

From: [Rebecca Quintana](#)
To: [solicitation.questions](#)
Subject: Humana Response Submission to FL MMC RFI 014-21/22
Date: Thursday, June 2, 2022 3:58:30 PM
Attachments: [Humana FL MMC RFI - 014-2122 Transmittal Letter.doc](#)
[Humana FL MMC RFI 014-2122.docx](#)
[Humana FL MMC RFI 014-2122 REDACTED.doc](#)

Dear Cody Massa,

Humana Medical Plan, Inc. respectfully submits the attached response to the FL MMC RFI 014-21/22. Please let me know if you have any questions or if clarification is needed, we are happy to assist. If you would please confirm receipt of this submission, it would be appreciated.

Thank you,
Rebecca

Rebecca Quintana

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A. The Respondent’s name; place of business address(s); web site address, if applicable; and contact information, including representative name and alternate, with telephone number(s) and e-mail address(es).

Humana Healthy Horizons in Florida™ (Humana) addresses the Florida Agency for Health Care Administration (AHCA) Respondent Information requirements in **Table 1**.

Table 1: Required Respondent Information for Humana

Humana Information	
Respondent’s Name	Humana Medical Plan, Inc., marketed as Humana Healthy Horizons in Florida
Place of Business Address	3501 SW 160th Ave., Miramar, Florida, 33027
Website Address	https://www.humana.com/medicaid/florida-medicaid
Primary Representative	Jocelyn Chisholm Carter, J.D. Regional President (908) 377-8300 JCarter48@humana.com
Alternate Representative	Wendy Evans Proposal Director (630) 841-3719 WEvans7@humana.com

A. The Respondent’s name; place of business address(s); web site address, if applicable; and contact information, including representative name and alternate, with telephone number(s) and e-mail address(es).

B. A description of how the Respondent's approach will offer advantages or improvements over existing processes of the SMMC Program. The description should also identify known or potential concerns with the approach.

Humana Healthy Horizons in Florida's position as a long-running, statewide Comprehensive Plan uniquely positions us to continue to improve health outcomes and simplify provider experiences while continuing to meet the State's goals. We have provided integrated person-centered care and services that address physical, behavioral, pharmacy, and social determinants of health (SDOH) to Florida recipients since 1997. As a statewide Comprehensive Plan, Humana currently serves over 700,000 Florida Medicaid Managed Medical Assistance (MMA) recipients and more than 29,000 Long-Term Care (LTC) recipients. We are also Florida's largest health plan for both Medicare Advantage (MA) and Dual-Eligible Special Needs Plans (D-SNP). In total, we serve 2.5 million recipients across our Medicaid, Medicare, commercial and TRICARE health plans.

Our Florida-based leadership and associates have established a strong partnership with AHCA through our aligned goal of improving community health. We look forward to maintaining our partnership to fulfill our shared mission of improving the health and well-being of Florida Medicaid and LTC recipients. We are deeply invested in the communities in which we serve, the same communities where our employees live and work. We understand what it takes to operate a successful Statewide Medicaid Managed Care (SMMC) Program. We appreciate the opportunity to discuss the advantages and potential improvements to existing processes under a new Contract.

In-State Staff and Operations to Achieve AHCA's Goals

Humana supports Florida Statute Section 409.66(3)(c)3, which requires contracting with MCOs that offer the best value to the State based on criteria including in-State staff and operations, as well as contracted provider networks. Humana's operations are deeply embedded into communities across the State, employing more than 10,000 Floridians throughout Florida, including over 1,000 employees dedicated to the SMMC Program.

[REDACTED]

MCOs with deep local operations typically have a strong record of community investment and furthering a positive economic impact on the State. In 2020, Humana's Florida payroll exceeded

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\$640 million, contributing greatly to local economies. In addition, our Florida employees logged nearly 30,000 volunteer hours in 2021. Further, Humana and the Humana Foundation have invested over \$7 million in Florida community-based and nonprofit organizations targeting underserved populations since 2020. These community partnerships have also bolstered our response to the COVID-19 pandemic, which increased the need for important social determinants, such as: stable housing; employment and education; access to healthy foods; loneliness; and social isolation.

