metrics such as: admissions/1,000 by utilization type (Acute, Skilled Nursing Facility (SNF), Rehab, Long Term Acute Care Hospital (LTACH), inpatient days/1,000, length of service by type, ED visits/1,000, etc. Dashboard format allows user drilldown for analysis by demographics such as geographic, plan type, and age of user.
Provider Utilization Profiling	Quarterly provider-level report of claims and encounter data to analyze under- and over-utilization and to provide peer-to-peer analysis.
Predictive Model Reporting	Predictive Model Reporting for Severity Score, updated monthly, and Readmission Model, updated daily from admission to discharge, integrated into our clinical platform, Clinical Guidance eXchange (CGX) to trigger referrals for clinical programs; ED Predictive Model scores available by report monthly and are integrated into CGX; Opioid Predictive Model to identify enrollees at high-risk for opioid abuse.
Readmissions by Provider	Monthly tracking of 14- and 30-day readmission rate for acute admissions, by line of business, product, DRG, and physician visit within 14 days of discharge date. The reporting dashboard allows us to drill down and identify areas for improvement.

We use a wide range of locally driven clinical programs and quality improvement initiatives to reduce preventable ED visits, hospital admissions, and readmissions. Clinical data analytics inform these initiatives to improve the exchange of data between providers. We improve engagement using incentives for both providers and enrollees. Our ability to successfully reduce preventable events requires tailored programs based on a deep understanding of regional barriers and opportunities.

Interventions and Strategies

Reducing Potentially Preventable Admissions and Readmissions

Discharge-to-Encounter Monitoring: Humana encourages timely PCP follow-up post-discharge to improve enrollee outcomes and reduce readmissions. Our post-discharge follow-up includes:

- Provide timely appointments for post-discharge enrollees from all levels of care
- Monitor secure mailbox for discharge summaries to enhance coordination of care
- Provide follow-up appointments for all enrollees receiving Home Health to reduce readmission within 30 days
- Ensure PCPs submit all claims and encounters on a timely basis
- Improve coordination with specialists following discharge

We have also developed a **specific discharge-to-encounter report** as part of our strategy to reduce readmissions and promote continuity of care. We use this reporting internally and deliver it to providers to monitor the following metrics, by provider:

- Readmissions within 30 days
- Readmissions within 30 days with the same diagnosis
- Readmissions within 30 days for the same diagnosis group
- Average number of days between discharge from facility and when enrollee visits PCP office
- Rate of enrollee with an office visit within seven days of discharge

Early Notification of Admission: Through our connectivity with the Florida HIE, we have established partnership with Florida hospitals to receive **early notifications of admissions and readmissions** for our Medicaid enrollees. This early notification leads to faster engagement in the discharge planning process, allowing us to out the necessary supports in place post-discharge. We will establish similar partnerships with Louisiana hospitals through connectivity with Louisiana HIEs.

[redacted]

Medication Refill Concierge: Increased adherence to medication, particularly for chronic conditions, helps reduce potential admissions and readmissions. Humana's **enrollee outreach program will improve medication adherence for targeted medications** through live or VAT outbound calls that facilitate the next refill of medications for chronic conditions including, but not limited to, diabetes and hypertension, or for hyperlipidemia medications.

Remote Biometric Monitoring: [redacted]

Comprehensive Care for Pregnant Women Navigating Substance Abuse: Through our strategic partnership wit [redacted]

Reducing Potentially Preventable ED Visits

Provider Engagement and Education: Humana's provider engagement model places PCPs at the forefront of managing enrollees' care. We also work directly with our PCP provider groups to track, monitor, and analyze utilization data and trends. We leverage utilization and quality data to support interventions, and offer **value-based provider incentives around HEDIS measure performance and reduction in ED utilization**. Our PCPs also communicate with hospital physicians during an inpatient stay in an attempt to prevent duplication of ancillary services. Our QIAs conduct **quarterly meetings with our network PCPs to review data specific to the group, including gaps in care** that might lead to inappropriate use of the ED. We review group-specific ED utilization data including, but not limited to: ED utilization based on the day of the week (weekday versus weekend), facilities with the highest ED visit rate, and ED visits by diagnosis. After reviewing ED access patterns, we work with our providers to develop strategies and suggestions, such as offering expanded or different office hours. We also use our Provider Advisory Council meetings as a forum for our network providers to discuss quality and access issues.

[redacted]

Enrollee Level of Care Incentive: In Louisiana, we will offer our enrollees a gift card for completing appropriate level of care education. During this training they will learn which conditions warrant a visit to their PCP, an urgent care center, or the ED.

Real-Time ED Data: Building upon our experience connecting with the HIE in Florida where we receive real-time ED data from hospitals across the state, we will connect to Louisiana-based HIEs to track and monitor real-time ED admissions. Upon notification of an ED admission we can engage CMs to contact the enrollee based upon risk stratification, educate the enrollee on accessing the most appropriate level of care, as well as produce daily ED reports to our network PCPs, notifying them that one of their patients visited the ED.

