



Humana Inc.

Dual RFI Response Summary

Improving Care through Integrated Medicare and Medical Delivery Models

Stakeholder Meeting
August 30, 2011



Humana Inc.

Humana Inc., headquartered in Louisville, Kentucky, is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being. By leveraging the strengths of its core businesses, Humana believes it can better explore opportunities for existing and emerging adjacencies in health care that can further enhance wellness opportunities for the millions of people across the nation with whom the company has relationships. Humana is one of the nation's largest Medicare Advantage contractors with over 1.9 million Medicare beneficiaries. The company also owns 300 medical centers and has over 240 worksite medical facilities.



Organization Background

- Humana has diverse Lines of Business which include:
 - Commercial - Health and specialty benefits
 - Government - Medicare, TRICARE, VA services, and Medicaid
- Humana is the second largest Medicare Advantage plan serving 246,000 dual eligible beneficiaries
- Humana is a Medicaid contractor with over 571,000 covered lives in Florida and Puerto Rico.
- Humana currently serves over 64,000 dual eligible members enrolled in Dual Eligible Special Needs plans. Humana operates Dual Eligible Special Needs Plans in four states and Puerto Rico in 2011 and is expanding into six additional states in 2012.



Existing Problems this Proposal Addresses

- Addresses the problem of fragmented care for a population in need of coordinated services
- Improvement of the physical and social well-being of members through highly integrated acute and chronic condition management
- Increase in community based services and decrease in avoidable institutional care
- Integration of Behavior Health Services into the overall care planning
- Enhanced provider and community connectivity through integrated EHR programs and investment
- Specific Provider Engagement team to support provider needs
- High level of data transparency for all providers
- Defined path for enhanced provider and member experience and outcomes



Overview: Proposed Integrated Care Plan

- Humana has developed sophisticated delivery models that can be adapted to almost any county in California
- Humana models are flexible in terms of population type, size and needs
- Financial Structure
 - Capitated models available for all provider types
 - FFS models feature bonus payments for performance measure achievement, including key HEDIS measures
 - Will vary based on service area needs
 - Willing to partner with Local Initiatives



Integrated Care Management Models:

- Comprehensive and Integrated Care Management Capabilities which include:
 - Complex case management
 - Chronic condition management
- Managed behavioral health
- Pharmacy Integration with Medical Offerings
- Health risk assessment
- Member messaging addressing gaps in care*
- HumanaFirst[®] – 24 hour nurse triage hotline*

**SERVICES AVAILABLE IN MULTIPLE LANGUAGES*



Comprehensive and Integrated Care Management

- Humana's comprehensive and integrated care management approach provides highly integrated acute and chronic condition management, including home visits, discharge planning and care coordination, along with an integrated approach to medical and behavioral care.
- Humana Achieve is an integrated medical-behavioral healthcare program that serves members with co-occurring medical and behavioral health issues through an integrated treatment methodology designed to provide quality, cost-effective care.
- Humana Cares offers a unique, holistic approach to long-term care management that focuses on members with complex, impactable conditions and utilizes a member-centered model with support from an interdisciplinary team and field based care managers.
- Humana Pharmacy Solutions offers integrated medical and pharmacy benefits that offers a total cost management strategy while ensuring that rich benefits are utilized effectively for patient care.



Measures for Success

- Provider engagement
- Provider rewards
- Electronic Health Record (EHR) and connectivity adoption
- Member participation and/or satisfaction
- Cost performance
- Outcome measurement on targeted conditions
- HEDIS performance



Information Needed from CMS and the State

- Where would state and CMS prefer geographic focus?
- How much should program be portable to other geographies?
- How creative with shared financial responsibility would CMS/state like to see?
- Top 5 CMS/state priorities of pilot?