Working with MCOs that understand how to achieve the goals of the SMMC Program at a community level will enable continued progress toward achieving AHCA's goals. MCOs with deep, established local operations will also ensure a seamless transition for recipients as the next Contract is implemented. In addition, established community relationships and provider partnerships inherently lead to innovation as these bonds have been built upon a shared understanding of the local needs and challenges facing Florida Medicaid recipients with a shared goal of improving community health.

Leveraging the Managed Care Delivery System Either Through Expanded Benefits or Other Mechanisms, to Promote Sustainable Economic Self-Sufficiency Among Medicaid Recipients in the Short and Long Term

From our experience, we recognize that short- and long-term sustainable economic self-sufficiency incorporates job placement, skills development, and maintaining a healthy routine. A person's ability to obtain and keep a job can be affected by their access to affordable, safe housing, healthy foods, dependable childcare, transportation, and access to appropriate medical

[REDACTED]

From our experience in other states, we have found operational strategies that help our recipients secure and retain employment.

[REDACTED]

In our experience, sustained employment can provide recipients with significant physical and mental health benefits that contribute to an overall improvement in their quality of life.

[REDACTED]

Training and Education: Through our experience, we know that the health risk assessment (HRA) is an effective tool for gathering recipient information beyond medical data to include SDOH needs and an interest in employment. Best practices for maximizing communication and resources include using the HRA to identify plan recipients who have the capability and have

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expressed an interest in joining the workforce. Then, through an employment coach, the MCO can assess their goals, skills, education, and barriers to employment. Once the recipient's abilities and interests are confirmed, the MCO can connect the recipient to a comprehensive career coach to sharpen their resume and interview skills, providing expanded benefits that support the interview process and remove barriers such as childcare and transportation.

Sustained Economic Self-Sufficiency: While the State has made a significant financial investment to increase the hourly rate for healthcare workers, recipients working to become economically self-sufficient will also need ongoing skills training.

Operational Strategies can include apprenticeship, school-based, and workforce training in support of recipients who have experience but lack the necessary education, or recipients who are graduating high school and seeking viable, self-sustaining employment.

Improve Birth Outcomes for Mothers and Infants Through and Beyond 12-Month Postpartum Coverage Period

Medicaid has long played an important role in prenatal care for pregnant women. Doing so provides a foundation for healthy births. Humana Healthy Horizons in Florida supports and applauds the State's decision to extend Medicaid postpartum coverage to 12 months as an important step toward improving maternal and infant health outcomes and reducing disparities. Our recommendations and innovations around maternal and child health follow, again with a focus on data exchange.

We are excited to participate in the Florida HIE **SmartAlert** pilots to enhance coordination and improve birth outcomes. Engaging recipients early in their pregnancy is critical and using the SmartAlert pilots to enhance contact information via the ED is a start. Sharing the alerts while in the ED with customized alert notifications is critical.

SmartAlerts can improve birth outcomes in several ways, including:

- **Identifying Pregnancy Early** – Sometimes the ED visit is when a patient first finds out she is pregnant. 36% of our **SmartAlerts** were newly identified pregnant recipients in our phase 1 pilot.
- **Reaching Pregnant Recipients Who Have Been Otherwise Unable to Contact (UTC)** – The SmartAlerts system provides access to alternate contact information and if the alert is in real time, we can even engage while the recipient is still in the emergency department (when

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appropriate to do so). In our phase 2 pilot, 49% of recipients had different phone numbers than what was on file and 13% had a different address.

- **Redirecting Non-Emergent Care to the OB/GYN** – Thereby reducing emergency department utilization and more appropriately meeting specific care needs.
- **Customizing Alerts** – To focus on specific recipient populations. In our maternal space, we use these alerts for our UTC recipients, pregnant recipients with high use of emergency department facilities, and those with substance use disorders (SUD).

The pilots are providing us time to refine and enhance our approach. While still early, it is important that we further optimize and operationalize the processes.

[REDACTED]

Florida Department of Children and Families (DCF) and Healthy Start are building a pilot program to bring new resources to communities to help support pregnant women, newborns, and families impacted by SUD and to help substance exposed newborns. We are supporting the pilot by working with Healthy Start of Duval and the Rose, Captive, and Azeala programs. We look forward to continued participation in interagency initiatives to support our recipients.