Expanded Urgent Care Network: We have initiated contracting agreements with all urgent care centers in Louisiana to expand access to non-emergent care facilities. Instead of visiting the ED for a non-emergent condition, we educate enrollees to use urgent care centers as a more appropriate care setting. We include information on urgent care centers via multiple channels including the: Member Handbook, Provider Directory, provider and enrollee portals, and through the Nurse Advice line (NAL).

[redacted]

Virtual Care: [redacted] Enrollees will have access to a) **Urgent Care** through which they can access licensed healthcare professionals for diagnosis and treatment of common ambulatory illnesses, and b) **BH and Wellbeing Services** through teletherapy and telepsychiatry where enrollees can see a licensed therapist face-to-face from the comfort of their own home.

[redacted]

In-Home Urgent Care: We will partner with home health providers in Louisiana to provide **mobile integrated health units** in an effort to prevent avoidable ED utilization. We will educate frequent ED utilizers and identified enrollees with high-need, high-cost conditions on how to contact our NAL for non-life-threatening situations. The NAL will then assess the enrollee and contact one of our contracted home health providers if in-home urgent care services can be provided in lieu of an ED visit.

[redacted]

2.10.11.3 Describe Medicaid managed care Quality Assessment and Performance Improvement (QAPI) Program, and describe at least one (1) data-driven clinical initiative initiated within the past twenty-four (24) months;

2.10.11.3.1 Analyzing gaps, areas for improved management of chronic conditions, reduction in disparities;

Humana uses our QAPI program to improve health outcomes and in doing so, is focused on the distribution of those outcomes across key subpopulations. Our QAPI program helps identify delivery of care and quality gaps, areas for improvement in condition management, and key drivers of disparities in health outcomes among our enrollees.

Our **IT infrastructure and data analytic capabilities** provide the foundation for identifying care gaps and quality of care issues. Humana achieves systematic measurement and assessment of performance using multiple data systems. We evaluate these systems annually to verify that we have adequate resources to meet the needs of the program. Our integrated system resources enable focus on overall health of our enrollees, while closing care gaps and improving quality care outcomes. Utilizing our clinical health platform, CareHub, we monitor care gaps at the enrollee and population level, targeting interventions based on identified conditions, both acute and chronic. Within CareHub, we utilize the following components to support quality:

Table 2.10.11.3.1-A: Humana Quality IT Infrastructure

Report	Description
Enterprise data warehouse (EDW)	EDW houses enrollee and claim level data, and is one of the largest data sources utilized for quality and clinical analytics activities
Rules engines (Cotiviti/Anvita)	Cotiviti, our NCQA certified HEDIS rules engine, serves as the official source of truth for Humana's HEDIS results, and HEDIS rate progress throughout the year. With each **monthly refresh** of HEDIS rates, HEDIS member level detail tables are generated and sent to EDW, where they are also used for operational progress reporting and clinical/quality analytics. Anvita is Humana's internally managed (non-accredited) HEDIS rules engine that allows us to generate care gap reporting on a more frequent basis in order to source enrollee alerts, predictive models, and provider reporting on open care gaps and needed preventive services, and supports our rapid-cycle QI activities.
Predictive models	Predictive models are used to anticipate individual enrollee behaviors and allow proactive intervention, usually via outreach and engagement.
Business Intelligence (BI) Tools	Humana observes and analyzes many subsets of the quality landscape, and does so through multiple BI tools. From simple excel dashboards, to complex Qlikview and Tableau reporting portals, we can monitor and analyze performance via root cause analysis, and the ability to slice and manipulate data, for areas such as BH, population health, pharmacy, UM, provider level reporting, cohort and demographic level reporting, clinical and operational process monitoring, etc.

We monitor the quality of care of network physicians through our proprietary Anvita clinical rules engine, which monitors providers' clinical practice guideline (CPG) adherence, as well as through HEDIS measures. **Our HEDIS data analytics team identifies trends in HEDIS performance by race, ethnicity, gender, and geographic location that may indicate disparities in health outcomes** for certain populations, as well as potential quality of care issues. Our data resources and current analytics capabilities enable Humana to assess quality of care and ensure enrollees receive the right care, at the right place, at the right time.

Humana's **Quality Assessment Performance Improvement (QAPI) Committee** is our state-based quality committee dedicated to the oversight of the overall QAPI Program, ensuring QAPI activities take place throughout our organization. Co-chaired by our CMO and our BH Medical Director (BH MD), our Louisiana QAPI Committee will direct and review all QM/QI activities, facilitating comprehensive integration of quality and operational processes across medical and BH services through analyzing and evaluating QM/QI activities. At each QAPI committee meeting, operational areas report on specific quality metrics using report templates to ensure barriers, analysis, trends, and progress towards goals are reviewed and discussed. We incorporate network provider feedback on our QM/QI processes through the Provider Advisory Council which reports into the QAPI Committee. Our Chief Population Health