Utilize Value-Based Payment Designs to Simultaneously Increase Quality and Reduce Costs

For AHCA to realize its goals of increased quality, improved recipient and provider experiences, and cost savings, it is important to partner with managed care organizations (MCOs) that have meaningful experience implementing successful value-based payment networks throughout Florida. The current partnership between AHCA and Humana Healthy Horizons in Florida is a testament to the dedication of achieving those goals. We have experience engaging providers and realizing meaningful, timely, and actionable data that allows for agile management of performance.

Cost, and Quality over Time – Our Florida value-based (VBP) programs are designed in collaboration with providers to place them on a success track towards achieving improved quality and recipient outcomes along with reducing avoidable costs. By emphasizing primary care provider (PCP) engagement, we help providers climb the VBP continuum via collaboration in designing models that accommodate and recognize their current readiness for risk bearing contracts.

Our risk providers generate savings while improving recipient health outcomes via reductions in emergency department and inpatient admissions in conjunction with increasing recipient PCP visit rates.

[REDACTED]

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[REDACTED]

[REDACTED]

Existing familiarity with the State, its culture, programs, and regulations are extremely important as a foundation to operate and expand existing VBP models. The MCO should have current experience in Florida achieving recipient outcomes and building partnerships with the State, providers, and recipient advocates.

MCOs that coordinate care for Florida Medicaid recipients should be steadfast in their commitment to increase investments in PCPs. PCPs have a unique opportunity to forge strong relationships with recipients and act as a medical home, thus they are in the best position to directly drive increases in preventive visits, direct care to appropriate settings, and influence potentially preventable events (PPEs) avoidance with their patients (Medicaid recipients). PCPs typically have the most contact with recipients and have more direct influence on their behavior with regards to healthcare. Our recipient outcomes clearly reflect the value of investing and focusing on PCP VBPs.

[REDACTED]

Humana's existing VBP models increase quality by incentivizing providers to meet preventive care metrics such as well visits, behavioral health (BH) assessments, critical screenings including for cancer, and in turn reduce costs by incentivizing providers to also meet outcomes measures such as reduced emergency department visits, reduced hospital admissions, and reduced readmissions. The State will benefit from partnering with MCOs that ensure their VBP innovations are focused on improvement in recipient outcomes via inclusion of quality and

[REDACTED]

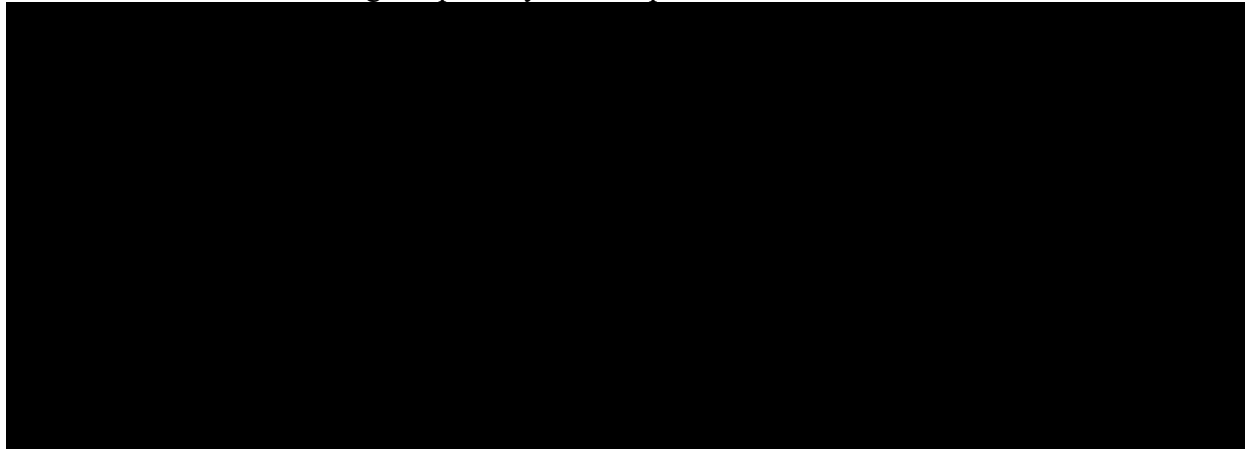
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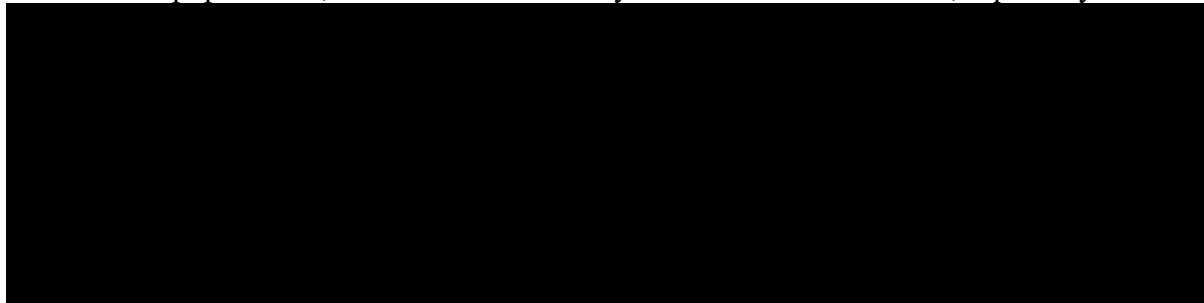
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Maximize Home- and Community-Based Placement and Services Through Proactive Aging-In-Place Strategies

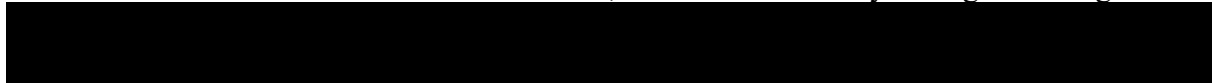
Based on our experience serving recipients across the continuum of care, we have identified certain recommendations for moving recipients into HCBS placement. To increase the current healthcare workforce shortage, especially in rural parts of the State, and enable the MCOs to



Identifying Resources to Meet Recipients' Needs – To assess HCBS provider supply for underserved populations, MCOs need to identify limited SDOH resources, especially in rural



Nontraditional Acute and Home Healthcare Providers – Partnering with nontraditional providers, such as community paramedicine providers and physician extenders, assists recipients aging-in-place in the community avoid unnecessary visits to the hospital and institutions. We also engage pharmacists to provide advice on medication management, prevent adverse events, and facilitate transitions between levels of care, or into a community setting following



Enhanced Community Supports to Support HCBS Quality of Care – Recipients who age-in-place can experience social isolation, which can have an adverse effect on their mental and physical health.



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Improve Integration of Dental and Primary Care Services for Children and Adolescents

Oral health contributes to improved quality of life, and untreated or poor dental health can lead to negative health outcomes. Consistent preventive dental care can reduce emergency department visits and hospitalizations. Dental care for pregnant women is critical to mothers' health and reduces preterm births. [REDACTED]

[REDACTED]

[REDACTED]

Align Quality Metrics and Outcomes with the Florida State Health Improvement Plan

Quality improvement is foundational to Humana's mission and core to our business operations. We embed quality in everything we do. We have worked over the past two decades in Florida to emphasize State priorities and align our metrics with the Agency's quality initiatives and Florida's State Health Improvement Plan (SHIP). We are excited to continue our participation on many of the SHIP Priority Area Workgroups (PAW) as Humana Healthy Horizons in Florida supports the seven priority areas. We support recipients' whole-person health using **evidence-based Florida Medicaid quality strategies** and appreciate the opportunity to provide recommendations and innovations around quality metrics, data exchange, and other quality initiatives building on our decades of Florida experience.

We offer the following recommendations to impact the priorities identified in the SHIP. We look forward to working with the Agency to improve the long-term health and well-being of Medicaid recipients. [REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

We have been monitoring, tracking, and reporting NCQA Medicaid HEDIS measures in our Florida Medicaid plan for more than 20 years. We also report HEDIS measures for our Medicare Advantage plans in all 50 states. We offer the following recommendations to AHCA for the ITN to facilitate comparisons among plans with different membership and experience:

Plans can partner with AHCA to ensure that primary care providers (PCPs) are consistently using depression and anxiety screening tools, critical to help identify and treat those with behavioral health issues. We need to make it more mainstream for PCPs, including OB/GYNs and pediatricians, to conduct the screening as a standard part of every visit.