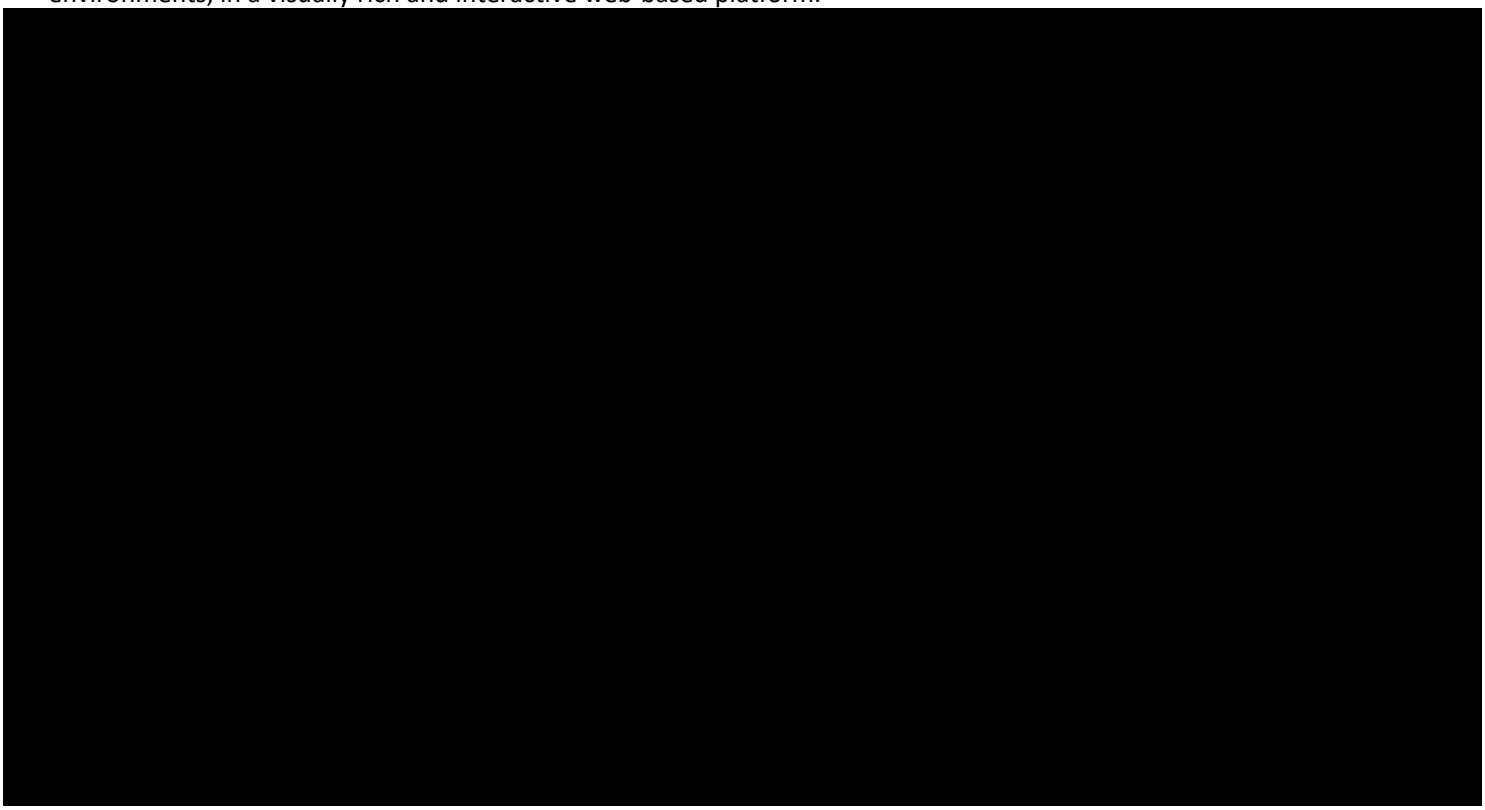
Officer, our Quality Director, and the Louisiana-based Quality Management Coordinator (QMC), and P/QIC are voting members of the QAPI Committee, and we will invite an LDH representative to each QAPI Committee. These operational areas continuously monitor and track quality metrics via data listed above within their day-to-day operations, and then report back to the QAPI committee to facilitate organization-wide approaches to closing gaps in care delivery and quality.

While all operational areas identify and address health disparities, we have created the **Humana Cultural Competency and Health Disparities Program** to provide additional support and focus on monitoring and addressing health disparities. This program, integrated into our QAPI program, ensures the provision of culturally and linguistically appropriate services at all levels of care and the development of interventions to reduce disparities and promote optimal health outcomes. Through Humana's cultural competency programs, provider training and accessibility programs provide access to healthcare and primary care in the populations that they serve.

2.10.11.3.2 Identifying underlying reasons for variations in the provision of care to enrollees; and

Once we have identified gaps in care delivery, quality of care issues and/or disparities in health outcomes, we deploy **root cause analyses** (RCA) to identify why an issue occurred. Humana sees RCA as a crucial part of our quality improvement process, allowing us to fully understand an issue and to create a targeted solution to resolve the issue and prevent recurrence. Our QAPI Committee reviews trends and RCAs from operational areas and provides a cross-functional forum to develop solutions.