The same approach of collecting and sharing data applies to many important measures. While HEDIS measures are foundational to Medicaid, many of the SHIP priorities require additional measures. These include those around follow-up after emergency department visits for a mental illness and medication adherence. While very few plans achieve the national Quality Compass 50th percentile rate for follow-up after an emergency department visit for mental illness, doing so is critical to the long-term health of the recipient. To achieve expected health outcomes for our recipients, we need to expand our reporting to better reflect improvements and processes that affect our recipients and move towards better health and better outcomes.

[REDACTED]

[REDACTED]

Across all MCOs, quality performance varies between Florida Medicaid regions due to structural challenges, such as provider availability in rural counties.

[REDACTED]

[REDACTED]

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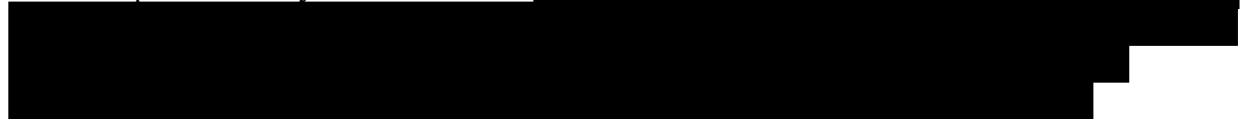
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FOCUSING ON HEALTH EQUITY

In January 2022, Humana Healthy Horizons in Florida achieved NCQA’s Multicultural Healthcare Distinction, which recognizes health plans that lead the market in providing culturally and linguistically appropriate services (CLAS) and work to reduce healthcare disparities. Through this rigorous process, we implemented a structured CLAS program to ensure we rely on continuous quality improvement principles to guide our data-driven, comprehensive approach to the reduction of prevalent health inequities across our membership. It is a step in our journey to ensure we are equipped with the right data to provide all recipients access to equitable care. In so doing, we are aligning with the State’s move from SMART goals (Specific, Measurable, Achievable, Realistic and Time Specific) to SMARTIE (SMART plus Inclusion and Equity) goals.

As part of this process, we partnered with providers, recipients, and community partners to pinpoint root causes of disparities and prioritize areas for intervention. Through this, we have increased access to linguistically appropriate care and are working to reduce racial and linguistic health disparities in key HEDIS metrics.



Improve Mental Health Outcomes for Children and Adolescents

Mental health is a growing problem for children and adolescents that needs to be addressed to improve health outcomes and overall well-being. The SHIP PAWs are one approach that can promote collaboration and partnership across many stakeholders to address mental health issues. The SHIP supports collaboration between Florida agencies. Other Florida agencies provide essential services for many children and adolescent recipients, before and concurrent to our involvement. These include Department of Health, DCF, Department of Education, and the Department of Juvenile Justice. The next four years of the SHIP PAWs can facilitate consistent collaboration among agencies to improve mental health for children and adolescents.

As the PAWs publish their action plans, Humana welcomes continued engagement. We can provide resources to convene collaboratives to address ongoing issues, e.g., cases open with juvenile justice. We recently held several housing forums throughout the State and are happy to engage in related initiatives.



We encourage recipient self-

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management, to direct their own physical health and behavioral healthcare, and we help in navigating the healthcare system to find solutions to meet their SDOH needs. Our goal is to support and guide our adolescent recipients who are transitioning to adulthood through this critical stage of life, providing the tools and resources to improve their health and well-being.

Improve Coordination of Care for Individuals Enrolled in Both the Medicare and Medicaid Programs

Humana has deep experience integrating care for individuals enrolled in both the Medicare and Medicaid programs (dual-eligible) through various programs across the country, including Medicaid managed care programs and Medicare Advantage Dual-Eligible Special Needs Plans (D-SNPs) in 31 states and Puerto Rico, and experience in several Medicare-Medicaid dual-eligible demonstration programs. Florida can further integrate care for dual-eligible recipients in several ways using its current program design.

Care Integration and Effective Care Coordination – Humana’s experience integrating dual-eligible recipients’ primary, BH, pharmacy and LTC benefits supports a model that provides a comprehensive view of the patients' medical history and health insights. This longitudinal view allows our clinicians to dedicate more time to addressing health concerns and setting a course for

Enhancing Provider Relationships – Through our extensive experience serving both Medicaid and Medicare recipients, we have identified many opportunities to enhance our provider relationships to improve care coordination and service delivery for our dual-eligible recipients.

Decrease Mortality Rates for Recipients with Complex Chronic Diseases and Address Payment Strategies for High-Cost Therapies and Prescription Drugs in Development

Recipients often do not remain with one plan long enough to significantly impact complex chronic diseases, yet they may have several such complex chronic diseases. As such, a plan

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might not have the "full picture" of cause of death. Knowing the cause and the underlying issues affecting it are important to developing overarching complex care strategies. [REDACTED]

[REDACTED]

[REDACTED]

To address the high-cost therapies and prescription drugs associated with complex chronic conditions, [REDACTED]

[REDACTED]

[REDACTED]

Doing so helps ensure recipients who are on high-cost therapies receive robust continuity of care between MCOs.

Consider Innovative Delivery Methods, Including Care Bundling, That Empower Recipients in Making More Informed Healthcare Decisions

Humana’s experience innovating care delivery methods to empower recipients in making informed choices has informed our support of care coordination among PCPs, specialty practices, and hospitals.

Using New Technology to Improve Quality of Life – We have also learned that recipients who are more “activated” or motivated to take control of their health and healthcare have better outcomes and lower healthcare costs than less activated recipients. Through care managers, physicians, and nurse practitioners trained in the use of new technology as part of the treatment regime for patients recently discharged from the hospital, [REDACTED]

[REDACTED]

his intervention is expected to improve patients’ quality of life, empower recipients to make more informed health decisions, and lower costs by reducing hospitalizations. Ongoing recipient education and reinforcement through providers, HCBS workers, and recipient services will enable individuals to make informed decisions.

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[REDACTED]

We empower recipients to make more informed healthcare decisions by using AHCA's online tool of 295 evidence-based care bundles, explaining what a patient should expect and what questions they should ask their doctor.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Improve Providers' Experience with the SMMC Program

[REDACTED]

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Increasing Timely Access to Providers and Services

MCOs should ensure access for recipients through innovative strategies, which requires a deep understanding of each region within the State and its unique needs. One way to accomplish this is by allowing telehealth to address network adequacy issues and provide critical support services to low-risk recipients or those needing follow up (e.g., remote monitoring, medication

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] With more than three million Medicaid recipients in Florida, it is important for AHCA to know there is an adequate network of providers in each region to deliver access to high-quality care. Requiring MCOs to execute contracts with providers who have an active Medicaid ID will help AHCA obtain a realistic assessment of bidding MCOs' networks in each region relative to adequacy and their ability to serve Medicaid recipients. As a result, the State receives a clear indication of those MCOs that can offer comprehensive coverage from Day One of the next Contract.

[REDACTED]

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Achieve Cost Savings Throughout the SMMC Program

Cost Savings are vital to any healthcare plan in order to maintain, improve, and create better health outcomes for its recipients. [REDACTED]

Improve Preventive Care to Reduce Potentially Preventable Events – In 2019, the top condition contributing to potentially preventable admissions was heart failure; the top condition contributing to potentially preventable readmissions was schizophrenia; and the top condition contributing to potentially preventable emergency department visits was upper respiratory [REDACTED]

help promote preventive care, MCOs should educate recipients on where to access appropriate care (family doctor, urgent care, walk-in-clinics, emergency department), and on the importance of flu vaccines. MCOs should also promote enrollment in case management and disease management programs to recipients with common admitting diagnoses such as congestive heart failure, chronic obstructive pulmonary disorder, diabetes, asthma, upper respiratory infections, and BH conditions, as case management and disease management not only help recipients manage their care, but they also place heavy emphasis on how preventive care impacts their overall health. [REDACTED]

We appreciate AHCA's thoughtful Request for Information and commitment to improving health outcomes across the great State of Florida. Humana Healthy Horizons in Florida is uniquely positioned to continue being a consultative partner to AHCA given our rich history as an innovator, an industry thought-leader, and an MCO that demonstrates strong operational performance enabled by data and analytics. We are proud of our partnership model, broad statewide presence, capable operational infrastructure, and deep commitment to Florida's Medicaid and LTC recipients. Our feedback and recommendations for improvement are based on our experience working closely with ACHA, SMMC program stakeholders, and other State agencies over the past 25 years. We look forward to continuing to partner with AHCA and making a meaningful, positive impact on the health of our communities today, tomorrow, and well into the future.

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