As a part of our RCA process, we analyze trends and data based on geographic and demographic data, stratifying outcomes by race, ethnicity, language spoken, gender, and zip code. We utilize our **Community Health Dashboard** (**Figure 2.10.11.3.2-A**) to map care needs and related indicators among the populations we serve. The application provides a better understanding of a community, its comorbidities, utilization metrics, and external socioeconomic environments, in a visually rich and interactive web-based platform.



We also utilize business intelligence tools that support our quality teams in stratifying outcomes by race and ethnicity, as well as a dedicated Quality Analytics Team to deliver ad hoc reports and analyses as needed. We incorporate

feedback from our Enrollee and Provider Advisory Committees in our RCA processes, soliciting input from both enrollees and providers to better understand the dynamics that may contribute to health disparities.

2.10.11.3.3 Implementing improvement strategies related to findings pursuant to functions described above.

Our Louisiana-based P/QIC will drive quality improvement strategy for our Louisiana Medicaid program. The P/QIC oversees any improvement effort areas deemed necessary through discussion and review within the QAPI Committee. The P/QIC works with the **Medicaid Quality Initiative Governance Committee (QIGC)** (see Figure 2.10.11.4.2-A) to ensure a consistent approach to QI efforts, interventions, and initiatives; attain resources and support from the corporate level; and ensure that all interventions are monitored and measured consistently, and ongoing analysis of success is completed. The QIGC provides oversight of all Medicaid quality improvement and performance, goals or benchmarks, strategy, and performance improvement efforts across our organization. This centralized approach to quality improvement facilitates best practice sharing and collaboration between all Medicaid markets and business areas to promote an organization-wide approach to analyzing potential care gaps and developing new quality initiatives. The QIGC hears and approves proof of concept for all new or repeating QI initiatives, process improvement projects, state-mandated performance improvement projects (PIPs), quality improvement projects (QIPs), and pilot studies that impact Medicaid.

We employ **continuous quality improvement (CQI) strategies** to ensure we are monitoring implementation and the outcomes for our enrollees on an ongoing basis. Through our CQI approach, we execute a planned sequence of systematic and documented activities aimed at both resolving identified variances and improving processes. We regularly employ the following processes to identify quality of care issues, care gaps, and health disparities in outcomes:

- Incorporation of enrollee demographics (including clinical, geographic, racial, ethnic, gender, and cultural) across all quality performance analytics to identify high-risk populations, areas of network need, enrollee education opportunities, and performance improvement opportunities
- Analysis of access and availability issues, including after-hours availability of PCPs
- Analysis of continuity and coordination of care activities
- Review of other non-clinical areas of performance (such as Service Center call statistics and other enrollee services functions, marketing and outreach, claims processing timeliness and accuracy, and enrollee and provider satisfaction)

Humana's approach in developing, maintaining, monitoring, and adjusting clinical and non-clinical initiatives stems from the **Plan-Do-Study-Act (PDSA)** data-driven improvement cycle, and the use of rapid cycle quality improvement methods, which include:

- Monitoring system-wide issues
- Identifying opportunities for improvement and implementing rapid-cycle performance improvement projects
- Determining the root cause of problems identified
- Exploring alternatives and developing a plan of action
- Activating the plan, measuring results, evaluating effectiveness of actions, and modifying approach as needed

Describe at least one (1) data-driven clinical initiative initiated within the past twenty-four (24) months

Initiative 1: Ensure Timely and Appropriate Access to Primary Care for Children

In the first quarter of 2018, our HEDIS prospective measure report indicated that the child access measures were trending below where they had been in 2016 and 2017 at that point in the year

We determined that a more robust gap closure initiative would be necessary to ensure those enrollees were accessing necessary preventive care.

To ensure an understanding of local cultures and socioeconomic dynamics, the field staff was recruited from the communities they were to outreach. During home visits, the field staff members acted as a concierge for those

enrollees, providing assistance with PCP appointment scheduling as well as a list of any needed screenings or other gaps in care to take with them to the appointment. The field staff also provided assistance with transportation arrangement, a change in assigned PCP, and referrals to community resources when SDOH needs (such as food insecurity) were identified.

[redacted]

s a result of these findings, we have begun working with the state of Florida and the Florida Association of Health Plans to explore methods to enhance the accuracy of enrollee contact information collected during enrollment.

Initiative 2: Link enrollees to effective care coordination and case management

[redacted]

We conducted claims data analyses to examine conditions contributing to the highest number of readmissions. [redacted]

[redacted]

As a result of these interventions, we saw a [redacted]

2.10.11.4 Submit overview of proposed approach to Quality Management and Quality Improvement (QM/QI).

2.10.11.4.1 Current QM/QI organizational plan description, goals, quality committees, and schedule of QM activities;

Humana's approach to QM/QI defines the structure, policies, processes, and methods we use to determine meaningful activities and influence desired outcomes in areas related to the delivery of care. We will base our QM/QI structure upon LDH and federal regulations, LDH Contract requirements, accreditation standards, national healthcare agency guidelines, and organizational values.

Oversight of Humana's QM/QI Program: While the Humana Board of Directors is ultimately accountable for our QM/QI program, the oversight of the day-to-day operations will be driven and owned by our Louisiana-based CMO,

with support from our Quality Management Coordinator (QMC), our Performance/Quality Improvement Coordinator (P/QIC), local QI staff, and local and national committees. The specific roles, responsibilities, and functions of our committees (included below) will be detailed and documented in our Humana Louisiana Medicaid Quality Improvement Program Description.

- Louisiana QAPI Committee
- Louisiana UM Committee
- Louisiana Enrollee Advisory Committee
- Louisiana Provider Advisory Council
- Pharmacy and Therapeutics Committee
- Medicaid Quality Initiative Governance Committee
- Corporate Quality Improvement Committee
- CPG Physician Committee
- Peer Review Committee

Our CMO will co-chair the Louisiana QAPI committee and the Louisiana Utilization Management Committee with our BH MD to promote an integrated approach to quality improvement. Both the CMO and BH MD will serve on the Enrollee Advisory Committee, Provider Advisory Committee, and will be members of the Corporate Quality Improvement committee (CQIC).

Humana's **Quality Improvement Program Description** (QIPD) seeks to increase value delivered to our enrollees by continuously improving the level of healthcare quality they receive. As the healthcare industry is rapidly evolving, this QIPD is a fluid plan that is reviewed and updated annually (at minimum), and can also be modified ad hoc in response to changes in the environment. The Louisiana QIPD will be approved annually by the Louisiana QAPI committee and reported to the CQIC.

Our **Quality Improvement Work Plan** (QIWP) specifies activities to be undertaken in the upcoming year and includes goals and objectives based on the strengths and weaknesses identified in the previous year's Annual Evaluation report. Humana updates the QIWP as needed to assess progress of initiatives and will seek annual approval by the Louisiana QAPI committee.

Finally, our **Quality Improvement Evaluation** (QIE) is an annual written evaluation of the previous year's QI Program. The QIE is an assessment of the effectiveness of the QI program and the impact on Humana's population health management strategy. We evaluate quality of service by monitoring issues such as access and availability, enrollee satisfaction, enrollee complaints, and reasons for appeals and grievances. We design quality improvement activities and clinical initiatives for various age groups and enrollee populations. The QIE outlines accomplishments, analyzes data and outcomes compared to goals, and includes limitations or barriers to meeting objectives, and states conclusions and recommendations for the upcoming year. It addresses the structure and function of the QI program, processes in place, and the outcomes or results of QI activities. The Louisiana QAPI Committee will review the QI Program Evaluation annually.

2.10.11.4.2 Description and organizational chart of proposed QM/QI program, and responsible staff;

Humana's QM/QI program in Louisiana will utilize local quality resources supported by our national quality program. Our organizational chart below illustrates Humana's departments and committees involved in the pursuit of quality.

Our associates responsible for administering and operating our QM/QI program include**:**

- Louisiana Medicaid Plan CEO: Our Plan CEO has the ultimate oversight for the day-to-day operations of our Louisiana QM/QI program.
- Chief Medical Officer: Our CMO will be directly involved in the day-to-day operations of our quality program co-chairing the QAPI committee, reviewing quality of care issues, and participating in case rounds when necessary.
- Behavioral Health Medical Director: Our BH MD will also be directly involved in the operations of the quality program, co-chairing the QAPI committee with the CMO, and reviewing BH quality of care issues.
- Quality Director: Our Quality Director will oversee Humana's quality improvement program in Louisiana.
- Quality Management Coordinator: Humana's Quality Management Coordinator will integrate quality throughout the organization by overseeing all areas related to clinical quality performance measures and improvement projects, as well as the development of intervention strategies, ensuring individual and systematic quality of care. They will work closely with the P/QIC and those targeting BH services.
- Performance/Quality Improvement Coordinator: Humana's P/QIC will plan, organize, and direct the identification, prioritization, and implementation of strategic, data-driven projects and goals to achieve optimal performance and quality for the Louisiana Medicaid Plan. They will work closely with the Quality Management Coordinator and those targeting specialized BH services to promote a company-wide culture of quality improvement.
- Specialized Program Coordinators: Our Louisiana QM/QI program will include a **Maternal Child Health/EPSDT Coordinator**, a **Complex Populations Coordinator**, and a **BH Coordinator**. Each of these associates are experts in and will be responsible for advancing quality outcomes for the respective segments of our enrollee population.
- Quality Improvement Advisors (QIA): Our provider-facing QIAs work with our providers to educate on high utilization trends and HEDIS/Quality Performance trends, enrollee experience best practices, and CPGs. Our QIAs are responsible for driving value-based care initiatives at our physician practices. They will share population health performance reporting and integrate Humana clinical programs and resources into practice workflows with the intent to optimize patient care, improve provider experience and enhance quality of care.
- Quality Analytics: Our Quality Analytics team supports our ongoing quality measurement, monitoring and analysis efforts, supplying data trend analysis to identify, in near-real time, areas where we see improvement or where we need to focus additional strategies to improve quality of care.

- Clinical Analytics: Our Clinical Analytics team includes analysts, metricians, scientists, predictive modelers, consultants, and other associates who specialize in providing insights to help Humana develop clinical strategies and assist in engaging providers and enrollees about emerging health issues. The team supports the monitoring and measurement of our clinical programs including case management, DM, and quality improvement, and is an essential part of uncovering key clinical drivers and opportunities for improvement.

2.10.11.4.3 Demonstrate capacity to participate in LDH's HEDIS® performance measurement & reporting initiative;

Humana has the capabilities and resources available to participate in LDH's annual HEDIS measurement and reporting initiative. **We have been monitoring and tracking Medicaid HEDIS measures in our Florida Medicaid plan for over 20 years, in our Kentucky Medicaid plan for seven years, and we currently report HEDIS measures for our Medicare Advantage plans in 47 states.** We regularly measure, monitor, and evaluate our performance against state-specified and NCQA benchmarks in order to conduct oversight and improvement of medical and BH care and support services. Below we summarize our HEDIS and other reporting capabilities that support our data-driven initiatives.

HEDIS Reporting: We report all NCQA HEDIS measures across Medicaid, Medicare Advantage, and commercial lines of business. Our Quality Systems and Integration (QSI) team oversees our HEDIS quality reporting, utilizing our NCQA accredited rules engine to support HEDIS reporting for operational and official applications. We conduct prospective measure analysis to support interim reporting in addition to the annual official submissions. To demonstrate our capabilities and success with HEDIS performance, monitoring, and reporting, Table 2.10.11.4.3-A below includes our 2018 HEDIS scores for relevant measures to the Louisiana Medicaid population compared to the current Louisiana Medicaid plan average for 2018.

Table 2.10.11.4.3-A: Humana Florida Medicaid 2018 HEDIS Measures Compared to Louisiana 2018 Plan Average

Measure	Humana FL	LA Plan Average
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	[redacted]	49.71
Adolescent Well-Care Visits	[redacted]	51.00
Adult BMI Assessment	[redacted]	81.52
Annual Monitoring for Patients on Persistent Medications - Total	[redacted]	88.96
Asthma Medication Ratio (Total)	[redacted]	60.69
Breast Cancer Screening	[redacted]	56.39
Cervical Cancer Screening	[redacted]	50.46
Controlling High Blood Pressure - Total	[redacted]	36.84
Follow Up After Hospitalization For Mental Illness - 30 days	[redacted]	43.76
Prenatal and Postpartum Care - Postpartum Care	[redacted]	63.98
Prenatal and Postpartum Care - Timeliness of Prenatal Care	[redacted]	76.57
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	[redacted]	43.12
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (Total)	[redacted]	59.71

Utilization Indicators: We track and monitor utilization metrics to ensure our enrollees are appropriately accessing care. We utilize 3M PPE indicators to identify areas of opportunity.

Other Clinical Indicators: We measure additional clinical indicators such as the CMS Child Core Set, Consumer Assessment of Healthcare Providers and Systems (CAHPS) indicators, and internal case management measures. We will partner with LDH to measure Agency for Healthcare Research and Quality (AHRQ) indicators and to develop new indicators based on the needs of the Louisiana Medicaid population.

Other Quality Measurement Capabilities

CAHPS: Humana conducts annual CAHPS surveys to assess enrollee satisfaction for our Florida Medicaid enrollees, a population comparable to Louisiana Medicaid. We will conduct the standard adult and child CAHPS survey for our Louisiana Medicaid enrollees to improve enrollee satisfaction.

[redacted]

We will utilize reporting and data analytic resources both in Louisiana and at the national level to support our HEDIS efforts for Louisiana Medicaid. Our Louisiana-based Performance Quality Improvement Coordinator (PQIC) will oversee the local HEDIS reporting capabilities, while the corporate HEDIS Analytics team works with our NCQA certified HEDIS vendor to ensure timely and accurate data reporting. This includes using laboratory result files, immunization data in state or county registries, and current or historic state transactional files in a standard electronic format. Between our Louisiana and corporate teams, [redacted], as well as other measurement and data-driven initiatives, such as CAHPS surveys and PIPs.

2.10.11.4.4 The Proposer should provide an example of a recent successful quality improvement activity;

Promoting Oral Health in Children

In partnership with the State of Florida, Humana implemented a PIP to increase the number of Medicaid enrollees receiving preventive dental care. Our health promotion and education initiatives in Florida to increase the number of enrollees receiving preventive dental care have yielded statistically significant outcomes and improvements. We distributed our **Medicaid HEDIS, CAHPS Guide & Checklist** to providers, educating them on the importance of preventive dental services and the periodicity schedule associated with those services. We delivered the **Monthly Action List and Report Card** to PCPs and to our dental subcontractor to help identify care gaps. Our **QIAs** visited pediatrician offices to deliver the **Provider Educational Pamphlet** for dental services and worked with PCPs on how to educate enrollees on covered dental services. Finally, our **Dental Call Campaign** targeted outbound calls to enrollees with open dental care gaps. These interventions yielded a statistically significant increase in enrollees receiving preventive dental care, as reflected in Table 2.10.11.4.4-C below.

[redacted]

2.10.11.4.5 Describe how it will identify quality improvement plans, projects to put in place, potential topics,

Our annual QIWP delineates our targeted goals and objectives based on the strengths and weaknesses we identify in the previous year's Annual Evaluation report. From there we establish goals and benchmarks using nationally recognized data, such as NCQA Quality Compass or state-identified goals. We update the QIWP as needed to assess progress of initiatives. The QIWP includes specific activities to take and key indicators to monitor in the upcoming year, with data tracked and trended monthly, quarterly, or annually. It also includes opportunities for improvement identified from root cause analysis findings, enabling recognition of meaningful interventions.

Humana's PDSA approach uses operational metrics, updated throughout the life of a particular clinical initiative, and rapid cycle evaluation techniques, to enable real-time changes. We also monitor ongoing clinical outcomes, based upon industry measure sets (HEDIS, CAHPS, PPEs), to track the efficacy of our initiatives.

As noted above, the Medicaid QIGC provides oversight of all clinical and non-clinical quality improvement initiatives in Humana's Medicaid business, ensuring proper planning, execution, measurement, and analysis. All QI efforts and

initiatives are recorded in a standardized initiative template and housed in a centralized database overseen by our P/QIC in Louisiana and the Medicaid QIGC to ensure consistency and best practice sharing.

Humana will collaborate with LDH to identify and implement PIPs. Based on current performance in Louisiana, as well as in alignment with Louisiana's Quality Strategy, potential topic areas for initiatives, in the first year of the Contract include, but are not limited to:

- Oral health in children
- Child wellness visits
- Adolescent depression screenings
- Pediatric vaccinations
- Sickle cell DM
- Follow up with PCP following prescribing of ADHD medication
- Reducing low birth weights

2.10.11.5 Submit a list of clinical practice guidelines and a sample of one such guideline, and the following:

Humana has adopted CPGs based on the unique characteristics of the enrollees served in our commercial, Medicare, and Medicaid populations. These CPGs are:

- Based on valid and reliable clinical evidence or a consensus of healthcare professionals in the particular field
- Developed considering the needs of the enrollees
- Adopted in consultation with network providers
- Reviewed and updated periodically as appropriate

Our list of CPGs relevant to the Louisiana Medicaid population is included in **Attachment 2.10.11-A.**

Based on our experience serving similar populations to those in Louisiana Medicaid, and through our analysis of Louisiana-specific quality data (all 5 existing Medicaid plans scored at the 10th percentile or lower on the HEDIS measure), Controlling High Blood Pressure, one specific example of a relevant CPG is:

2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: Blood pressure (BP) ranges for elevated and hypertension stages 1 and 2. Prior to labeling a person with hypertension, it is important to use an average based on ≥2 readings obtained on ≥2 occasions to estimate the individual's level of BP.

- Elevated BP is in the 120-129/>80 mm Hg,
- Hypertension stage 1 is defined as 130-139 or 80-89 mm Hg.
- Hypertension stage 2 is defined as ≥140 or ≥90 mm Hg.

This CPG, updated in 2017, lowered the blood pressure ranges associated with elevated, stage 1 hypertension, and stage 2 hypertension, allowing for earlier detection, monitoring, and possible interventions.

2.10.11.5.1 Process for developing and disseminating clinical practice guidelines to providers and enrollees;

Humana draws upon the experience and expertise of our national **Quality Operations Compliance and Accreditation (QOCA)** department to oversee development of the medical and BH CPGs. Utilizing a centralized approach to CPG development allows us to uniformly disseminate guidelines to our network providers. The Humana CPGC, composed of Humana and external physicians with varying specialty expertise and backgrounds, researches and reviews the selected guidelines annually. Our CQIC oversees the ultimate development, adaptation, and implementation of our CPGs. We maintain a broad list of CPGs for our network providers and can tailor the CPGs we disseminate based on the population's needs and any areas of concerns we may identify through serving our enrollees. Once the CPGC has reviewed and recommended the guidelines, the CQIC reviews them for approval.

In 2019, we will include CPGs for the following additional conditions:

- ***Back pain***
- ***Sickle cell disease***
- ***Generalized anxiety disorder***
- ***Post-traumatic stress disorder***
- ***Opioid use disorder***
- ***Autism spectrum disorder/intellectual disability disorder***

Humana disseminates CPGs to providers via provider training (initial and ongoing), our secure provider portal at www.Availty.com, the Provider Manual (distributed to every contracted provider), and meetings with Humana QIAs and Humana Provider Relations representatives. Enrollees may call Humana Member Services to request a printed copy of our CPGs, or can access them on our website at www.humana.com.

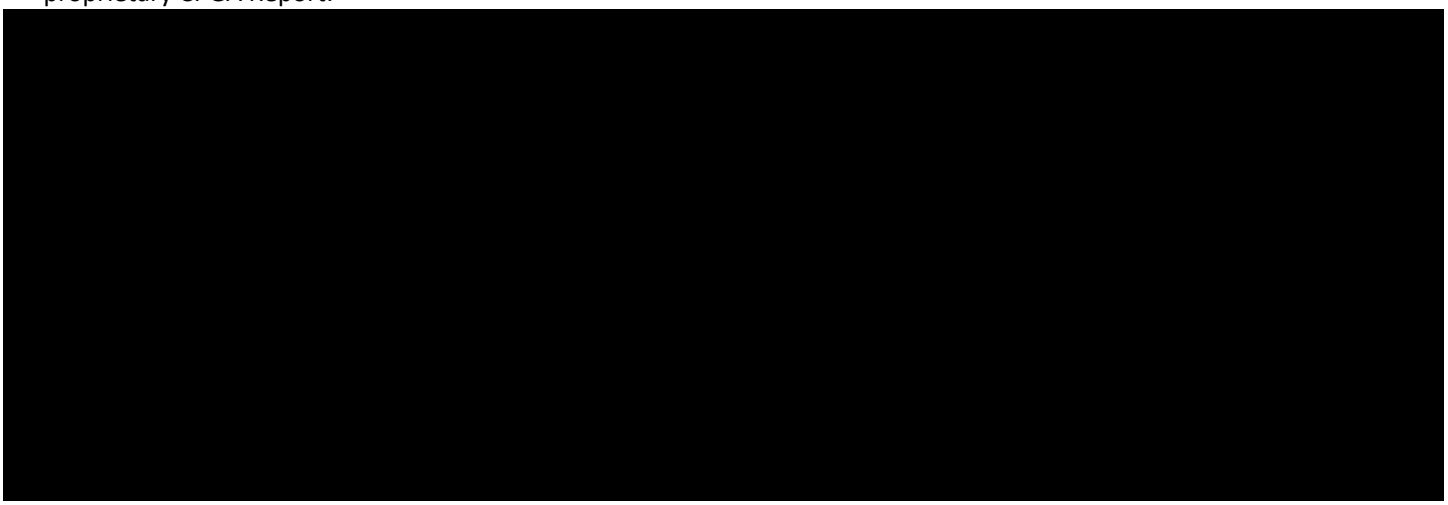
2.10.11.5.2 How scientific evidence and opinions of experts and providers will be incorporated into such guidelines;

Humana utilizes CPGs as the foundation of our written policies and procedures on medical decision-making. As such, we adopt CPGs from clinically sound and reputable organizations, ensuring they reflect current standards of medical practice and are based on community-based practice guidelines and literature established by national organizations, including but not limited to: Agency for Healthcare Research and Quality, American Diabetes Association, Centers for Disease Control and Prevention, National Committee for Quality Assurance, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, and American Society of Addiction Medicine.

We develop CPGs in consultation with network providers, as well as out-of-network experts, who participate on the CPGC. We will seek input on CPGs from our Louisiana network providers through our **Provider Advisory Council** through which our providers can provide input and advice on clinical policy development and provider operations.

2.10.11.5.3 Plans to evaluate providers' adherence to clinical practice standards

Clinical Practice Guideline Adherence Report
Humana's Clinical Practice Guideline Adherence (CPGA) Report was developed to evaluate provider adherence to the Humana CPGs. Providers who have a minimum of 30 opportunities to see patients for certain conditions are compared to their peers within a particular specialty. Using claims data and our internally developed clinical rules engine, Anvita, patient visits (opportunities) that meet criteria for each condition are calculated to identify physicians that fall below their peer average. Those physicians that are non-compliant and fall in the bottom one percent in two consecutive quarters will appear on this report for quarterly review. Figure 2.10.11.5.3-A is a screenshot from our proprietary CPGA Report.



If a provider is identified as an outlier, the practitioner is reviewed by a Louisiana CMO for consideration of corrective action. This may include provider education, a review of enrollee medical records, or if the negative trend continues post-education, presentation to the Peer Review Committee. Any follow-up actions with the providers in question are included in the quarterly reports to the Louisiana QAPI Committee. Humana updates providers on changes or additions to CPGs via YourPractice articles, our secure provider portal Availty.com, and the Humana.com webpage.

In addition to the review of metric reports, Humana conducts comprehensive medical records review to assess practitioner compliance to the care guidelines as they pertain to the delivery of early and periodic, diagnostic and screening and treatment (EPSDT) services. We will perform a similar record review for EPSDT services in Louisiana.

2.10.11.5.4 Ongoing evaluation process for updating and revising clinical practice guidelines

The Humana CPGC, composed of Humana physicians with varying specialty expertise and backgrounds, researches and reviews the selected guidelines annually at a minimum, and more frequently as needed. Steps are taken on an annual basis to ensure that covered services, utilization management protocols, and enrollee educational content are congruent with CPGs. In Louisiana, we will also utilize network provider feedback via our Provider Advisory Council, comprised of PCPs and specialists, as well as community stakeholders to ensure our CPGs are consistent with medical practice standards, and to determine if any additional updates or additions are necessary.

2.10.11.6 Submit, as an attachment using the Quality Response Template provided in the procurement library.

Humana's Quality Response Template is included in **Attachment 2.10.11-B.**